This service repair sheet form must be used to document the specific actions taken to repair the gasoline dispensing facility. This form shall be completed for each repair action noted in Form ENF-99. All the required information shall be filled in. Keep these forms for at least 36 months from the date of entry. Failure to fill in these required log sheets may result in District enforcement action. Keep these forms in a well-maintained 3-ring binder on site.

Repair # ____________________________________________ (taken from station’s Form ENF-99)

Repair Company Name ________________________________________________________________

Repairer’s Name ____________________________________________________________________

Repair Company Phone __________________________________________________________________

Repair Company Job Number __________________________________________________________

Describe the Service Performed in Detail:

Listing of each Component Repaired, Serviced or Removed. Include the manufacturer’s component name and model number as listed in the applicable CARB Executive Orders. All invoices/receipts shall include this detailed information:

[ ] Yes [ ] No Was the station owner/operator provided the above required information and was Form ENF-99 filled in by the repairer? If No, then re-read these requirements and provide the requested information on these Forms.