



# UST Dispenser Cutoff Sensor Monitoring

Facility Name	Facility Address	Facility ID Number	Year

Sensor Location (e.g. "Dispenser 1-2")	Operating Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	<ul style="list-style-type: none"> <li>• Sensor is upright at lowest point of sump</li> <li>• No liquid in sump</li> <li>• Dispenser is operating normally</li> </ul>												
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Initials of person inspecting cutoff sensor:													
Date of inspection:													

Use additional copies of this page as needed.

**Translation or other formats**

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800-452-4011 | TTY: 711 | [deqinfo@deq.oregon.gov](mailto:deqinfo@deq.oregon.gov)

Date	Issues Observed - Action Taken	Initials

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