GDF Name and Address _____ _____ _____	**A/L Field Data Sheet**	Testing Firm Name and Address: _____ _____ _____ Phone No. ( )
Test Date/Time:		Test Performed by:
Pre-Test Leak Check: Initial/Final Pressures, in. H_2O _____ / _____ **Post-Test Leak Check:** Initial/Final Pressures, in. H_2O _____ / _____	Source: **GDF Stage II Vapor Recovery** **GDF #** _____ **Permit #** _____	VN Recommendation: Y/N _____ Applicable CARB EO # _____ Allowable A/L Range _____

Pump #	Gas Grade	Nozzle Model & Serial #	Initial Totalizer, Gallons	Final Totalizer, Gallons	Gas Pumped, Gallons	Time, Seconds	Dispensing Rate, Gpm	Starting Meter Reading	Ending Meter Reading	A/L

SAMPLE