



South Coast Air Quality Management District

21865 Copley Drive., Diamond Bar, 91765

Facility Name: _____

Facility ID: _____

Street Address: _____

City: _____

Zip: _____

Maintenance and Repair Log

Date of Inspection (MM/DD/YY)	Description of Damage/ Defect	Date of Repair	Maintenance/ Test performed <small>(List of components repaired, replaced and installed including make, model and applicable serial numbers and/or test performed)</small>	Technician <small>(Repair person's name, company name, address and phone number)</small>	ICC Certification (VI #)

Instructions: All vapor recovery repairs are to be logged onto the form.