

FLEET LICENSE INSPECTION REPORT

AE-24 REV. 8-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
EMISSIONS DIVISION
On The Web At <http://dmvct.org>

DATE (Initial Inspection)

DATE (Reinspection)

INSTRUCTIONS:

1. Please print or type clearly.
2. Attach a separate piece of paper if anything other than the items listed below will aid in determining whether a license should be issued.

NAME AND ADDRESS OF APPLICANT

NAME OF PERSON INTERVIEWED

TITLE OR POSITION

SECTION A

1. INDOOR TEST FACILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ARE THE TESTER(S) EMPLOYED BY THE APPLICANT FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. IS THE FACILITY OR EQUIPMENT OF THE APPLICANT SHARED WITH A COMPANY OR FIRM THAT REPAIRS VEHICLES FOR PROFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
3A. IF YES, EXPLAIN		
4. LIST ANY REASON THAT MIGHT LEAD YOU TO BELIEVE THAT THE APPLICANT MIGHT SHARE THESE FACILITIES WITH ANY PERSON, FIRM, OR COMPANY.		

SECTION B

1. APPROVED ANALYZER? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. OWNED BY APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. MAKE	4. MODEL	5. SERIAL NUMBER
6. ARE THE FOLLOWING ITEMS AVAILABLE?				
A. CALIBRATION INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	D. FLEET HANDBOOK <input type="checkbox"/> YES <input type="checkbox"/> NO		E. 14" PROBE <input type="checkbox"/> YES <input type="checkbox"/> NO	
B. OPERATION INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	F. TACHOMETER <input type="checkbox"/> YES <input type="checkbox"/> NO		9. WHAT IS THE EQUIVALENCY FACTOR?	
C. MAINTENANCE INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	7. VISIBLE INSPECTION OF ANALYZER AND PROBE? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. PROPANE/HEXANE EQUIVALENCY FACTOR MARKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. CALIBRATION GAS <input type="checkbox"/> YES <input type="checkbox"/> NO	11. IDENTIFICATION NUMBER	12. NAME OF BLENDER	13. CONCENTRATION	
14. EXTENDER BOOTS <input type="checkbox"/> YES <input type="checkbox"/> NO	15. IF NO, EXPLAIN		16. OTHER EQUIPMENT USED FOR LEAK CHECK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17. OTHER OBSERVATIONS OR COMMENTS				

SECTION C

A. INSTRUCT THE TESTER(S) TO CALIBRATE THE ANALYZER.				
1. WERE MANUFACTURER'S INSTRUCTIONS FOLLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. WERE EPA RECOMMENDATIONS FOLLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. EXPLAIN INCORRECT PROCEDURES AND CORRECTIVE MEASURES TO BE TAKEN BY TESTER(S)				
B. WERE TESTER(S) ABLE TO:				
1. CALIBRATE THROUGH THE PROBE <input type="checkbox"/> YES <input type="checkbox"/> NO	4. CHANGE FILTERS <input type="checkbox"/> YES <input type="checkbox"/> NO		5. PROPERLY USE HEXANE/PROPANE EQUIV. FACTOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. DO AN ACCEPTABLE LEAK CHECK <input type="checkbox"/> YES <input type="checkbox"/> NO	3. ENTER PROPER QUALITY CONTROL ITEMS ON ANALYZER LOG REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO			
C. IS TESTER(S) SATISFACTORILY PROFICIENT IN THE USE, MAINTENANCE, AND CALIBRATION OF THE ANALYZER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF NO, EXPLAIN				

A. INSTRUCT TESTER(S) TO BRING A VEHICLE INTO THE TEST AREA TO PERFORM AN EMISSIONS TEST. A FLEET VEHICLE INSPECTION REPORT CAN BE GIVEN TO THE TESTER(S) IF REQUESTED. CHECK EACH OPERATION PERFORMED ON THE PROFICIENCY CHECKLIST BELOW.

	OPERATION	Y	N	OPERATION	Y	N		
		(x)	(x)		(x)	(x)		
SECTION D	ANALYZER PREPARATION	1. Calibration Within Past Week			EMISSIONS TEST	17. Analyzer in Sample Mode		
		2. Mechanical Zero				18. Probe in 14"		
		3. Warmed Up				19. Wait 20 Seconds Record Idle Results*		
		4. Hydrocarbon Hangup*				20. PASS -- Fail Decision		
		5. Span and Leak Check				21. Rev up 20 Seconds-Record High Speed Results		
		6. Water Trap and Filter				22. Idle 20 Seconds - Record Results		
		7. Static Build-Up				23. PASS -- Fail Decision		
		8. Zero and Electrical Spans				24. Repair(s) Recorded on Vehicle Insp. Report		
		9. Warning Indicators				25. Remainder of Vehicle Insp. Report Completed		
	VEHICLE PREPARATION	10. Turn off Accessories			POST TEST	26. Probe Out and Engine Off __ Tachometer		
		11. Warmed up/in Park/ Neutral				27. Sticker		
		12. Exhaust Leaks (<i>noise</i>)				*KEY ITEMS		
		13. Smoke						
		14. Registration						
		15. Top Half of Vehicle Inspection Report Standards						
		16. Correct Emissions Standards*						

B. LIST ANY PROBLEMS THE TESTER(S) HAD AND YOUR OPINION OF TESTERS PROFICIENCY.

SECTION E	1. DOES APPLICANT KNOW HOW TO COMPLETE THE FOLLOWING?					
	A. VEHICLE INSPECTION REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO	C. STICKER REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	B. STICKER APPLICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	D. ANALYZER REPORT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	2. DOES APPLICANT HAVE PROVISIONS TO KEEP RECORDS AT THE SITE?		3. SITE RECORDS PROVISIONS VERIFIED BY			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INSPECTION <input type="checkbox"/> APPLICANT'S WORD			

UPON COMPLETION OF INSPECTION, ADVISE APPLICANT THAT ALTHOUGH ALL PROGRAM REQUIREMENTS WERE NOT COVERED IN YOUR INSPECTION, THAT FACT DOES NOT RELIEVE THE APPLICANT FROM COMPLIANCE WITH ALL PROGRAM REQUIREMENTS. (APPLICANT MUST READ FLEET HANDBOOK).

COMPLETE ENTIRE FORM BEFORE LEAVING PREMISES

INITIAL INSPECTION	INSPECTED BY (<i>Signature</i>)	DATE SIGNED	REINSPECTION	REINSPECTED BY (<i>Signature</i>)	DATE SIGNED
	X			X	

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY