

Form 104-1:
Gasoline Flow Rate Performance Data

Test Date: ___/___/___
Page ___ of ___

Facility Name: _____ Facility ID Number: _____

| Nozzle Number | Gas Grade | Measured Values | | Calculated Flowrate ¹ | Pass or Fail ² |
|---------------|-----------|--------------------------------|-----------------|----------------------------------|---------------------------|
| | | Gallons Dispensed ³ | Seconds Elapsed | | |
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¹ Calculate as per equation in § 11 above, or use the values in Table 1.
² Pass or Fail dependent on values calculated compared with values given in the Executive Order.
³ Gallons recorded should not include the one gallon dispensed prior to beginning the stopwatch.