

UNDERGROUND STORAGE TANK SYSTEM DESIGNATED UST OPERATOR MONTHLY INSPECTION REPORT

Facility Name:	Inspection Date:
Facility Address:	City:
Name of Designated UST Operator Conducting Inspection:	
International Code Council Certification No.:	Expiration Date:
Signature:	Phone: () ext.

N/A = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Yes	No	N/A
1.	Is the monitoring system powered on and in proper operating mode?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the monitoring system not currently showing any leak alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the Alarm History Report/log for the previous month available, and has it been reviewed by the Designated UST Operator? <i>(Attach a copy of the alarm history report/log to this inspection form.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has each alarm for the previous month been responded to appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UST SYSTEM INSPECTION

5.	Are tank-top containment sumps free of water, debris, and hazardous substance? <i>Note: If the answer to Item 4 was "Yes," skip to Item 6. Sumps where an alarm has occurred in the past month must be inspected if a qualified service technician has not responded to, and properly addressed, the cause of the alarm. Documentation verifying appropriate service should be attached to this report.</i>			
	Yes No			
	Sump Location: <input type="checkbox"/> <input type="checkbox"/>			
	Sump Location: <input type="checkbox"/> <input type="checkbox"/>			
6.	Are spill buckets (containment structures) free of water, debris, and hazardous substance?			
	Yes No N/A			
	Tank 1 ID – <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Tank 2 ID – <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Tank 3 ID – <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Tank 4 ID – <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Tank 5 ID – <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Tank 6 ID – <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
7.	Are under-dispenser containment areas free of water, debris, and hazardous substance?			
	Yes No N/A			
	Dispenser – 1/2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 3/4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 5/6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 7/8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 9/10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 11/12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 13/14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 15/16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
8.	Leak detection is properly located within under-dispenser containment.			
	Yes No N/A			
	Dispenser – 1/2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 3/4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 5/6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 7/8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 9/10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 11/12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 13/14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Dispenser – 15/16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

PAPERWORK INSPECTION

		Yes	No	N/A	Date Done
9.	Monitoring System Certification was completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Line Leak Detectors were tested/certified within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Spill bucket (containment structure) testing completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Line tightness testing completed within the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Secondary containment tests completed within the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Enhanced Leak Detection completed within the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Other required testing/maintenance was completed within required time frame? <i>(List test/maintenance items below.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Describe Test/Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Describe Test/Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FACILITY EMPLOYEE TRAINING

		Yes	No	N/A
16.	Have all facility employees received the required on-the-job training within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have all facility employees hired within the past 30 days received the required on-the-job training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Explain any "No" answers in the "Comments" section on the following page. Those issues require corrective action from the UST owner/operator.

