



UST Compliance Inspection Checklist UST Management

TANK LEAK DETECTION

RECORDS AVAILABLE

PERMIT ID #: _____

- ATG: Type _____
- Interstitial Monitoring _____
- SIR: Vendor _____
- MTG _____
- Vapor Monitoring _____
- Ground Water Monitoring _____
- 12 most recent consecutive months _____
- 8 of 12 with most recent 2 months _____
- Other _____
- Tank Tightness Test: _____
- Inches of Product in Tank(s): _____
- EOU TOS Other _____
- Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

BIG LEAK

PRESSURIZED PIPING LEAK DETECTION

LITTLE LEAK

- MLLD Function Check Date: _____
- ELD Function Check Date: _____
- Sump Sensor Function Check Date: _____
- ELD: Type: _____ 3.0 gph Yes No
- Annual Line Test Date: _____
- Interstitial Monitoring _____ SIR
- Both ends: Sensor Sensor and Visual Both ends: Visual
- ELD: 0.2 gph _____
- 0.1 gph _____

SUCTION PIPING LEAK DETECTION

- European Suction
- American Suction 3 Year Test Date: _____

Records Available

- 12 most recent consecutive months _____
- 8 of 12 with most recent 2 months _____
- Other _____

CORROSION PROTECTION

- Cathodic protection on metal systems: Dates of last two system tests: _____
- Impressed Current Rectifier On _____ Amp _____ Volts _____ Hours 60-day log kept _____
- at last system test _____ Amp _____ Volts _____ Hours
- Sacrificial Anode Sti P-3
- Interior lining: Internal Inspect Date: _____
- Dispenser Flex Connectors and other metal protected by: Boot CP System Sump Isolation Not Protected N/A
- STP Flex connectors and other metal protected by: Boot CP System Sump Isolation Not Protected N/A

SUPPLIER INFORMATION

INSPECTION SCHEDULING

Y N

SURVEYS

Name:	Contact Name:	<input type="checkbox"/>	<input type="checkbox"/> ASTs _____
Address:	Time/Date:	<input type="checkbox"/>	<input type="checkbox"/> Disp Sumps
Phone:	Phone #:	<input type="checkbox"/>	<input type="checkbox"/> STP Sumps
		<input type="checkbox"/>	<input type="checkbox"/> Vapor _____
		<input type="checkbox"/>	<input type="checkbox"/> Vents _____
		<input type="checkbox"/>	<input type="checkbox"/> Wells _____
		<input type="checkbox"/>	<input type="checkbox"/> Drop Tube Present
		<input type="checkbox"/>	<input type="checkbox"/> Leak detectors vented if required
		<input type="checkbox"/>	<input type="checkbox"/> Spill buckets in good condition

Y N OPERATOR TRAINING

INFORMATION

- Class B Operator Present
- Name: _____
- Class C Operator Present
- Class C Operator Documented
- Monthly Checklist Completed
- Quarterly Visits Performed
- Retraining Performed

Retraining Details/Other Information

OVERFILL PREVENTION

- Drop Tube Shut Off Valve Verified
- Ball-Float Vent-Value
- Electronic Alarm Verified

COMMENTS:

Inspector Initials: _____ Date: _____ Financial Responsibility Cert. Registration Certificate