Appendix A - Sample Checklist – Vermont UST Facility Monthly Inspection

Facility ID: __________________________ Date of Inspection: __________________________

Inspection completed by: __________________________ Operator Class: __________

1. Our leak detection is (circle all that apply)

   Manual            Electronic

2. Our weekly leak detection indicates a release or suspected release from the tank or piping (circle one):

   Yes          No

3. If Yes, select the indicator (check all that apply):

   □ Electronic tank interstitial alarm
   □ Failed in-tank leak test
   □ Electronic piping interstitial alarm
   □ Product in tank interstitial
   □ Water in tank interstitial
   □ Product in piping sump
   □ Water in piping sump
   □ Inventory monitoring
   □ Manual tank gauging

   Did the inspection reveal any indication that a spill or overfill may have occurred? (circle one)

   Yes          No

4. Did the inspection reveal any unusual operating conditions that indicate a release, suspected release, or faulty equipment (circle one)

   Yes          No

   If Yes, describe the unusual operating conditions:

5. Describe the action taken to respond to the release, suspected release, spill, or overfill and the conclusion:

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Remember – you must report any conditions that suggest a release may have occurred to the Vermont UST Program: (802) 828-1138, or 800-641-5005 during non-business hours.
Appendix A - Sample Checklist – Vermont UST Facility Monthly Inspection

Facility ID: __________________________ Date of Inspection:__________________________

Inspection completed by:________________________ Operator Class:____________________

1. Our leak detection is (circle all that apply)

□ Manual  □ Electronic

2. Our weekly leak detection indicates a release or suspected release from the tank or piping (circle one):

Yes  No

3. If Yes, select the indicator (check all that apply):

□ Electronic tank interstitial alarm
□ Failed in-tank leak test
□ Electronic piping interstitial alarm
□ Product in tank interstitial
□ Water in tank interstitial
□ Product in piping sump
□ Water in piping sump
□ Inventory monitoring
□ Manual tank gauging

Did the inspection reveal any indication that a spill or overfill may have occurred? (circle one)

Yes  No

4. Did the inspection reveal any unusual operating conditions that indicate a release, suspected release, or faulty equipment (circle one)

Yes  No

If Yes, describe the unusual operating conditions:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. Describe the action taken to respond to the release, suspected release, spill, or overfill and the conclusion:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Remember – you must report any conditions that suggest a release may have occurred to the Vermont UST Program: (802) 828-1138, or 800-641-5005 during non-business hours.

Regional Offices -- Barre/Essex Jct./Burlington/Springfield/St. Johnsbury