Monthly Walkthrough Inspection Log YEAR:_____

Facility ID: ST_____
Facility Name:
Facility Address:

This log verifies that I have checked the spill bucket area and my release detection equipment.

Date	Staff Name/Initial	Release Detection	Spill Basin	Spill Bucket Gauge (double-walled only)	Action, if any

For the release detection equipment, I:

- ✓ Checked for alarms or unusual operating conditions
- ✓ Verified that there is a valid passing test within the last 30 days

For the spill basin area, I:

- ✓ Checked the spill basin for damage
- ✓ Removed any liquids or debris from the spill basin
- ✓ Checked the fill pipe for obstructions
- ✓ Checked the fill cap – it fits tightly and is in good shape

For double-walled spill buckets, I checked the interstitial space, sensor or gauge (if documented each month, you may opt out of the three-year spill bucket test).