

ADEM 30 DAY WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR _____

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|--------------------|--------------------|
| Facility Name: | Owner: |
| Address: | Address: |
| City, County, Zip: | City, State, Zip: |
| Facility I.D. #: | Phone #: |
| Inspector Name: | Inspector Phone #: |
| Inspector Company: | |

Instructions

1. Spill prevention equipment at UST systems receiving deliveries at intervals greater than every 30 days may only be checked prior to each delivery.
2. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.
3. Keep a copy of this inspection for 1 year. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

| Month of Inspection | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Day of inspection | | | | | | | | | | | | |

Spill Containment Equipment (Spill Bucket) Visual Inspection

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|--|---|---|---|---|---|---|---|---|---|---|---|---|
| Evidence of a release from spill bucket? (If release found, report it to ADEM) | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Spill bucket free of damage? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Spill bucket free of water, fuel, and/or debris? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Was water, fuel and/or debris disposed of properly? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a |
| Is the fill pipe free of obstructions? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does the fill cap fit securely on fill pipe? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If double walled spill bucket, is interstitial space free of liquid? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a |
| Results of spill bucket inspection | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail |
| Inspector's initials | | | | | | | | | | | | |

Release Detection Equipment Inspection

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|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Release detection operating with no alarms or unusual operating conditions? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Release detection testing records are passing and current? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Results of RD equipment inspection | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail | <input type="checkbox"/> pass <input type="checkbox"/> fail |
| Inspector's initials | | | | | | | | | | | | |

| Repairs Needed | Date of Repair | Description of any Repairs |
|----------------|----------------|----------------------------|
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