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UST MONTHLY COMPLIANCE INSPECTION CHECKLIST \*If you answer "No" to any questions, you must complete the attached Repair Log. **General Information** Facility ID #: Facility Name: Number of Tanks: Facility Address: City/State/ZIP: Phone Number: **Review Ending Date:** Contact Name: **Review Starting Date:** Tank Area\* **Inspection Dates: Area of Concern** Description Area lan Feb Mar Apr May Jun Iul Aug Sep Oct Nov Dec 1. Are all fill lids present and in good condition? Fill Lid 2. Are fills correctly identified by color and located on the correct tank? Spill Containment Bucket 3. Is the spill bucket free of dirt, trash, water and product? 4. Is the spill bucket in good condition and Spill free of damage (no cracks, bulges or Containment holes)? Bucket 5. Does the drain assembly work (if applicable)?

## Overfill Valve 8. Is the overfill device free of obstructions? 9. Does the tank contain less than ½-inck of water? **Note**: If the water level is between ½-inch and 2 Water Level inches, remove the water within 5 days; if the water level is > 2 inches, product cannot be sold until water is removed; if the tank contains E85, remove all water to extent possible.

6. Is the fill adaptor tight on the riser pipe?

7. Is the fill cap in place with a gasket and sealed tightly on the fill pipe?

Fill Riser

**Tank Interior** 

Area	Description	Area of Concern	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Vapor Recovery	Vapor	10. Is the vapor cap in place with a gasket and												
		sealed tightly on the vent pipe?												
		11. Does the poppet of the vapor recovery adaptor seal tightly?												
	Recovery Port	12. Are the vapor recovery lids painted orange?												
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Area	Description	Area of Concern	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dispenser-Hanging Hardware	Nozzles	13. Are the nozzles pressure-sensitive?												
		14. Are the nozzles in good condition and free of leaks?												
	Swivels	15. Are the swivels in good condition and free of leaks?												
	Hoses	16. Are the hoses in good condition and free of leaks?												
	Breakaway	17. Are the breakaway connectors in good												-
	Connectors	condition and free of leaks?												
	Breakaway	18. Are the breakaway hoses in good condition and												
	Hoses	free of leaks?												
		Lea	ak De	tectio	n*									
Area	Description	Area of Concern	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	ATG Console	19. Does the ATG have power?												
		20. Is the ATG console in normal status mode (no												
		warning or alarm lights lit)?												
		21. Does the ATG printer have paper and is it in working condition (If applicable)?												
		22. Do the liquid measurements and the ATG												
Leak Detection		readings appear to be accurate?												
		23. Has the alarm been reported to the A or B												
		Operator?												
	Electronic Leak-	24. Is the power on?												
	Detection Monitor	25. Are the warning or alarm lights off?												
	Mechanical Line-Leak Detection	26. Are dispensers operating at normal flow rates (not in slow-flow)?												
	Daily Inventory	27. Are inventories reconciled daily and are the variances within the guideline set by the facility owner?												

Monthly Inspection Sign-off  Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec																	
Month: Ja								Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Inspector Initials:																	
Monthly Repair Log																	
Month	Date	Area of Concern Number			Problem		Repair Made								ir e	Initials	
UST Monthly Compliance Inspection Results Review: Class A or B Operator Information																	
□С	lass A	□С	□ Class B Certification #:							Certification Da							
Printed Name:					Signature:									D	ate:		