

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.

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