

Monthly walkthrough inspection form

Underground Storage Tanks (UST) Program

Doc Type: Compliance Certification

Purpose: This form is to be used to document the monthly walkthrough inspections.

Facility information

Facility name: _____

Facility address: _____

Facility ID#: _____

City: _____

State: _____

Zip code: _____

Testing information

1. Tank number										
2. Product stored										
3. Tank volume, gallons										
Spill buckets										
4. Is the spill bucket cover in good condition?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
5. Is the spill bucket free of fuel, water or debris?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
6. Is the spill bucket free of cracks, holes, bulges, or other defects?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
7. Is the riser cap secure and in good condition?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
8. Is the drop tube free of obstructions?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9. If the spill bucket is double-walled is the interstice free of leaks?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	NA		NA		NA		NA		NA	
10. If "No" answered for any line from 4-9 have corrective actions been completed?*	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	NA		NA		NA		NA		NA	
Dispensers										
11. Is the dispenser sump free of fuel, water or debris?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
12. Is the dispenser sump free of cracks, holes, bulges, or other defects?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	NA		NA		NA		NA		NA	
13. Are the piping, flexible connectors and meters free of leaks or seeps?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14. Is hanging hardware free of leaks or seeps?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

15. If the dispenser sump is double-walled is the interstice free of leaks?	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
16. Are shear valves securely anchored?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
17. If "No" answered for any line from 11-16 have corrective actions been completed?*	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Submersible turbine pump sumps							
18. Is the STP sump free of fuel, water or debris?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
19. Is the STP sump free of cracks, holes, bulges or other defects?	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
20. Are the STP components, piping and flexible connectors free of leaks or seeps?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
21. If the STP sump is double-walled is the interstice free of leaks?	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
22. If "No" answered for any line from 18-21 have corrective actions been completed?*	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Release detection equipment							
23. Is the release detection equipment operating with any alarms?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
24. Is the release detection equipment operating with any unusual operating conditions?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
25. Do release detection records indicate a passing test?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
26. Are release detection records current?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
27. Is the gauging stick in good condition?	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
28. Has the UST been checked for the presence of water?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
29. What is the level of water in the UST?							
30. If Yes answered for lines 23 – 24 or No answered for lines 25 – 28, have corrective actions been completed?*	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA

*Describe corrective actions taken in the comments section.

Comments:

Company: _____

Print Inspectors name: _____

Date (mm/dd/yyyy): _____

Signature : _____