



## Underground Storage Tank Monthly and Annual Walkthrough Inspection Form

**Instructions: No later than October 13, 2021, owners and/or operators of underground storage tank (UST) systems must complete this form on a monthly and an annual basis. This form must be retained for at least one year and readily available for inspection.**

- Spill prevention equipment at UST systems receiving deliveries at an interval greater than 30 days may be checked prior to each delivery. Fuel delivery records must be maintained to demonstrate infrequent deliveries.

Facility Name:	Facility ID #:
Contact Name (Print):	Contact Phone:
Year:	

<b>Monthly Walkthrough Inspections:</b> Every 30 days, place a check in the corresponding box to affirm the task was completed that month. Then, initial and date at the bottom of that month's column.	N/A	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Visually checked spill prevention equipment for damage and remove liquid or debris.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked for and removed obstructions in the fill pipe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked the fill cap to make sure it is securely on the fill pipe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For double-walled spill prevention equipment with interstitial monitoring, checked for leaks in the interstitial area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checked release detection equipment to make sure the release detection equipment is operating with no alarms or other unusual operating conditions present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensured records of release detection testing are reviewed and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initials of Person conducting inspection:													
Date:													

<b>Annual Walkthrough Inspections:</b> Once per year, initial and date when each task below was completed.	N/A	Initials	Date
Visually checked containment sumps for damage, leaks to the containment area, or releases to the environment.	<input type="checkbox"/>		
Removed liquid (in contained sumps) or debris.	<input type="checkbox"/>		
For double-walled sumps with interstitial monitoring, checked for a leak in the interstitial area.	<input type="checkbox"/>		
Checked hand-held release detection equipment such as tank gauge sticks or groundwater bailers for operability and serviceability.	<input type="checkbox"/>		

In the following table, explain actions taken to fix issues. Use additional sheets, if necessary. **The presence of fuel in a secondary containment sump must be reported to the department as a suspect release within 24 hours of discovery.**

Date	Action Taken