

Walk-Through Inspection Checklist - Year: _____

Facility Name:										Facility ID:											
Address:										Class A/B Operator:											
Name(s) and initials of person(s) performing monthly walk-through inspections:																					
Please respond to ALL of the following questions with a Y (Yes), N (No), or NA (Not Applicable) answer.																					
Months of the Current Year										J	F	M	A	M	J	J	A	S	O	N	D
Monthly Inspection – Release Detection																					
1	Release detection equipment is operating normally without alarms or other unusual conditions.																				
2	Records of release detection (tanks and piping) are reviewed and current.																				
Monthly Inspection – Spill Prevention Equipment																					
3	Equipment is undamaged, intact, and free from defects.																				
4	Equipment is free from debris, water, or product.																				
5	Fill pipe for each tank is free from obstruction.																				
6	Fill cap for each tank is functional and fits securely on the fill pipe.																				
7	Double walled spill prevention equipment interstice is free of leaks.																				
Initials of person performing inspection																					
Annual Inspection – Containment Sumps										Date of Annual Inspection:											
8	Secondary containment sumps (STP, dispenser, and transition)									Containment sumps are undamaged and free from debris, water, and fuel.											
										The penetration fittings for conduits and piping entering sumps are undamaged.											
9	Double walled sumps									Interstitial area is free from leaks.											
10	Hand-held release detection equipment									Hand-held release detection equipment (bailer, gauge stick, etc.) is serviceable and operable.											
11	Emergency shutoff switch									Emergency shutoff switch is visible and clearly marked, and at least 20' and no more than 80' from dispensers.											

I certify I am a Class A/B Operator, I am familiar with information on this form, and it is true and accurate.

Signature of Class A/B Operator (Sign this document <u>after</u> the last inspection of the current year)	Date:
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Comments/Follow up:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Turn over for records of visual interstitial monitoring and impressed current rectifier readings.

If you perform Interstitial Monitoring on your tanks and/or piping and use a visual check rather than sump or interstitial sensors for your monthly leak detection, complete the table to document the monthly visual checks.													
	Months of the Current Year	J	F	M	A	M	J	J	A	S	O	N	D
1	Visual check of the interstitial space of the double-walled tank indicated no release or unusual operating conditions.												
2	Visual check of piping (STP, dispenser and transition) containment sumps indicates normal function and no indication of water or product.												

Impressed Current 60 Day Rectifier Log												
Months of the Current Year	J	F	M	A	M	J	J	A	S	O	N	D
Date of impressed current cathodic protection rectifier inspection.												
Amperage reading from impressed current cathodic protection rectifier.												
Voltage reading from impressed current rectifier.												
Hours reading from impressed current cathodic protection rectifier.												

INSTRUCTIONS

1. The monthly UST system inspections must be conducted by or under the direction of a certified Class A/B Operator.
2. The UST Owner or Operator must maintain a copy of the walk-through inspection checklist for the most recent 12 months and shall be maintained on-site or off-site at a readily available location.