

WEEKLY
ABOVE GROUND STORAGE TANK INSPECTION

UNIT: _____ **DATE:** _____

TANK ID / LOCATION: _____ **INSPECTED BY:** _____

FACILITIES/EQUIPMENT	Yes	No	N/A	Ticket #	COMMENTS
----------------------	-----	----	-----	----------	----------

EVIDENCE OF LEAKAGE (Drip Marks, Discoloration, Dead Vegetation, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--

HAS RAINWATER ACCUMULATION IN SECONDARY CONTAINMENT? (If yes estimate the amount)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--

DOES THE ACCUMULATED RAINWATER HAVE A SHEEN? <small>If NO, drain & record date/time and estimated amount drained If YES, contact EMD & record ticket number</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--

IS THE CONDITION OF THE SECONDARY CONTAINMENT INTACT & IN GOOD CONDITION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--------------------------	--

BYPASS VALVES (DRAIN) CLOSED & LOCKED PIV Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--

CONDITION OF OUTSIDE SURFACE OF TANK (Paint Failure, Pitting, Corrosion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--------------------------	--

CONDITION OF PIPING, COUPLINGS, PUMPS, FILTERS, GASKETS, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--

CONDITION OF FOUNDATION & SUPPORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--

FOR USED OIL TANKS ONLY:

WEEKLY DIPSTICK OR VEEDER ROOT READING: (To ensure <75% capacity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--------------------------	--