

DAILY ABOVEGROUND STORAGE TANK (AST)/ CONTAINER STORAGE AREA INSPECTION LOG

UNIT: _____

MONTH/YEAR: _____

TANK ID/LOCATION(S): _____

INSPECTED BY: _____

Date Inspected	TIME	Person conducting inspection	Has rainwater accumulated in the secondary containment? If YES, estimate the amount	Does the accumulated rainwater have a sheen? If NO, drain & record date/time. If YES see next question.	Is the sheen recoverable? If YES, record date/time/amt recovered then drain. If NO, contact EMD and record ticket number	Is condition of the secondary containment impermeable intact & in good condition?	Is the condition of the tank/ container sound (no rusting, corrosion, pitting, etc)?	Does the outside of the tank/ container or containment show any signs of leakage?	Are the bypass valves (PIV, drainplug, etc) closed and/or locked?	FOR ASTs: Is the piping, couplings, pumps, filters, gaskets, etc, in good condition?	FOR ASTs: Is the foundation & supports of the AST in good condition?	TICKET NUMBER	PERSON CONTACTED

COMMENTS/NOTES: