

| MONTHLY ECC CHECKLIST | | | | | | 1ST HALF |
|--|-----|----------------------------|-----|-----|-----|----------|
| Year: _____ | | Buildings Inspected: _____ | | | | |
| Answer: YES or NO IF answer is NO a Corrective response is required _____ | | | | | | |
| INSPECT HM/HW SITES | JAN | FEB | MAR | APR | MAY | JUN |
| HM/HWs: Properly Labeled | | | | | | |
| HMIL current (Qtrly update) | | | | | | |
| Current Shelf-Life | | | | | | |
| Serviceable Container | | | | | | |
| Sealed/Secured | | | | | | |
| SAA/UW: Authorized Storage Limit | | | | | | |
| Posted: Current UCLP | | | | | | |
| SAA Authorization | | | | | | |
| Required Signage-HM/HW | | | | | | |
| Spill Kit: Available | | | | | | |
| INSPECT RECORD KEEPING | | | | | | |
| ASTs: Weekly Inspection Check Lists | | | | | | |
| Documented Fuel Transfers | | | | | | |
| HM/HW: 1-Year HM/HW Turn-In Sheets | | | | | | |
| Current Year HW profiles | | | | | | |
| OWSs: Daily Inspections Completed | | | | | | |
| Documented Service Calls | | | | | | |
| Recycling: Solid waste properly managed | | | | | | |
| Unit Actively Recycling | | | | | | |
| SOP Binder: Required Media/Up to Date | | | | | | |
| M/Waste: SOP w/Instructions | | | | | | |
| Record of Training (BBP) | | | | | | |
| Turn-in Log book | | | | | | |
| Sharps Stored Properly | | | | | | |
| Waste Authorization Posted | | | | | | |
| POCs: Current Roster | | | | | | |
| Training: 30 and 7 Year Records | | | | | | |
| EM-101 Within 3 Months | | | | | | |
| Annual EM-102 Refreshers | | | | | | |
| Initial OWS Operation | | | | | | |
| Initial Veeder Root/UST | | | | | | |
| EM-106 Air Quality (Title V) | | | | | | |
| USTs: Monthly Inventories | | | | | | |
| Documented UST Alarms | | | | | | |
| 1-Year Daily Veeder Root Tape | | | | | | |
| UST Permits | | | | | | |
| Spill Buckets free of debris | | | | | | |
| Title V: SOP on site/Required Records | | | | | | |
| CORRECTIVE ACTION RESPONSE: | | | | | | |
| CORRECTIVE ACTION DATE: | | | | | | |
| ECC's INITIALS: | | | | | | |
| INSPECTION DATE: | | | | | | |

| MONTHLY ECC CHECKLIST | | | | | 2ND HALF | |
|--|-----|----------------------------|-----|-----|----------|-----|
| Year: _____ | | Buildings Inspected: _____ | | | | |
| Answer: YES or NO IF answer is NO a Corrective response is required _____ | | | | | | |
| INSPECT HM/HW SITES | JUL | AUG | SEP | OCT | NOV | DEC |
| HM/HWs: Properly Labeled | | | | | | |
| HMIL current (Qtrly update) | | | | | | |
| Current Shelf-Life | | | | | | |
| Serviceable Container | | | | | | |
| Sealed/Secured | | | | | | |
| SAA/UW: Authorized Storage Limit | | | | | | |
| Posted: Current UCLP | | | | | | |
| SAA Authorization | | | | | | |
| Required Signage-HM/HW | | | | | | |
| Spill Kit: Available | | | | | | |
| INSPECT RECORD KEEPING | | | | | | |
| ASTs: Weekly Inspection Check Lists | | | | | | |
| Documented Fuel Transfers | | | | | | |
| HM/HW: 1-Year HM/HW Turn-In Sheets | | | | | | |
| Current Year HW profiles | | | | | | |
| OWSs: Daily Inspections Completed | | | | | | |
| Documented Service Calls | | | | | | |
| Recycling: Solid waste properly managed | | | | | | |
| Unit Actively Recycling | | | | | | |
| SOP Binder: Required Media/Up to Date | | | | | | |
| M/Waste: SOP w/Instructions | | | | | | |
| Record of Training (BBP) | | | | | | |
| Turn-in Log book | | | | | | |
| Sharps Stored Properly | | | | | | |
| Waste Authorization Posted | | | | | | |
| POCs: Current Roster | | | | | | |
| Training: 30 and 7-Year Records | | | | | | |
| EM-101 Within 3 Months | | | | | | |
| Annual EM-102 Refreshers | | | | | | |
| Initial OWS Operation | | | | | | |
| Initial Veeder Root/UST | | | | | | |
| EM-106 Air Quality (Title V) | | | | | | |
| USTs: Monthly Inventories | | | | | | |
| Documented UST Alarms | | | | | | |
| 1-Year Daily Veeder Root Tape | | | | | | |
| UST Permits | | | | | | |
| Spill Buckets free of debris | | | | | | |
| Title V: SOP on site/Required Records | | | | | | |
| CORRECTIVE ACTION RESPONSE: | | | | | | |
| CORRECTIVE ACTION DATE: | | | | | | |
| ECC's INITIALS: | | | | | | |
| INSPECTION DATE: | | | | | | |

MONTHLY ECC CHECKLIST

DATE:

QUARTER:

UNIT/MSC:

MSC ECO:

UNIT ECC:

DEFICIENCIES:

CORRECTIVE ACTIONS TAKEN:

DEFECIENCIES CORRECTED (IF NO OR OTHER PROVIDE COMMENT IN SPACE PROVIDED):

COMMENT:

DATE COMPLETE:

ECO INITIALS:

ECC INITIALS: