

DRUM SITE INSPECTION CHECKLIST

Instructions: One inspection checklist per drum set. (*) designates an item in non-conformance/unsatisfactory status; provide action in comment section to resolve problem and notify Environmental Protection Specialist if any significant deficiencies are identified.

Regulatory Driver: 40 CFR 112

Frequency: Weekly

Drum Site Name: _____ Date: _____

Location: _____ Quantity of Drums: _____ Volume of Drums: _____ Content: _____

Inspection Guidance:

- > For equipment not included in this Standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- > The periodic AST inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner's inspector who is familiar with the site and can identify changes and developing problems.
- > (*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- > Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a Certified Inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
- > Retain the completed checklist for 36 months.

Item	Area: _____	Area: _____	Area: _____
------	-------------	-------------	-------------

1.0 AST Containment/Storage Area

1.1 AST's within designated storage area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
1.2 Debris, spills, or other fire hazards in containment or storage areas?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
1.3 Water in outdoor secondary containment?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
1.3.1 Secondary Containment Drainage Log	Sheen Visible <input type="checkbox"/> Yes <input type="checkbox"/> No Product Visible <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Time Drain Valve Opened _____ Time Drain Valve Closed _____		Sheen Visible <input type="checkbox"/> Yes <input type="checkbox"/> No Product Visible <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Time Drain Valve Opened _____ Time Drain Valve Closed _____		Sheen Visible <input type="checkbox"/> Yes <input type="checkbox"/> No Product Visible <input type="checkbox"/> Yes <input type="checkbox"/> No Treatment Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Time Drain Valve Opened _____ Time Drain Valve Closed _____	
1.4 Drain valves operable and in a closed position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
1.5 Egress pathways clear and gates/doors operable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> Yes	<input type="checkbox"/> No*

2.0 Leak Detection

2.1 Visible signs of leakage around the container or storage area?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
--	-------------------------------	-----------------------------	-------------------------------	-----------------------------	-------------------------------	-----------------------------

3.0 Container

3.1 Noticeable container distortion buckling, denting or bulging?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
---	-------------------------------	-----------------------------	-------------------------------	-----------------------------	-------------------------------	-----------------------------

(*) designates an item in non-conformance status. This indicates that action is required to address a problem.

Comments

Inspector: _____

Signature: _____

Date: _____