WEEKLY/MONTHLY STORAGE TANK SYSTEM INSPECTION CHECKLIST

(This form is designed to accommodate multiple tanks for one inspection date, or multiple inspection dates for one tank.)

Date: _____ **Inspector:** _____

Tank ID:	**Location:**	**Tank Size:**	**Content:**

Item	Task	Tank ID:	Tank ID:	Tank ID:	Tank ID:	Comments/Ticket #
1.0 Tank Containment	**Date:**					
1.1 Containment structure	Check for water, debris, cracks or fire hazard	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
1.2 Primary tank	Check for water	N/A	N/A	N/A	N/A	**
1.3 Containment drain valves	Operable and in a closed position	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
1.4 Pathways and entry	Clear and gates/doors operable	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
2.0 Leak Detection						
2.1 Tank	Visible signs of leakage	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	
2.2 Secondary Containment	Rainwater present in containment	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
	Visible signs of leakage	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
	Sheen or Product?	☐Sheen ☐Product	☐Sheen ☐Product	☐Sheen ☐Product	☐Sheen ☐Product	
	Treatment Employed (describe in comments)	☐Yes ☐No ☐N/A	☐Yes ☐No ☐N/A	☐Yes ☐No ☐N/A	☐Yes ☐No ☐N/A	
	Containment Drained	Time Open:_____ Time Close:_____	Time Open:_____ Time Close:_____	Time Open:_____ Time Close:_____	Time Open:_____ Time Close:_____	
2.3 Surrounding soil	Visible signs of leakage	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
2.4 Interstice	Visible signs of leakage	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
3.0 Tank Equipment						
3.1 Valves	a. Check for leaks.	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
	b. Tank drain valves must be kept locked.	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
3.2 Spill containment boxes on fill pipe	a. Inspect for debris, residue, and water in the box and remove.	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	☐Yes* ☐No ☐N/A	
	b. Drain valves must be operable and closed.	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
3.3 Liquid level equipment	a. Both visual and mechanical devices must be inspected for physical damage.	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
	b. Check that the device is easily readable	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
3.4 Overfill equipment	a. If equipped with a "test" button, activate the audible horn or light to confirm operation. This could be battery powered. Replace the battery if needed	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
	b. If overfill valve is equipped with a mechanical test mechanism, actuate the mechanism to confirm operation.	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
3.5 Piping connections	Check for leaks, corrosion and damage	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	
4.0 Tank Attachments and Appurtenances						
4.1 Ladder and platform structure	Secure with no sign of severe corrosion or damage?	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	☐Yes ☐No* ☐N/A	
5.0 Other Conditions						
5.1 Are there other conditions that should be addressed for continued safe operation or that may affect the site spill prevention plan?		☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	☐ Yes* ☐ No	

* 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.

** In accordance with Section 3.2 of the SPCC Plan (Environmental Equivalence), inspection for water in the primary tank will be conducted annually and recorded on the STI SP001 Annual Inspection Checklist.