

UNDERGROUND STORAGE TANK SYSTEM INSTALLATION INSPECTION REPORT

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Facility Name: _____ Bldg. No.: _____

Address: _____ City: _____ Zip: _____

Project Contact: _____ Contact Phone No.: _____

| Item Inspected | Inspection Date | Inspector Sign-Off | Time On Site |
|--|-----------------|--------------------|--------------|
| Tank holiday test(s) (for steel tanks) prior to installation in excavation. | | | |
| Tank soap test (for fiberglass tanks) prior to installation in excavation. | | | |
| Verification of tank set and anchorage in excavation. | | | |
| Primary and secondary tank pressure/soap test after placement in excavation. | | | |
| Primary piping and vapor recovery piping pressure test. | | | |
| Secondary piping and vent piping pressure test. | | | |
| Secondary containment lake tests. | | | |
| Visual inspection of piping to ensure proper slope prior to covering. | | | |
| Complete functional test of tank and piping monitoring system(s). | | | |
| Tank and piping integrity tests. | | | |
| Full functional test of dispenser emergency electrical shut-off. | | | |
| Signs. | | | |
| Fire extinguishers. | | | |
| Hazardous Materials Business Plan Submitted/Updated | | | |
| Other (specify). | | | |

Comments/Special Conditions: _____

Signature of Contractor/Authorized Agent: _____ Date: _____