

UNDERGROUND STORAGE TANK SYSTEM DESIGNATED UST OPERATOR MONTHLY INSPECTION REPORT

Facility Name:	Inspection Date:
Facility Address:	City:
Name of Designated UST Operator Conducting Inspection:	
International Code Council Certification No.:	Expiration Date:
Signature:	Phone: () ext.

N/A = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Yes	No	N/A
1.	Is the monitoring system powered on and in proper operating mode?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the monitoring system not currently showing any leak alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the Alarm History Report/log for the previous month available, and has it been reviewed by the Designated UST Operator? <i>(Attach a copy of the alarm history report/log to this inspection form.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has each alarm for the previous month been responded to appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UST SYSTEM INSPECTION				
5.	Are tank-top containment sumps free of water, debris, and hazardous substance? <i>Note: If the answer to Item 4 was "Yes," skip to Item 6. Sumps where an alarm has occurred in the past month must be inspected if a qualified service technician has not responded to, and properly addressed, the cause of the alarm. Documentation verifying appropriate service should be attached to this report.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes No	<input type="checkbox"/>	<input type="checkbox"/>	
	Sump Location:	<input type="checkbox"/>	<input type="checkbox"/>	
	Sump Location:	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Are spill buckets (containment structures) free of water, debris, and hazardous substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes No N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank 1 ID –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank 2 ID –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank 3 ID –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank 4 ID –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank 5 ID –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank 6 ID –	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are under-dispenser containment areas free of water, debris, and hazardous substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes No N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 3/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 5/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 7/8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 9/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 11/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 13/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 15/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Leak detection is properly located within under-dispenser containment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes No N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 3/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 5/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 7/8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 9/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 11/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 13/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dispenser – 15/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAPERWORK INSPECTION				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Monitoring System Certification was completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Line Leak Detectors were tested/certified within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Spill bucket (containment structure) testing completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Line tightness testing completed within the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Secondary containment tests completed within the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Enhanced Leak Detection completed within the required time frame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Other required testing/maintenance was completed within required time frame? <i>(List test/maintenance items below.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Describe Test/Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Describe Test/Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACILITY EMPLOYEE TRAINING				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have all facility employees received the required on-the-job training within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have all facility employees hired within the past 30 days received the required on-the-job training.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Explain any "No" answers in the "Comments" section on the following page. Those issues require corrective action from the UST owner/operator.

Comments: _____

Required Follow-Up Actions: _____

INSTRUCTIONS

1. The monthly UST system inspection must be conducted by a Designated UST Operator who possesses a current “California UST System Operator” exam issued by the International Code Council (ICC).
2. The Designated UST Operator must alert the UST Owner or Operator of any condition discovered during the monthly visual inspection that may require follow-up actions.
3. A copy of this monthly inspection report must be provided to the UST Owner or Operator.
4. The UST Owner or Operator must maintain a copy of each monthly inspection report and all attachments for the most recent 12 months. The records shall be maintained on-site or, if approved by the local agency, off-site at a readily available location.