

**UNDERGROUND STORAGE TANK
DESIGNATED UNDERGROUND STORAGE TANK OPERATOR VISUAL INSPECTION REPORT (Page 1 of 2)**

I. FACILITY INFORMATION

CERS ID	Date of Designated UST Operator Inspection	
Business Name <i>(Same as Facility Name or DBA-Doing Business As)</i>		
Business Site Address	City	ZIP Code

II. DESIGNATED UNDERGROUND STORAGE TANK OPERATOR INFORMATION

Name of Designated UST Operator <i>(Print as shown on the ICC Certification.)</i>	Phone #
ICC Certification #	ICC Certification Expiration Date

III. COMPLIANCE ISSUES

All answers of "N" or "NA" in sections VII through XI must be explained in this section and may require follow-up action.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

IV. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING THIS INSPECTION

I hereby certify that the visual inspection was performed in full compliance with California Code of Regulations, Title 23, Division 3, Chapter 16, Section 2716 and all the information provided herein is accurate.

Designated UST Operator Signature

V. OWNER / OPERATOR DESCRIPTION OF FOLLOW-UP ACTIONS

All issues listed in Section III above must have a description of the follow-up action taken or to be taken to correct the issue on the number line that corresponds with the number line of the compliance issue listed above in Section III.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

VI. OWNER / OPERATOR ACKNOWLEDGMENT OF COMPLIANCE ISSUES

I have reviewed Section III "COMPLIANCE ISSUES" and provided a description in Section V of the action taken or to be taken to correct the issues discovered.

Name of UST Owner/Operator (Print)	UST Owner/Operator Signature	Date Signed
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VII. INSPECTION HISTORY

Has each follow-up action of Section III from the previous inspection been completed appropriately? Y N
Attach documentation verifying appropriate service to this report.

VIII. ALARM HISTORY

Attach a copy of the alarm history report/log to this report. Y N NA
 Is the monitoring system powered on and in proper operating mode?
 Has each leak detection alarm since the previous inspection been responded to appropriately?
Attach documentation verifying appropriate service to this report.
 Have all containment sumps that have had a leak detection alarm since the previous inspection been responded to by a qualified UST Service Technician?

List below in Section IX all containment sumps that have had a leak detection alarm since the previous inspection and have not been responded to by a qualified UST Service Technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location. The results of the visual inspection must be recorded in Section IX.

IX. UNDERGROUND STORAGE TANK SYSTEM INSPECTION

Is the **containment sump** free of damage, water, debris, and hazardous substance?

Containment Sump ID	Y	N	Containment Sump ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Are all sensors in **containment sumps** inspected located to detect a leak at the earliest opportunity?

Is the **spill container** free of damage, water, debris, and hazardous substance?

Tank ID	Y	N	Tank ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is the **fill pipe** free of obstructions?

Tank ID	Y	N	Tank ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is the **fill cap** securely on the fill pipe?

Tank ID	Y	N	Tank ID	Y	N
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is the **under-dispenser containment** free of damage, water, debris, and hazardous substance?

Under-Dispenser Containment ID	Y	N	NA	Under-Dispenser Containment ID	Y	N	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are all sensors in **under-dispenser containment** located to detect a leak at the earliest opportunity?

X. TESTING AND MAINTENANCE

	Y	N	NA	Date Last Performed
Has the monitoring system certification been completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the spill container testing been completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the overfill prevention equipment inspection been completed within the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the secondary containment testing been completed within the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the tank tightness testing been completed within required timeframes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the line tightness testing been completed within the required timeframes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other required testing / maintenance was completed within required timeframe. <i>(List test/maintenance items below.)</i>				
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test / Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

XI. FACILITY EMPLOYEE TRAINING

Have all individuals performing facility employee duties received the required facility employee training within the past 12 months? Y N

If the facility has more components than this form accommodates, additional copies of this page may be attached.

Y = Yes, N = No, NA = Not Applicable, ID = Identification