

UST System Monthly Inspection Form

Facility: _____

Complete this inspection form using the Key to the right .
Any question answered NO (●) must explain follow up action taken below.

YES	NO	N/A
✓	●	—

TANKS

Fueling Equipment Inspection

- All caps, adapters and gaskets sealed tightly?
- Spill bucket free of product/water/debris/damage?
- Overfill drop tube present and free of obstructions?
- Vapor recovery adapter intact and free of obstructions?
- Tank free of water?
- Fills properly labeled?

	1	2	3	4	5	6	7	8

STP Sump - Sumps at the Tanks

- Sump area free of water / fuel/ debris?
- Free of visible piping leaks?
- Automatic line leak detector present?
- Sensor properly located and secured?

	1	2	3	4	5	6	7	8

DISPENSER / TRANSITION SUMP

Under Dispensers and Transition Sumps

- Under dispenser free of water / fuel / debris?
- Free from visible piping leakage?
- Sensor properly located and secured?
- All nozzles, swivels, hoses and connectors free of leaks?

	1	2	3	4	5	6	7	8

Release Detection

- Tank _____ pass for current month?
- Product Piping _____ pass for month?
- ATG console free of alarm conditions (all functions normal?)

	1	2	3	4	5	6	7	8

Cathodic protection (if applicable)

- Collect 60 readings
- Rectifier on?

Amps	Volt	Clock

Operator Training

- C Operator present with cert available?
- Emergency Contact Sheet posted?

If you answer NO to any of the above questions, correct the problem or notify the A or B Operator and document the follow up measure taken on the repair log.

Inspected By: _____
Printed Name

Date _____

Signature _____