

# Underground Storage Tank Inspection Checklist

FACILITY NAME	DATE
LOCATION	INSPECTOR
TANK ID/NUMBER	OWNER/OPERATOR

## Visual Inspection

ITEM	YES	NO	N/A	COMMENTS
Access to fill pipes unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank area free from leaks, spills, or staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents are undamaged and clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No unusual odors or vapors detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill bucket condition satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Equipment Checks

ITEM	YES	NO	N/A	COMMENTS
Overfill prevention device operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leak detection system functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrosion protection operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lines/piping free of visible damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Records & Documentation

ITEM	YES	NO	N/A	COMMENTS
Inspection records up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance records available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Release detection records on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Remarks/Observations

Inspector Signature:

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Date:

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Owner/Operator Signature:

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Date:

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