

# Underground Storage Tank (UST) Site Inspection Checklist

Site Name

Site Address

Inspection Date

Inspector Name

## Tank Details

Tank ID	Capacity	Substance Stored	Tank Type	Install Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Inspection Checklist

Item	Yes	No	N/A	Comments
Leak detection system operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tank free from visible damage/corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Piping and fittings in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spill/overfill equipment checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Secondary containment integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Monitoring system records up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Notes

Inspector Signature