

# Underground Storage Tank Compliance Checklist

Facility Name:

Location/Address:

Owner/Operator:

Date of Inspection:

| Requirement                             | In Compliance            | Corrective Action Needed | Notes       |
|---|--------------------------|--------------------------|-------------|
| Tank Registration Current               | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Leak Detection System Functional        | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Spill Prevention Equipment Inspected    | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Overfill Prevention Equipment Inspected | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Corrosion Protection System Working     | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |
| Records Maintained                      | <input type="checkbox"/> | <input type="checkbox"/> | <div></div> |

Inspector Name:

Signature:

Additional Comments: