

10-Day Product Inventory Reconciliation Worksheet

Facility Name: _____
 Facility Address: _____

PBS # _____
 Product: _____

Period: From _____ to _____

Storage Capacity: _____

D A Y	D A T E	Start stick Inventory (Gallons)	Delivery (Gallons)	Pumped (Gallons)	Book Inventory A (Gallons)	End Stick Inventory			Daily Over(+) or Short(-) (B)-(A)	Water Tank 1 (Inches)	Water Tank 2 (Inches)
						Tank 1 (Inches)	Tank 2 (Inches)	Total Gallons			
1		(+)	(-)	(=)							
2		(+)	(-)	(=)							
3		(+)	(-)	(=)							
4		(+)	(-)	(=)							
5		(+)	(-)	(=)							
6		(+)	(-)	(=)							
7		(+)	(-)	(=)							
8		(+)	(-)	(=)							
9		(+)	(-)	(=)							
10		(+)	(-)	(=)							

Total gallons delivered ->			Total gallons <- pumped
			Total <- tank volume

Total gallons short/over -> (DROP SIGN)

At the END of the 10-Day period, determine which of the totals shown above is LARGEST (TOTAL FALLONS PUMPED, TOTAL GALLONS DELIVERED OR TOTAL TANK VOLUME) AND enter the number into the box below.

LEAK CHECK

* .0075 = _____ ALLOWABLE VARIANCE

Is the TOTAL GALLONS OVER/SHORT Larger than the ALLOWABLE VARIANCE.....YES (see** below) NO (Circle One)

Is there a REOCCURRING, INCREASE or FLUCTUATION of water in the bottom of the tank...YES (see** below) NO (Circle One)

** If you answered YES above, the TOTAL GALLONS OVER/SHORT is Larger than the ALLOWABLE VARIANCE, or there was a REOCCURRING, INCREASE or FLUCTUATION of water in the bottom of the tank, in accordance with 6 NYCRR Part 613.4(d), the OPERATOR MUST initiate an investigation into possible causes. If, WITH 48 HOURS the cause CANNOT BE EXPLAINED by inaccurate record keeping, themperature variations or other factors not related to leakage, the operator MUST NOTIFY the owner and New York State department of Environmental Conservation (HOTLINE: 1-800-457-7362). The tank MUST BE TAKEN temporarily out of service in accordance with Part 613.9(a) UNTIL such time that inspection and/or thigness test are performed, the cause is determined and necessary repairs or replacements are made.

EXPLANATION OF EXCEEDANCE OF ALLOWABLE VARANCE

Cause determined to be: _____

Describe required action taken (I.e., inspection/repairs/tests, etc.) on ___ / ___ / ___ (Date):

