

# UST – Monthly Compliance Inspection Check List

Month of \_\_\_\_\_

## I. General Information:

Fac ID#:	Starting Date:	Ending Date:
Facility Name:	Phone Number:	Fax Number:
Address:	City:	Zip:
Contact Name Class A or B Operator:	Phone Number:	



## II. Tank Area: (If you answer "NO" to any question you must complete the Repair Log attached)

Inspection Date: _____			circle one	
Area	Description	Area of Concern	YES	NO
Spill Cont. Bucket	Fill Lid	1. Are all fill lids present and in good condition?	YES	NO
		2. Are fills correctly identified by color and located on the correct tank?	YES	NO
	Spill Cont Bucket	3. Is the spill bucket free of dirt, trash, water and product?	YES	NO
		4. Is the spill bucket in good condition and free of damage? (No cracks, bulges or holes)	YES	NO
		5. Does the drain assembly work? (if applicable)	YES	NO
	Fill Riser	6. Is the fill adaptor tight on the riser pipe?	YES	NO
Overfill Valve	7. Is the fill cap in place with a gasket and sealed tightly on the fill pipe?	YES	NO	
8. Is the overfill device free of obstructions?	YES	NO		
Area	Description	Area of Concern	circle one	
Tank Interior	Water Level	9. Does the tank contain less than 1/2-inch of water? <i>NOTE: If the water level is between 1/2-inch and 2 inches, remove the water within 5 days; if the water level is &gt; 2 inches, product</i>	YES	NO
Vapor Recovery	Vapor Recovery Port	10. Is the vapor cap in place with a gasket and sealed tightly on the vent pipe? 11. Does the poppet of the vapor recovery adaptor seal tightly? 12. Are the vapor recovery lids painted orange?	YES	NO

**III. Dispensers (If you answer "NO" to any question you must complete the Repair Log attached)**  
**IV. Leak Detection (If you answer "NO" to any question you must complete the Repair Log attached)**  
**V. Inspections Completed By**



Inspectors Initials  
 Area Description Area of Concern

Area	Description	Area of Concern	circle one	
<b>Dispenser- Hanging Hardware</b>	Nozzles	13. Are the nozzles pressure sensitive?	YES	NO
		14. Are the nozzles in good condition and free of leaks?	YES	NO
	Swivels	15. Are the swivels in good condition and free of leaks?	YES	NO
	Hoses	16. Are the hoses in good condition and free of leaks?	YES	NO
	Breakaway Connectors	17. Are the breakaway connectors in good condition and free of leaks?	YES	NO
	Breakaway Hoses	18. Are the breakaway hoses in good condition and free of leaks?	YES	NO
Area	Description	Area of Concern	circle one	
		19. Does the ATG have power?	YES	NO
			YES	NO
			YES	NO
		20. Is the ATG console in normal status mode? (no warning or alarm lights lit)	YES	NO
	ATG Console	21. Does the ATG printer have paper and is it in working condition? (If applicable)	YES	NO
<b>Leak Detection</b>		22. Do the liquid measurements and the ATG readings appear to be accurate?	YES	NO
		23. Has the alarm been reported to the A or B Operator?	YES	NO
	Electronic Leak-	24. Is the power on?	YES	NO
	Detection Monitor	25. Are the warning or alarm lights off?	YES	NO
	Mechanical Line-Leak Detection	26. Are dispensers operating at normal flow rates? (not in slow-flow)	YES	NO
	Daily Inventory	27. Are inventories reconciled daily and are the variances within the guideline set by the facility owner?	YES	NO

**VI. Monthly Repair Log**

Month	Date	Area of Concern Number	Problem

<p align="center"><b>VII. Reviewed By</b></p>	
<p align="center">Class A or B Operator Printed Name:</p>	
<p align="center">Class A or B Operator Signature:</p>	
<p>Class A or B Operator Certification Number:</p>	

