**UST Monthly Walkthrough Inspection Checklist**

Facility Name**:** 

Facility Address:

Facility ID#:

Email Address:Phone Number:

**Respond with Yes, No, or Not Applicable (NA)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Items** | | **Date of Inspection** | | | | |
|  |  |  |  |  |
| **Tank Top Containment Sumps and Spill Buckets** | Containment sump and spill bucket covers are present, is in good condition, and is not in contact with sump lid. |  |  |  |  |  |
| Sump sensor is properly mounted on the sump bottom. |  |  |  |  |  |
| Containment sump and spill bucket lids do not show any cracks, holes, or other signs of damage. |  |  |  |  |  |
| Containment sump and spill bucket free from water, product, and debris? |  |  |  |  |  |
| No visual leaks or weeps observed inside sump and bucket. |  |  |  |  |  |
| Double-walled containment sump - No evidence of a release in interstice. |  |  |  |  |  |
| **Under-Dispenser Containment Sumps** | The dispenser cover is present and is not damaged. |  |  |  |  |  |
| Sump sensor is properly mounted on the sump bottom. |  |  |  |  |  |
| Containment sump does not show any cracks, holes, or other signs of damage. |  |  |  |  |  |
| Containment sump free from water, product, and debris. |  |  |  |  |  |
| No visual leaks or weeps observed inside sump. |  |  |  |  |  |
| Double-walled containment sump - No evidence of a release in interstice. |  |  |  |  |  |
| **Dispenser Hoses, Nozzles, and breakaways** | No loose fittings, deterioration, obvious signs of leaks, and improper functioning. |  |  |  |  |  |
| **Overfill Alarm** | Overfill alarm is audible and visible. |  |  |  |  |  |
| **Drop Tubes** | Has no obstruction. |  |  |  |  |  |
| Fill cap fits securely. |  |  |  |  |  |
| **Automatic Tank Gauge (ATG)** | Passing monthly test results. |  |  |  |  |  |
| **Interstitial Monitoring** | Sensor status is normal. |  |  |  |  |  |
| **Statistical Inventory Reconciliation (SIR)** | Previous months results obtained with passing result. |  |  |  |  |  |
| Data being collected for current month. |  |  |  |  |  |
| **Monthly Piping**  **Leak Test** | Passing piping leak test results. |  |  |  |  |  |
| **Manual Interstitial Monitoring for Piping** | Tank-top sumps inspected, free of liquid. |  |  |  |  |  |
| **Records** | All leak detection and testing records are being kept. |  |  |  |  |  |
| **Financial Responsibility (FR).** | FR is current. |  |  |  |  |  |
| **Class A, B, and C Operators.** | All operators are trained and designated and current. |  |  |  |  |  |

Comments: 







I certify that I have personally examined the walkthrough inspection as established in 20 DCMR 5900 for this facility and I further certify that the information in this document is true, accurate, and complete.

Name:  Sign:  Date: 