



30-DAY WALK-THROUGH INSPECTION CHECKLIST

IMPORTANT: KEEP THIS RECORD FOR NO LESS THAN 1 YEAR. Page 1 of 2

Facility ID Number#		Facility Name:					
Phone Number:		Street Address:					
		City:		State:		ZIP Code:	

Write the date of inspection in the GRAY box below. Under the date, in the WHITE box beside the device/system inspected, record one of the following:

- **Your initials**, IF the inspected device/system is **satisfactory**.
- A **"U,"** if the inspected device/system is **unsatisfactory**. Then, provide the requested information on Page 2.
- **"N/A"** if the item is **not applicable** for your facility.

DATE OF INSPECTION (mm/dd/yy)												
REQUIRED EVERY 30 DAYS												
Visually check spill prevention equipment for damage. Remove any liquid and/or debris.												
Check release detection equipment to ensure it is operating with no alarms or unusual operating conditions present.												
For double-walled spill prevention equipment with interstitial monitoring, check for a leak in the interstitial area.												
Check for and remove obstructions in the fill pipe.												
Check the fill cap to make sure it is securely on the fill pipe.												
Ensure release detection records are reviewed and current.												
REQUIRED ANNUALLY												
For double-walled containment sumps with interstitial monitoring, check for leaks in the interstitial area.												
Visually check containment sumps for damage and leaks to the containment area or a release to the environment.												
Remove any liquid or debris from containment sumps.												
Check hand-held release detection equipment, such as groundwater bailers and tank gauge sticks, for operability and serviceability.												

Note: Spill prevention equipment at UST systems receiving deliveries at intervals greater than every 30 days may be checked prior to each delivery.

