

**CALIFORNIA ABOVEGROUND PETROLEUM STORAGE ACT
MONTHLY VISUAL INSPECTION CHECKLIST
TANKS IN UNDERGROUND AREAS – TANK FACILITY STORAGE CAPACITY LESS THAN 1,320 GALLONS**

I. IDENTIFICATION

FACILITY NAME (Same as BUSINESS NAME or DBA-Doing Business As)		INSPECTION DATE
FACILITY ADDRESS	CITY	ZIP CODE
TANK 1 ID	TANK 2 ID	TANK 3 ID

II. TANK DETAILS

**Any item marked "NO" requires additional information to describe the condition and date the condition is corrected.
Use additional pages if necessary.**

Item	Status	Comments / Date Corrected			
		Tank 1	Tank 2	Tank 3	
Primary Tank					
1	Is tank exterior (roof, shell, ends, connections, fittings, valves, etc.) free of visible leaks? <i>Note: If "No", identify tank and describe leak.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Is the tank liquid level gauge readable and in proper operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3	Is the primary tank free of water or has another preventative measure been taken? <i>Note: Refer to SP001 (6th ed.) Section 6.10 & 6.11 for alternatives for Category 1 tanks. NA is only appropriate for these alternatives.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4	Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Double-Walled Tank					
5	Is the interstice for double-wall tank free of liquid? Remove liquid if found. If tank product found, investigate possible leak	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Equipment on Tank and Piping					
6	Is piping (valves, fittings, connections, pumps, etc.) free of visible leaks? <i>Note: If "No", identify piping, location and describe leak.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7	Is secondary containment for piping free of liquids? Check for alarms if equipped.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8	Is overfill prevention equipment (overfill valve, audible alarm, etc.) in proper operating condition? <i>Note: Verify operation of alarms.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
9	Are ladders/platforms/walkways secure with no sign of severe corrosion or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10	Is the spill containment box on fill pipe empty, free of visible leaks and in proper operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Secondary Containment (Diking/Impounding)					
11	Is the containment free of liquid, debris, cracks, erosion, fire hazards and other integrity issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Are drain valves closed and in proper operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Other Conditions					
13	Is the system free of any other conditions that need to be addressed for continued safe operation or that may affect the site's SPCC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

III. INSPECTOR INFORMATION

SIGNATURE OF INSPECTOR	PRINT NAME OF INSPECTOR	DATE (MM/DD/YYYY)
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