

**CALIFORNIA ABOVEGROUND PETROLM 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):	
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.

A. Primary Tank

1. Is tank exterior (roof, shell, ends, connections, fittings, valves, etc.) free of visible leaks? If “No”, identify tank and describe leak.

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

2. Is the tank liquid level gauge readable and in proper operating condition?

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

3. Is the primary tank free of water or has another preventative measure been taken? Refer to Steel Tank Institute SP001 (6th Edition) Section 6.10 and 6.11 for alternatives for Category 1 tanks. N/A is only appropriate for these alternatives.

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

Tank Details continue on Page 2

4. Is the area around the tank (concrete surfaces, ground containment, etc.) free of visible signs and leakage?

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

B. Double-Walled Tank

5. Is the interstice for double-walled tank free of liquid? Remove liquid if found. If tank product found, investigate possible leak.

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

C. Equipment on Tank and Piping

6. Is piping (valves, fittings, connections, pumps, etc.) free of visible leaks? If "No", identify piping, location, and describe leak.

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

7. Is secondary containment for piping free of liquid? Check for alarms if equipped.

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

8. Is overflow protection (overflow valve, audible alarm, etc.) in proper operating condition?

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

9. Are ladders, platforms, and or walk-ways secure with no sign of severe corrosion or damage?

Tank 1	Yes	No	N/A	Comments/Date Corrected:
Tank 2	Yes	No	N/A	Comments/Date Corrected:
Tank 3	Yes	No	N/A	Comments/Date Corrected:

Tank Details continue on Page 3

10. Is the spill containment box on fill pipe empty, free of visible leaks and in proper operating condition?

Tank 1 Yes No N/A Comments/Date Corrected:

Tank 2 Yes No N/A Comments/Date Corrected:

Tank 3 Yes No N/A Comments/Date Corrected:

D. Secondary Containment (Diking/Impounding)

11. Is the containment free of liquid, debris, cracks, erosion, fire hazards, and other integrity issues?

Tank 1 Yes No N/A Comments/Date Corrected:

Tank 2 Yes No N/A Comments/Date Corrected:

Tank 3 Yes No N/A Comments/Date Corrected:

12. Are drain valves closed and in proper operating condition?

Tank 1 Yes No N/A Comments/Date Corrected:

Tank 2 Yes No N/A Comments/Date Corrected:

Tank 3 Yes No N/A Comments/Date Corrected:

E. 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?

Tank 1 Yes No N/A Comments/Date Corrected:

Tank 2 Yes No N/A Comments/Date Corrected:

Tank 3 Yes No N/A Comments/Date Corrected:

III. INSPECTOR INFORMATION

Signature:
Print name:
Date: