



RI DEM Facility Operator's Monthly Inspection Checklist for Underground Storage Tank (UST) Systems

Rule 8.22(C) of the RI DEM *Rules and Regulations For Underground Storage Facilities Used For Petroleum Products and Hazardous Materials* requires that a monthly visual inspection of the facility be performed by or under the direction of the designated Class A or B operator. Class A or B operators shall ensure that documentation of each inspection is kept and made available for review by RI DEM. Please keep this form with your records for at least three (3) years.

Date of Inspection: _____
UST Facility ID Number: _____
Facility Name: _____
Facility Location: _____
Name of person conducting inspection: _____

<i>Item</i>	<i>Compliant</i>		<i>Comments (please specify tank system)</i>	<i>List Corrections Made</i>
	Yes	No		
Leak Detection System: verify in-tank, interstitial, sump monitoring, and alarm are properly maintained and operating	<input type="checkbox"/>	<input type="checkbox"/>		
Leak Test: verify the leak detection system is performing a monthly 0.2 gph leak test (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Date last tested: _____	
Spill Containment Basins: ensure spill buckets are clean and empty and are properly marked/labeled to identify the substance stored; verify all covers and caps are tightly sealed	<input type="checkbox"/>	<input type="checkbox"/>		
Piping Sumps: inspect all visible piping, fittings, and couplings for any signs of leakage; remove any water or product and dispose of properly; remove any debris	<input type="checkbox"/>	<input type="checkbox"/>	Date last opened: _____	
Dispenser Hoses, Nozzles, and Breakaways: inspect for loose fittings, deterioration, obvious signs of leakage, and improper functioning	<input type="checkbox"/>	<input type="checkbox"/>		

<i>Item</i>	<i>Compliant Yes No</i>	<i>Comments (please specify tank system)</i>	<i>List Corrections Made</i>
Dispenser and Dispenser Sumps: open each dispenser and inspect all visible piping, fittings, and couplings for any signs of leakage; remove any water or product and dispose of properly; remove any debris	<input type="checkbox"/> <input type="checkbox"/>		
Overfill Alarm: inspect for proper operation; verify the alarm can be seen and/or heard from where the UST is filled (if applicable)	<input type="checkbox"/> <input type="checkbox"/>		
Cathodic Protection System: inspect the impressed current rectifier for proper operation	<input type="checkbox"/> <input type="checkbox"/>		
Alarm Conditions: investigate and correct all alarms and unusual operating conditions; properly report any indications of a suspected release	<input type="checkbox"/> <input type="checkbox"/>		
Groundwater Monitoring Wells and Tank Pad Observation Wells: inspect for proper labeling and maintenance	<input type="checkbox"/> <input type="checkbox"/>		
Emergency Response: inspect spill and overfill response supplies; restock as required; review emergency procedures and contact list	<input type="checkbox"/> <input type="checkbox"/>		

Repair or Maintenance Notes: _____

Signature of Inspector: _____ Date: _____