

# MONTHLY TANK INSPECTION REPORT

Instructions: This inspection record should be completed for each oil storage tank every month. Visually inspect the tank, and place a check or an X in the appropriate box for each item. If any item needs elaboration, do so in the comments space provided. **The inspection report must be signed by the inspector.** A copy of each month's inspection report must be submitted to the Department of Environmental Management, Office of Emergency Response, at 235 Promenade Street, Suite 438, Providence, RI 02908, by December 31<sup>st</sup> of each year.

DATE: \_\_\_\_\_

OWNER OR OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

TANK NUMBER: \_\_\_\_\_ TANK SIZE: \_\_\_\_\_ TANK CONTENTS: \_\_\_\_\_

	YES	NO	N/A	COMMENTS
Does the tank(s) show signs of settlement, structural or foundation weakness or swelling of tank insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the tank(s) show signs of cracks, areas of wear, corrosion or leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the piping show signs of corrosion or leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the pump or hoses show signs of leaks or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the tank gauge operating as designed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is all leak detection, monitoring, cathodic protection and/or warning systems operating as designed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there liquid in the interstitial place (double wall tanks only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Groundwater monitoring program: are the monitoring wells checked monthly in accordance with section 10 (h)(2)(3) of the Oil Pollution Control regulations (50,000 gals or 5000 in GAA) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the information in the Spill Prevention and Emergency Plan or Spill Prevention, Control and Countermeasure Plan kept up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other: \_\_\_\_\_

Inspector's signature: \_\_\_\_\_