

Routine Site Inspection Checklist for Aboveground and Belowground Storage Tanks

Facility Operators in charge of maintaining petroleum storage tank systems should fill out this form during routine inspections (conducted weekly/monthly). These records will be evaluated at the time of inspection by Nassau County Health Department Inspectors. Please keep archived records for at least 3 years.

Date:

1. All fill ports, spill buckets and sumps (including dispenser sumps, if applicable) are clean and dry:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "NO", all water/product and other debris has been removed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. There are no items in ALARM status:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "NO", all items in alarm status have been addressed and rectified:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. For ASTs, the secondary containment unit is clean and dry:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. If "NO", the secondary containment unit has been cleaned and all product has been removed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. All obstructions, including overgrowth, have been removed from the proximity of the tank, fill ports, sumps, dispensers, etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. All associated piping seems to be in good working order:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. "Test" button associated with electronic monitoring equipment is functional:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. There are no signs of product spill or leak:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. There are no signs of rust, corrosion or weakening of the tank/piping:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. To the best of my knowledge, all in-tank probes, sensors, monitoring equipment and spill prevention mechanisms are in good working order:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature of Facility Operator Conducting Inspection: _____

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