**UST Monthly Visual Inspection Report - Month/Year**

RCSA Section 22a-449(d)-108(c)(2) requires monthly visual inspections by or under the direction of the Class A or B Operator at each Underground Storage Tank (UST) facility. These inspections must be documented including all findings and repairs made and the inspection reports maintained on-site for no less than 3 years.

**Part I: Facility Name, ID, and Address**

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| UST Facility Name:   | UST Facility ID:   |
| UST Facility Address: |

**Part II: Inspection Items**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Items listed in 22a-449(d)-108(c)(2)(C)**  |  | **Tank ID** | **Tank ID** | **Tank ID** | **Tank ID** | **Tank ID** | **Tank ID** |
| **Vent Risers:** each risershows no visible damage. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Pressure/vacuum vent caps:** each pressure/vacuum vent cap and/or rain cap shows no visible damage. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Spill buckets:** each spill bucketshows no presence of oil, water, or debris. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **New piping containment sumps:** each sumpshows no presence of oil, water, or debris. Sensors properly placed. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Dry break poppet valves**: each valve forms a continuous seal, depresses evenly across the valve seat, & reseats properly. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Overfill devices:** Inspected within the last year. **\*\*ANNUAL INSPECTION\*\*** | **DATE** | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
|  |  | **Dispenser****#** | **Dispenser****#** | **Dispenser****#** | **Dispenser****#** | **Dispenser****#** | **Dispenser****#** |
| **New under-dispenser containment sumps:** each sumpshows no presence of oil, water, debris. Sensors properly placed. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Motor fuel dispenser hoses:**  there are no tears, leaks, holes, kinks, crimps, or defects of any kind. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Motor fuel dispenser cabinet interiors:** shows no evidence of leaking components and shows no oil, water, or debris present. | no defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| defect | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **Transfer and dispensing areas:** any release has been reported and cleaned in accordance with all applicable federal, state, and local requirements. | no defect | [ ]  |
| defect | [ ]  |
| **Leak and product monitoring device alarm enunciation panels:** there is proper operation of leak and product monitoring and detection systems. | no defect | [ ]  | **\*\*\*\*See Page 2\*\*\*\*****For Additional Requirements** |
| defect | [ ]  |

**Part II: Inspection Items - Continued**

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| **Leak and product monitoring device alarm enunciation panels: there is proper operation of leak and product monitoring and detection systems. \*\*\*\* Details \*\*\*\*** |
| **System Type** | **Check for** | **Findings/Comments** |
| **1.a. Automatic Tank Gauge (ATG) with Inventory Reconciliation** | **Passing test reports – print & filed – alarm histories, sensor status reports** |  |
| **1.b. Inventory Reconciliation** | **Inventory reconciled weekly, within acceptable tolerance, & filed** |  |
| **2. Continuous Interstitial Monitoring** | **Sensor status report – print & filed – alarm history** |  |
| **3. Other - type** |  |  |

**Part III: Repair and Maintenance Notes**

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| **Repair and/or Maintenance Notes:** |
|  |

**Part IV: Date of Inspection, Name and Signature of Person Conducting Inspection, and Names of Class A and /or Class B Operators Responsible for Monthly Inspection**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Monthly Inspection** | **Name of Person Conducting Inspection** | **Signature of Person Conducting Inspection** | **Name of Class A or B Operator under whose direction inspection was conducted** |
|  |  |  |  |