

Reviewed by:

## Syracuse University - Environmental Health & Safety Services

## **Monthly Underground Storage Tank Inspection Form**

Tank ID No.:		] F	Facility Name:			
Tank Capacity:	gallons	] <del> </del>	Tank Location: Registration #:		on:	
Product Stored:					ո #:	
		_				
	Compliance Item		Yes	No	N/A	Notes/Comments
	k gauge system functioning properly and the product in the tank?	d indicating an				
2. Is the tank's high lev	el alarm functioning properly?					
3. Is the tank's primary vent pipe in good condition and free of visible obstructions?			s?			
	nic leak detection system functioning pro lible alarms in good working condition?	operly, with all				
5. Are there any active alarms on the tank's electronic leak detection system?						If yes, explain:
6. Are copies of week request?	y leak detection records for the last 30 c	days accessible upor	n			
7. Is the tank's fill port	or fill port containment (i.e., spill bucket	c) closed and locked	?			
8. Is the tank's fill port debris?	containment in good condition and free	of all liquids and				
9. Are all tank top sum	ps in good condition and free of liquid a	nd debris?				
10. Are all leak detect standing upright in lov	ion sensors properly positioned in the ta vest part of sump)	nk top sumps? (i.e.,				
11. Are all visible pipir bulging, or corrosion?	ng connections in good condition, with no	o signs of cracking,				
12. Are there any signs of spills or leaks near the tank system?						If yes, notify EHSS immediately
13. Is the Univesity's p transfers?	petroleum transfer procedure followed d	luring all product				
14. Are transfer area p product transfers? (e.į	orotection equipment/supplies available g., drain covers)	and present during				
15. Is emergency spill speedy dry, absorbent	equipment/supplies readily available at o pads, etc)	or near tank? (e.g.,				
Comments:						

EC-13: Monthly UST Inspection Form 1 of 1 Rev. 7/21/17

Date: