

UST System Monthly Inspection Form

Facility: _____

Complete this inspection form using the Key to the right .
Any question answered NO (●) must explain follow up action taken below.

YES	NO	N/A
√	●	—

Fueling Equipment Inspection

- All caps, adapters and gaskets sealed tightly?
- Spill bucket free of product/water/debris/damage?
- Overfill drop tube present and free of obstructions?
- Vapor recovery adapter intact and free of obstructions?
- Tank free of water?

TANKS							
1	2	3	4	5	6	7	8

Dispensers and Hanging Hardware

- All nozzles, swivels, hoses and connectors free of leaks?

DISPENSERS							
1	2	3	4	5	6	7	8

Release Detection

- Tank _____ pass for current month?
- Product Piping _____ pass for month?
- ATG console free of alarm conditions (all functions normal?)

1	2	3	4	5	6	7	8

Cathodic protection (if applicable)

- Collect 60 readings
- Rectifier on?

Amps	Volt	Clock

If you answer NO to any of the above questions, correct the problem or notify the A or B Operator and document the follow up measure taken on the repair log.

Inspected By: _____ Date _____

Printed Name

Signature _____