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## UST Monthly Compliance Inspection Checklist

(Revised 5/ 6/ 2019)															
		*lf you answer "No" to a	any questions	s, you	must c	omplet	e the a	ttached	d Repai	r Log.					
			Genera	al Inf	forma	tion									
Facility	ID #:	Number of Tanks:													
Facility Address:					City/State/ZIP:										
Contact Name: Phone Number:			:		Review Starting Date: Review Ending							Date:			
			Ta	ink A	\rea*										
		Inspect	ion Dates:												
Area	Description	Area of Concern	J	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Spill Containment Bucket	Fill Lid	1. Are all fill lids present and in good condition?													
	FIII LIU	2. Are fills correctly identified by color located on the correct tank?	and												
	Spill Containment Bucket	3. Is the spill bucket free of dirt, trash, product?	water and												
		4. Is the spill bucket in good condition of damage (no cracks, bulges or hol													
		5. Does the drain assembly work (if ap	plicable)?												
	Fill Riser	6. Is the fill adaptor tight on the riser p	pipe?												
		7. Is the fill cap in place with a gasket a tightly on the fill pipe?	and sealed												
	Overfill Valve	8. Is the overfill device free of obstruc	tions?												
Tank Interior	Water Level	9. Does the tank contain less than ¼ in water?  Note: If the water level is greater than ¼ in remove all water to extent possible.													

Area	Description	Area of Concern	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Vapor Recovery	Vapor Recovery Port	10. Is the vapor cap in place with a gasket and sealed tightly on the vent pipe?												
		Does the poppet of the vapor recovery adaptor seal tightly?												
E		12. Are the vapor recovery lids painted orange?												
			Dispe	nsers	*									
Area	Description	Area of Concern	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dispenser-Hanging Hardware	Nozzles	13. Are the nozzles pressure-sensitive?												
		14. Are the nozzles in good condition and free of leaks?												
	Swivels	15. Are the swivels in good condition and free of leaks?												
	Hoses	16. Are the hoses in good condition and free of leaks?												
	Breakaway Connectors	17. Are the breakaway connectors in good condition and free of leaks?												
	Breakaway Hoses	18. Are the breakaway hoses in good condition and free of leaks?												
		Le	ak Det	tectio	n*									
Area	Description	Area of Concern	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	ATG Console	19. Does the ATG have power?												
		20. Does the ATG printer have paper and is it in working condition (If applicable)?												
		21. Do the liquid measurements and the ATG readings appear to be accurate?												
_		22. Are the warning or alarm lights off?												
Leak Detection	Areas with Visible Piping	23. Are under dispenser areas, submersible turbine pump areas and piping transition areas free of leaks?  Note: This requires a visual inspection or electronic sensors in containment sumps.												
	Mechanical Line-Leak Detection	24. Are dispensers operating at normal flow rates (not in slow-flow)?												
	Daily Inventory	25. Are inventories reconciled daily and are the variances within the guideline set by the facility owner?	5 5 5 5 7 19											

Monthly Inspection Sign-off																	
Month: Jan Feb Mar Apr May Jun Jul Aug Sep													Oct	No	v Dec		
				Ins	pector Initials:												
					Мо	nthly	Repai	r Log									
Month	Date	Area of Concern Number		1	Problem		Repair Made								air :e	Initials	
		UST Mont	hly Com	pliance	Inspection R	esults	Revie	ew: Cla	ass A	or B O	perat	or Inf	orma	tion			
□С	lass A	□С	☐ Class B Certification #: Certification							Date:							
Printed Name:					Signature:										Date:		