AST Monthly Visual Inspection Checklist
(Revised 11/2013)

OPS Facility ID#:	Facility Name:	Inspection Date:
Street Address:	City:	ZIP:
# of Tanks Inspected:	Tank IDs:	

Any item marked "No" requires additional information to describe the condition and date the condition is corrected.

	ITEM	STATUS	COMMENTS / DATE CORRECTED
	Primary Tank and Piping		
1	Is tank exterior (roof, shell, ends, connections, fittings, valves, etc.) free of visible leaks? Note: If "No", identify tank and describe leak.	☐Yes ☐No	
2	Is aboveground piping (valves, fittings, connections, pumps, etc.) free of visible leaks? Note: If "No", identify location and describe leak.	☐Yes ☐No	
3	Are ladders/platforms/walkways secure with no sign of severe corrosion or damage?	☐Yes ☐No ☐N/A	
4	Are all tank openings properly sealed (capped, plugged, covered, blind flanged, etc.)?	☐Yes ☐No	
5	Is the tank liquid level gauge readable and in good working condition?	☐Yes ☐No ☐N/A	
6	Is overfill prevention equipment in good working condition (overfill valve, audible alarm, etc.)? Note: Verify operation of audible alarms.	☐Yes ☐No ☐N/A	
7	Is the spill container (spill bucket) empty, free of visible leaks and in good working condition?	☐Yes ☐No ☐N/A	
8	Is the primary tank free of water?	☐Yes ☐No	
9	Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage?	☐Yes ☐No	
10	Is the cathodic protection system in operating condition and functional? Note: Inspection required every 60 days only.	☐Yes ☐No ☐N/A	
11	Rectifier reading Volts: _____ Amps: _____ Are these readings within manufacturer specifications? Note: Inspection required every 60 days only.	☐Yes ☐No ☐N/A	
	Double-Wall Tank		
12	For double-wall tanks, is interstice free of liquid?	☐Yes ☐No ☐N/A	
13	For double-wall tanks, is interstitial monitoring equipment in good working condition?	☐Yes ☐No ☐N/A	
	Containment (Diking/Impounding)		
14	Is the containment free of liquid, debris, combustible materials, and empty or full drums/barrels?	☐Yes ☐No ☐N/A	
15	Are dike drain valves closed and in good working condition?	☐Yes ☐No ☐N/A	
16	Are containment egress pathways clear and any gates/doors operable?	☐Yes ☐No ☐N/A	
	Other Conditions		
17	Is the system free of any other conditions needing to be addressed for continued safe operation or that may affect the site SPCC Plan?	☐Yes ☐No	
	Inspector Information		
	Printed Name:	Signature:	Date: