



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

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

Part II: Inspection Items

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 riser shows no visible damage.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure/vacuum vent caps: each pressure/vacuum vent cap and/or rain cap shows no visible damage.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill buckets: each spill bucket shows no presence of oil, water, or debris.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New piping containment sumps: each sump shows no presence of oil, water, or debris. Sensors properly placed.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry break poppet valves: each valve forms a continuous seal, depresses evenly across the valve seat, & reseats properly.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overfill devices: Inspected within the <u>last year</u> . **ANNUAL INSPECTION**	DATE	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Dispenser # _____	Dispenser # _____	Dispenser # _____	Dispenser # _____	Dispenser # _____	Dispenser # _____
New under-dispenser containment sumps: each sump shows no presence of oil, water, debris. Sensors properly placed.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor fuel dispenser hoses: there are no tears, leaks, holes, kinks, crimps, or defects of any kind.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor fuel dispenser cabinet interiors: shows no evidence of leaking components and shows no oil, water, or debris present.	no defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer and dispensing areas: any release has been reported and cleaned in accordance with all applicable federal, state, and local requirements.	no defect	<input type="checkbox"/>					
	defect	<input type="checkbox"/>					
Leak and product monitoring device alarm enunciation panels: there is proper operation of leak and product monitoring and detection systems.	no defect	<input type="checkbox"/>	****See Page 2**** For Additional Requirements				
	defect	<input type="checkbox"/>					

Part II: Inspection Items - Continued

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

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