

UST Operator Inspection - Utah

YEAR _____

Facility Name												Facility ID																					
Address												Primary Class B Operator																					
NAME(S) AND INITIALS OF PERSON(S) CONDUCTING MONTHLY INSPECTIONS:																																	
Please respond to ALL of the following questions with a Y (Yes), N (No), or NA (Not Applicable) answer.																																	
Months of the Current Year												J	F	M	A	M	J	J	A	S	O	N	D										
Monthly Inspection – Release Detection																																	
1	Release detection equipment is operating with no alarms or other unusual operating conditions.																																
2	Records of release detection (tanks and piping) are reviewed and current.																																
Monthly Inspection – Spill Prevention Equipment																																	
3	Equipment is undamaged, intact and free from defects.																																
4	Equipment is free from debris, water, or product.																																
5	Fill Pipe is unobstructed.																																
6	Fill cap is un-broken and is securely on the fill pipe.																																
7	Double walled spill prevention equipment - Interstitial area is free from leaks.																																
Initials of person performing Inspection.																																	
Annual Inspection – Containment Sumps												Date of annual Inspection																					
8	Secondary Containment Sumps (STP, Dispenser and Transition)	Visual Inspection of sump indicates no damage and it is free from debris, water and fuel. The penetration fittings for conduits and piping entering the STP Sumps are intact.																															
9	Double Walled Sumps	Interstitial area is free from leaks.																															
10	Hand-held release detection equipment	Hand-held release detection equipment (bailer, gauge stick, etc.) is serviceable and operable.																															
I certify under penalty of law that I am the Class B Operator referenced above and that I am familiar with information on this form and that it is true, accurate and was completed in accordance with R311-203-7.																																	
Signature of the Primary Class B Operator (Sign this document <u>after</u> the last inspection of the Current Year)																		Date															
B Operator #																																	

Comments/Follow up:

Turn over for record of Interstitial Monitoring visual inspections and Impressed Current rectifier checks.

If you perform Interstitial Monitoring on your tanks and/or piping and use a visual check rather than sump or interstitial sensors for your monthly leak detection, complete the table to document the monthly visual checks.													
	Months of the Current Year	J	F	M	A	M	J	J	A	S	O	N	D
1	Visual check of the interstitial space of the double-walled tank indicated no release or unusual operating conditions.												
2	Visual check of piping (STP, dispenser and transition) containment sumps indicates normal function and no indication of water or leaked product.												

Impressed Current 60 Day Rectifier Check													
	Months of the Current Year	J	F	M	A	M	J	J	A	S	O	N	D
	Show the date the Impressed Current system was inspected to ensure the equipment is running properly												
	Amperage reading from impressed current rectifier												
	Voltage reading from impressed current rectifier												

INSTRUCTIONS

1. The monthly UST system inspections must be conducted by or under the direction of the Primary Class B UST Operator.
2. The Primary Class B UST Operator must alert the UST Owner or Operator of any condition discovered during the monthly visual inspection that may require follow-up actions.
3. The UST Owner or Operator must maintain a copy of the monthly inspection reports for the most recent 12 months. The records shall be maintained on-site or off-site at a readily available location.