

STI SP001 Monthly Inspection Checklist (6th Edition)

General Inspection Information:

Inspection Date: _____ Prior Inspection Date: _____

Inspector Name (print): _____

Inspector's Signature _____

Tank(s) inspected or ID #s _____

Inspection Guidance:

- This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable). Inspections of multiple tanks may be captured on one form as long as the tanks are substantially the same.
- For equipment not included in this Standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner's inspector per paragraph 4.1.2 of the standard.
- Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Inspect the liquid for regulated products or other contaminants and dispose of properly.
- Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a Certified Inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
- Retain the completed checklists for at least 36 months.
- **After severe weather (snow, ice, wind storms) or maintenance (such as coating) that could affect the operation of critical components (normal and emergency vents, valves), an inspection of these components is required as soon as the equipment is safely accessible after the event.**

ITEM	STATUS	COMMENTS/DATE CORRECTED
Tank and Piping		
Is tank exterior (roof, shell, heads, bottom, connections, fittings, valves, etc.) free of visible leaks? Note: If "No", identify tank and describe leak and actions taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the tank liquid level gauge legible and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the primary tank free of water or has another preventative measure been taken? NOTE: Refer to paragraphs 6.10 and 6.11 of the standard for alternatives for Category 1 tanks. N/A is only appropriate for these alternatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
For double-wall or double bottom tanks or CE-ASTs, is interstitial monitoring equipment (where applicable) in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
For double-wall tanks or double bottom tanks or CE-ASTs, is interstice free of liquid? Remove the liquid if it is found. If tank product is found, investigate possible leak.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Equipment on Tank		
If overfill equipment has a "test" button, does it activate the audible horn or light to confirm operation? If battery operated, replace battery if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is overfill prevention equipment in good working condition? If it is equipped with a mechanical test mechanism, actuate the mechanism to confirm operation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is the spill container (spill bucket) empty, free of visible leaks and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Are piping connections to the tank (valves, fittings, pumps, etc.) free of visible leaks? Note: If "No", identify location and describe leak.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do the ladders/platforms/walkways appear to be secure with no sign of severe corrosion or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Containment (Diking/Impounding)		
Is the containment free of excess liquid, debris, cracks, corrosion, erosion, fire hazards and other integrity issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Are dike drain valves closed and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Are containment egress pathways clear and any gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Concrete Exterior AST (CE-AST)		
Inspect all sides for cracks in concrete. Are there any cracks in the concrete exterior larger than 1/16"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Inspect concrete exterior body of the tank for cleanliness, need of coating, or rusting where applicable. Tank exterior in acceptable condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Visual inspect all tank top openings including nipples, manways, tank top overfill containers, and leak detection tubes. Is the sealant between all tank top openings and concrete intact and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Other Conditions		
Is the system free of any other conditions that need to be addressed for continued safe operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments:
