

Monthly Tank Inspection Log

Name of Campus

Street Address of Campus

City, State, and Zip Code of Campus

1. Facility PBS Registration Number		6. DISTRIBUTE TO :
2. Tank Number		
3. Tank Registered: (Yes/No/N/A)		
4. Registration Certificate Posted:		
5. Date of Inspection:		

	CHECK APPROPRIATE BOX(S)			
	Satisfactory	Repair or Adjustment Required	Not Applicable	Additional Comments Attached
ABOVEGROUND STORAGE TANK				
Outer tank surface checked for signs of leakage				
Tank condition is considered good (not rusting, no signs of corrosion or pitting)				
No signs of separation or swelling of tank				
Bolts, rivets, and/or seams are not damaged and appear in good condition				
No signs of excessive settlement of AST				
Level gauges and alarms are working properly (push button to test alarms)				
Vents are not obstructed				
Valves, flanges, and gaskets are free from leaks				
TRUCK LOADING/UNLOADING AREA				
Fill ports are properly color-coded and labeled				
No standing water in loading/unloading containment area				
Warning signs are posted in area				
Fill port containment does not have standing water				
Drip pans are not overflowing (or have standing water)				
Containment curbing is in good condition				
Fill port connections are capped or bank-flanged				
SPILL PREVENTION EQUIPMENT				
Spill prevention equipment is maintained at tank location				
Spill prevention equipment is in good condition with adequate supplies				

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TANK PIPELINES				
Pipe surfaces checked for signs of leakage				
No signs of corrosion to pipelines or pipe supports				
Buried pipelines are not exposed				
Out-of-service pipelines are capped				
Signs/barriers to protect aboveground pipes from vehicles are present				
No leaks at valves, flanges, or other fittings				
SECONDARY CONTAINMENT AREA				
Containment area drainage valves are closed and are locked				
Containment area does not have signs of leakage				
Containment area pumps are working properly				
No visible oil sheen in containment area (if so, water must not be drained to ground surface)				
No standing water in containment area				
Containment structure is free from cracks or holes				
SECURITY MEASURES				
Door to tank is in good condition				
Door is locked				
Available lighting system works properly				

CERTIFICATION OF TANK INSPECTION	
I certify that the above inspection has been performed in a manner consistent with requirements of 6 NYCRR section 613.6,	
Name of person completing this form (print):	
Signature:	
Date:	

IN THE EVENT OF A SPILL OR RELEASE IMMEDIATELY CONTACT (1) EHSO AT () XXX - XXXX AND THE SUPERINTENDENT, CAMPUS BUILDINGS AND GROUNDS AT (XXX) XXX - XXXX OR PUBLIC SAFETY AT (XXX) XXX - XXXX

INSTRUCTIONS FOR COMPLETING THE MONTHLY TANK INSPECTION LOG

- 1. Type in the name and mailing address of the campus on the top of the page where indicated. NY State requires the mailing address as part of the certification.**
- 2. From your PBS registration certificate, enter your campus' PBS registration number in the indicated area .**
- 3. Indicate who should get the completed form in the box indicated.**
- 4. On the Bottom of page 2, enter the phone numbers of the emergency contacts. The name "Campus Buildings & Grounds" can be changed to reflect the term used at your campus.**
- 5. Each tank that is inspected will have it's own log sheet. Save or print the sheet with the information from steps 1 – 4. You will create a separate sheet for each tank that will be inspected. Steps 6, 7, and 8 must be repeated on each tank's sheet .**
- 6. Enter the tank ID number from the PBS registration certificate in the indicated field.**
- 7. Enter the tank size and product stored in the Tank Description field.**
- 8. Enter the building the tank is located in or near. If the tank is in the building, indicate the floor it is on.**