WALKTHROUGH INSPECTION CHECKLIST

OKLAHOMA CORPORATION COMMISSION PETROLEUM STORAGE TANK DIVISION P.O. Box 52000, Room 480 Oklahoma City, OK 73152-2000

LOCATION OF TANK(S)

Facility Name or Company Site Identifier		Physical Address (PO Box NOT acceptable)					
City, State & Zip		County					
Facility Number:		YOUR INITIALS IN EACH OF THE BOXES BELOW THE DATE OF THE INSPECTION INDICATE THE DEVICE OR SYSTEM WAS INSPECTED AND SATISFACTORY ON THAT DATE.					
Date of Inspection:							
REQUIRED EVERY 30 DAYS: If your UST system receives deliveries at intervals greater than 30 days, you may check your spill prevention							
equipment prior to each delivery.		ı	1	I	1		
Visually check spill prevention equipment for damage. Remove liquid or debris.							
Check for and remove obstructions in fill pipe.							
Check fill cap to ensure it is securely on fill pipe.							
For double-walled spill prevention equipment with interstitial monitoring, check for a leak in the interstitial area.							
Check release detection equipment to ensure it is operating with no alarms or unusual operating conditions present.							
Review and confirm release detection records are current.							
REQUIRED ANNUALLY							
Visually check containment sumps for damage and leaks to the containment area or a release to the environment.							
Remove any liquid or debris in containment sumps.							
For double-walled containment sumps with interstitial monitoring, check for leaks in the interstitial area.							
Check hand-held release detection equipment, such as groundwater bailers and tank gauge sticks, for operability and serviceability.							
RECOMMENDED ACTIVITIES							
Inspect all fill or monitoring ports and other acess points to make sure that							
the covers and caps are tightly sealed and locked.							
Inventory and inspect the emergency spill response supplies. If supplies are low, restock. Inspect supplies for deterioration and improper functioning.							
Look for significant corrosion on the UST equipment in containment sump areas.							
Check for loose fittings, deterioration, signs of leaks, and improper							
functioning on all dispenser hoses, nozzles and breakaways.							
	EXPLAIN ANY ACTIONS TAKEN TO FIX ISSUES FOUND DURING WALKTHROUGH ACTION TAKEN						
DATE			ACT	ION TAKEN			