

STI SP001 AST Record

| OWNER INFORMATION | FACILITY INFORMATION | INSTALLER INFORMATION |
|-----------------------|-----------------------|-----------------------|
| Name | Name | Name |
| Number and Street | Number and Street | Number and Street |
| City, State, Zip Code | City, State, Zip Code | City, State, Zip Code |

| | | | |
|-----------------------------|--|--------------------------------------|--|
| TANK ID _____ | | | |
| SPECIFICATION: | | | |
| Design: | <input type="checkbox"/> UL _____ | <input type="checkbox"/> SWRI _____ | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular |
| | <input type="checkbox"/> API _____ | <input type="checkbox"/> Other _____ | |
| | <input type="checkbox"/> Unknown | | |
| Manufacturer: | Contents: | Construction Date: | Last Repair/Reconstruction Date: |
| Dimensions: | Capacity: | Last Change of Service Date: | |
| Construction: | <input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____ | | |
| | <input type="checkbox"/> Coated Steel | <input type="checkbox"/> Concrete | <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other |
| | <input type="checkbox"/> Double-Bottom | <input type="checkbox"/> Double-Wall | <input type="checkbox"/> Lined Date Installed: _____ |
| Containment: | <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____ | | |
| CRDM: | <input type="checkbox"/> | Date Installed: _____ | Type: _____ |
| Release Prevention Barrier: | <input type="checkbox"/> | Date Installed: _____ | Type: _____ |

| | | | |
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STI SP001 Monthly Inspection Checklist

General Inspection Information:

| | |
|---------------------------------|---|
| Inspection Date: _____ | Retain Until Date: _____ (36 months from inspection date) |
| Prior Inspection Date: _____ | Inspector Name: _____ |
| Tanks Inspected (ID #'s): _____ | |

Inspection Guidance:

- 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 who is familiar with the site and can identify changes and developing problems.
- Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- (*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- 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 36 months.
- **In the event of severe weather (snow, ice, wind storms) or maintenance (such as painting) 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 | Task | Status | Comments |
|------------------------------|---|--|----------|
| 1.0 Tank Containment | | | |
| 1.1 Containment structure | Check for water, debris, cracks or fire hazard | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 1.2 Primary tank | Check for water | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 1.3 Containment drain valves | Operable and in a closed position | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 1.4 Pathways and entry | Clear and gates/doors operable | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 2.0 Leak Detection | | | |
| 2.1 Tank | Visible signs of leakage | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 2.2 Secondary Containment | Visible signs of leakage from tank into secondary containment | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 2.3 Surrounding soil | Visible signs of leakage | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 2.4 Interstice | Visible signs of leakage | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| Item | Task | Status | Comments |
|---|--|--|----------|
| 3.0 Tank Equipment | | | |
| 3.1 Valves | a. Check for leaks. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | b. Tank drain valves must be kept locked. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 3.2 Spill containment boxes on fill pipe | a. Inspect for debris, residue, and water in the box and remove. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | b. Drain valves must be operable and closed. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 3.3 Liquid level equipment | a. Both visual and mechanical devices must be inspected for physical damage. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. Check that the device is easily readable | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 3.4 Overfill equipment | a. If equipped with a "test" button, activate the audible horn or light to confirm operation. This could be battery powered. Replace the battery if needed | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. If overfill valve is equipped with a mechanical test mechanism, actuate the mechanism to confirm operation. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 3.5 Piping connections | Check for leaks, corrosion and damage | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 4.0 Tank Attachments and Appurtenances | | | |
| 4.1 Ladder and platform structure | Secure with no sign of severe corrosion or damage? | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.0 Other Conditions | | | |
| 5.1 | Are there other conditions that should be addressed for continued safe operation or that may affect the site spill prevention plan? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |

Additional Comments:

STI SP001 Annual Inspection Checklist

General Inspection Information:

| | |
|---------------------------------|---|
| Inspection Date: _____ | Retain Until Date: _____ (36 months from inspection date) |
| Prior Inspection Date: _____ | Inspector Name: _____ |
| Tanks Inspected (ID #'s): _____ | |

Inspection Guidance:

- 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 who is familiar with the site and can identify changes and developing problems.
- Remove promptly upon discovery standing water or liquid in the primary tank, secondary containment area, interstice, or spill container. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- In order to comply with EPA SPCC (Spill Prevention, Control and Countermeasure) rules, a facility must regularly test liquid level sensing devices to ensure proper operation (40 CFR 112.8(c)(8)(v)).
- (*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- 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 36 months.
- Complete this checklist on an annual basis supplemental to the owner monthly-performed inspection checklists.
- **Note: If a change has occurred to the tank system or containment that may affect the SPCC plan, the condition should be evaluated against the current plan requirement by a Professional Engineer knowledgeable in SPCC development and implementation.**

| Item | Task | Status | Comments |
|---|---|--|----------|
| 1.0 Tank Containment | | | |
| 1.1 Containment structure | Check for: <ul style="list-style-type: none"> • Holes or cracks in containment wall or floor • Washout • Liner degradation • Corrosion • Leakage • Paint failure • Tank settling | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 2.0 Tank Foundation and Supports | | | |
| 2.1 Foundation | Settlement or foundation washout? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 2.2 Concrete pad or ring wall | Cracking or spalling? | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| Item | Task | Status | Comments |
|---|---|--|----------|
| 2.3 Supports | Check for corrosion, paint failure, etc. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 2.4 Water drainage | Water drains away from tank? | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 2.5 Tank grounding | Strap secured and in good condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 3.0 Cathodic Protection | | | |
| 3.1 Galvanic cathodic protection system | Confirm system is functional, includes the wire connections for galvanic systems | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 3.2 Impressed current system | a. Inspect the operational components (power switch, meters, and alarms). | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. Record hour meter, ammeter and voltmeter readings. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 4.0 Tank Shell, Heads, Roof | | | |
| 4.1 Coating | Check for coating failure | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 4.2 Steel condition | Check for: <ul style="list-style-type: none"> • Dents • Buckling • Bulging • Corrosion • Cracking | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 4.3 Roof slope | Check for low points and standing water | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 5.0 Tank Equipment | | | |
| 5.1 Vents | Verify that components are moving freely and vent passageways are not obstructed for: <ul style="list-style-type: none"> • Emergency vent covers • Pressure/vacuum vent poppets • Other moving vent components | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |

| Item | Task | Status | Comments |
|--|---|--|----------|
| 5.2 Valves | Check the condition of all valves for leaks, corrosion and damage. | <input type="checkbox"/> Yes* <input type="checkbox"/> No | |
| 5.2.1 Anti-siphon, check and gate valves | Cycle the valve open and closed and check for proper operation. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.2.2 Pressure regulator valve | Check for proper operation. (Note that there may be small, 1/4 inch drain plugs in the bottom of the valve that are not visible by looking from above only) | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.2.3 Expansion relief valve | Check that the valve is in the proper orientation. (Note that fuel must be discharged back to the tank via a separate pipe or tubing.) | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.2.4 Solenoid valves | Cycle power to valve to check operation. (Electrical solenoids can be verified by listening to the plunger opening and closing. If no audible confirmation, the valve should be inspected for the presence and operation of the plunger.) | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.2.5 Fire and shear valves | a. Manually cycle the valve to ensure components are moving freely and that the valve handle or lever has clearance to allow valve to close completely. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. Valves must not be wired in open position. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |

| Item | Task | Status | Comments |
|---|---|--|----------|
| | c. Make sure fusible element is in place and correctly positioned. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | d. Be sure test ports are sealed with plug after testing is complete and no temporary test fixture or component remains connected to valve. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.3 Interstitial leak detection equipment | Check condition of equipment, including: <ul style="list-style-type: none"> • The window is clean and clear in sight leak gauges. • The wire connections of electronic gauges for tightness and corrosion • Activate the test button, if applicable. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.4 Spill containment boxes on fill pipe | a. If corrosion, damage, or wear has compromised the ability of the unit to perform spill containment functions, replace the unit. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | b. Inspect the connections to the AST for tightness, as well as the bolts, nuts, washers for condition and replace if necessary. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| | c. Drain valves must be operable and closed | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 5.5 Strainer | a. Check that the strainer is clean and in good condition. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |

| Item | Task | Status | Comments |
|--|---|--|----------|
| 5.5 Strainer | b. Access strainer basket and check cap and gasket seal as well as bolts. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.6 Filter | a. Check that the filter is in good condition and is within the manufacturer's expected service life. Replace, if necessary. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. Check for leaks and decreased fuel flow | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.7 Flame arrestors | Follow manufacturer's instructions. Check for corrosion and blockage of air passages. | <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 5.8 Leak detector for submersible pump systems | Test according to manufacturer's instructions and authority having jurisdiction (AHJ). Verify leak detectors are suited and properly installed for aboveground use. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.9 Liquid level equipment | a. Has equipment been tested to ensure proper operation? | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. Does equipment operate as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | c. Follow manufacturer's instructions | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| 5.10 Overfill equipment | a. Follow manufacturer's instructions and regulatory requirements for inspection and functionality verification. | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |
| | b. Confirm device is suited for above ground use by the manufacturer | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A | |

STI SP001 Portable Container Monthly Inspection Checklist

General Inspection Information:

| | |
|--------------------------------------|---|
| Inspection Date: _____ | Retain Until Date: _____ (36 months from inspection date) |
| Prior Inspection Date: _____ | Inspector Name: _____ |
| Containers Inspected (ID #'s): _____ | |

Inspection Guidance:

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- Retain the completed checklists for 36 months.

| Item | Area: _____ | Area: _____ | Area: _____ | Area: _____ |
|---|---|---|---|---|
| 1.0 AST Containment/Storage Area | | | | |
| 1.1 ASTs within designated storage area? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | <input type="checkbox"/> Yes <input type="checkbox"/> No* | <input type="checkbox"/> Yes <input type="checkbox"/> No* | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 1.2 Debris, spills, or other fire hazards in containment or storage area? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 1.3 Water in outdoor secondary containment? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 1.4 Drain valves operable and in a closed position? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 1.5 Egress pathways clear and gates/doors operable? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

| Item | Area: _____ | Area: _____ | Area: _____ | Area: _____ |
|---|---|---|---|---|
| 2.0 Leak Detection | | | | |
| 2.1 Visible signs of leakage around the container or storage area? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 3.0 Container | | | | |
| 3.0 Noticeable container distortions, buckling, denting or bulging? | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No | <input type="checkbox"/> Yes* <input type="checkbox"/> No |

Comments:
