100	30 D.	AYS WA	30 DAYS WALK THROUGH INSPECTION	NSPECT	NOL
UST Facility I.D.( (FID)# 2<22   X	Contact Number				
Facility Name AR (C)	Contact email				
237 F Raymond St. Inclineable	Date of Inspection	m [1]2	1/29		
10 0 0 1 V V V S O S	Name of the Person Conducting Inspection	son ection A	LIMIN		
	Operator Training	Z,	OperatorNotified (	Oxes	Ş
Registration current with correct owner, operator etc.	Registration/Notification Form	No	OperatorNotified	Q	
	Release Detection			)	
Make and Model	ONIO TIS	120	Carr	Ç	Cum
Does it have paper?		No.	OperatorNotified	O <sub>Yes</sub>	Ô
Is it in Alarm mode?		S.	OperatorNotified		Ô
Interstitial Monitoring Sensor Status Normal	S S	A.	OperatorNotified	O <sub>res</sub>	Ç
Necessary Monthly Printout Taken	pill Buckets	å	OperatorNotified	Q	Ô
Are Spill Buckets Clean and free from water, debris, product etc?		Y	OperatorNotified	Og.	Ô
Are the Spill Bucket in good condition and free of damage/cracks	O Contraction (	Q.	OperatorNotified	Õ	Ô
Is Fill pipe cap tight and fill pipe free from any obstruction?	⊗ <sub>s</sub>	Ş	OperatorNotified	Oes es	Õ
Are Sumps Clean and free from water, debris, product etc?	Piping/STP Sumps	Ş	OperatorNotified	O <sub>res</sub>	Ş
Under Disper	Under Dispenser Containments (UDC)	(CDC)		)	) (
Are UDCs clean and free from water, debris, product etc? (Yes (No OperatorNotified (Yes NOTE: ALL LIQUID/DEBRIS OR WASTE MUST BE DISPOSSED OFF ACCORDING TO EXISTING RULES AND REQULATIONS	OSSED OFF AC	CORDING	OperatorNotified TO EXISTING RULES	AND REQUI	ATIONS
Operator on Duty Name		Slonature		Date	
	1	•		l www tanksd	ata.com
	tanksdata@gmail.com			www.missgam.com	202205

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