

30 DAYS WALK THROUGH INSPECTION

adl
Thanks Data

UST Facility ID (FID) #	15454	Contact Number	
Facility Name	Phillips 66	Contact email	
Address	4005 W Western Ave	Date of Inspection	11/16/27
Operator on Duty Name	South Bend, IN 46619	Name of the Person Conducting Inspection	AK SMIT

Operator Training current	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Registration current with correct owner, operator etc.	☐ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Release Detection Method	☒ MAG ☐ TSSD ☐ EUD ☐ IIR ☐ IC ☐ Other	☐ M ☐ T ☐ S ☐ D ☐ E ☐ U ☐ D	Operator Notified	☐ Yes	☐ No
Make and Model			Operator Notified	☐ Yes	☐ No
Does it have paper?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Is it in Alarm mode?	☐ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Intermittent Monitoring Sensor Status Normal	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Necessary Monthly Priming Taken	☐ Yes	☐ No	Operator Notified	☐ Yes	☐ No

Are Spill Buckets Clean and free from water, debris, product etc?	☐ Yes	☒ No	Operator Notified	☒ Yes	☐ No
Are the Spill Buckets in good condition and free of damage/cracks	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Is Fill pipe cap tight and fill pipe free from any obstruction?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Are Sumps Clean and free from water, debris, product etc?	☒ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Under Dispenser Containment (UDC)	☐ Yes	☒ No	Operator Notified	☒ Yes	☐ No
Are UDCs clean and free from water, debris, product etc?	☐ Yes	☒ No	Operator Notified	☒ Yes	☐ No

NOTE: ALL LIQUID/DEBRIS OR WASTE MUST BE DISPOSED OFF ACCORDING TO EXISTING RULES AND REGULATIONS FOLLOWING PROPER PROCEDURE BY A CERTIFIED CONTRACTOR.

Operator on Duty Name: _____ Signature: _____ Date: _____

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