

Tanks Data

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) # 2807		Contact Number
Facility Name BP		Contact email
Address 4023 W Savage St, South		Date of Inspection 01/13/25
Operator on Duty Name Brenden Y6619		Name of the Person Conducting Inspection

	Operator Training	Registration/Notification Form	Release Detection	Operator Notified	Yes	No
Operator Training current	☐ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ Other
Is Registration current with correct owner, operator etc.	☐ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ Other
Release Detection Method	☒ ATG ☐ BIM					
Make and Model	VR TL5 350					
Does it have paper?	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Is it in Alarm mode?	☐ Yes	☒ No	☐ Yes	☐ Yes	☐ No	☐ No
Interstitial Monitoring Sensor Status Normal	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Necessary Monthly Printout Taken	☐ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Are Spill Buckets Clean and free from water, debris, product etc?	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Are the Spill Bucket in good condition and free of damage/cracks	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Is Fill pipe cap tight and fill pipe free from any obstruction?	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Are Sumps Clean and free from water, debris, product etc?	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Under Dispenser Containments (UDC)	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No
Are UDCs clean and free from water, debris, product etc?	☒ Yes	☐ No	☐ Yes	☐ Yes	☐ No	☐ No

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

Operator on Duty Name _____ Signature _____ Date _____

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