

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) # 18219		Contact Number
Facility Name <i>BP</i>		Contact email
Address <i>8095 W State Road 20</i>		Date of Inspection <i>8-21-24</i>
Operator on Duty Name		Name of the Person Conducting Inspection <i>Austin B</i>

Operator Training current	☒ Yes	☐ No	Operator Training	☐ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Is Registration current with correct owner, operator etc.	☐ Yes	☐ No	Registration/Notification Form	☐ Yes	☐ No	Operator Notified	☐ Yes	☐ No
Release Detection Method	☒ VRTS	☐ DIM	Release Detection	☒ ATG	☐ DIM	Operator Notified	☐ Yes	☐ No
Make and Model	<i>350L</i>			☐ ATG	☐ DIM	Operator Notified	☐ Yes	☐ No
Does it have paper?	☒ Yes	☐ No		☐ ATG	☐ DIM	Operator Notified	☐ Yes	☐ No
Is it in Alarm mode?	☒ Yes	☐ No		☐ ATG	☐ DIM	Operator Notified	☐ Yes	☐ No
Interstitial Monitoring Sensor Status Normal	☒ Yes	☐ No		☐ ATG	☐ DIM	Operator Notified	☐ Yes	☐ No
Necessary Monthly Printout Taken	☒ Yes	☐ No		☐ ATG	☐ DIM	Operator Notified	☐ Yes	☐ No

Are Spill Buckets Clean and free from water, debris, product etc?	☒ Yes	☐ No	Operator Notified	☒ Yes	☐ No
Are the Spill Bucket 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
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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