TANKS DATA
5296 Breakers Way, Carmel, IN 46033
www.tanksdata.com
tanksdata@gmail.com
(317)-300-6065

Date

UST Annual Walkthrough Inspection

1. UST Facility Information

Facility I.D. #:			
UST Facility Name			
UST Facility Physical Address	**Street Address :**	**City :**	**Zip Code :**

2. Annual Inspection Checklist

Category	Description	N/A	Tank 1	Tank 2	Tank 3	Tank4	Tank 5	Tank 6	Tank 7	Tank 8
ATG Manhole	Cap in good condition, seals tightly, hole sealed where probe wire goes through	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Junction box has cover, not corroded; intrinsically safe wiring in good condition	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Manhole cover in good condition	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Functionality Test Date :	☐	☐	☐	☐	☐	☐	☐	☐	☐
Spill Bucket	Single-walled spill containment manhole tightness tested within last 3 years	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Double-walled spill containment manhole tightness tested within last 3 years OR inspected monthly	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Are spill buckets free of product, water and debris ?	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Are spill buckets free of damage/cracks ?	☐	☐	☐	☐	☐	☐	☐	☐	☐
	HSB Test Date :	☐	☐	☐	☐	☐	☐	☐	☐	☐
Overfill Prevention	Drop tube shutoff valve passes inspection & excessive corrosion not present	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Ball float valve passes inspection, can be removed & excessive corrosion not present	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Overfill alarm passes inspection	☐	☐	☐	☐	☐	☐	☐	☐	☐
	OPV Test Date :	☐	☐	☐	☐	☐	☐	☐	☐	☐
Corrosion Protection	Galvanic Cathodic Protection test has been conducted within the past 3 years and the test passed	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Impressed Current Cathodic Protection test has been conducted within the past 3 years and the test passed	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Tank Lining inspected as required and in good condition	☐	☐	☐	☐	☐	☐	☐	☐	☐
	CP Test Date :	☐	☐	☐	☐	☐	☐	☐	☐	☐

Category	Description	N/A	Tank 1	Tank 2	Tank 3	Tank4	Tank 5	Tank 6	Tank 7	Tank 8
Release Detection	12 Months of RD printed and on site	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Release Detection Report have issues in past months	☐	☐	☐	☐	☐	☐	☐	☐	☐
	ATG console has any history of alarm in past months	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Release Detection Type :	☐	☐	☐	☐	☐	☐	☐	☐	☐
Containment Sumps	Liquid and debris removed from sump ?	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Are containment sumps free of damage/cracks ?	☐	☐	☐	☐	☐	☐	☐	☐	☐
	HSC Test Date :	☐	☐	☐	☐	☐	☐	☐	☐	☐
Stage I Testing	Verify that Stage I testing has been conducted and test results are passing	☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments/Deficiencies:

4. Certification

In accordance with 401 KAR 42:060, Section 1, confirmed or suspected releases, spills, and overfills, shall be reported immediately to the cabinet's 24-hour Emergency Response Line at (800) 928-2380 or (502) 564-2380.

I certify that I have personally examined and performed the walkthrough inspection as described above for this UST facility as established in 40 C.F.R. 280.36. I further certify that the information in this document is true, accurate and complete.

Certification :	Printed :	Date :	
	Signature :		

Check appropriate box:	UST System Owner ☐	UST System Operator ☐	Combined Class A & Class B Operator ☐

If you have questions on how to fill out this form please contact the cabinet at (317) 300 -6065 or visit our web site at https://tanksdata.com/