

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) # <u>24244</u>		Contact Number
Facility Name		Contact email
Address <u>720 S Van Buren St</u>		Date of Inspection <u>2-21-24</u>
Operator on Duty Name		Name of the Person Conducting Inspection <u>Austin B.</u>

Operator Training current	☐ Yes	☐ No	Operator Training	☐ Yes	☐ No
Is Registration current with correct owner, operator etc.	Registration/Notification Form		☐ Yes	☐ No	Operator Notified
Release Detection Method	Release Detection		☐ Yes	☐ No	Operator Notified
Make and Model	<u>W</u>	<u>ATG</u>	☐ Yes	☐ No	Operator Notified
Does it have paper?	<u>Yes</u>	<u>15350</u>	☐ Yes	☐ No	Operator Notified
Is it in Alarm mode?	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Interstitial Monitoring Sensor Status Normal	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Necessary Monthly Printout Taken	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Are Spill Buckets Clean and free from water, debris, product etc?	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Are the Spill Bucket in good condition and free of damage/cracks	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Is Fill pipe cap tight and fill pipe free from any obstruction?	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Are Sumps Clean and free from water, debris, product etc?	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified
Are UDCs clean and free from water, debris, product etc?	<u>Yes</u>	<u>Yes</u>	☐ Yes	☐ No	Operator Notified

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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