

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) # <u>24944</u>		Contact Number	
Facility Name <u>Phillips</u>		Contact email	
Address <u>7205 Van Buren St</u>		Date of Inspection <u>05-26-25</u>	
Operator on Duty Name <u>Shirley Moore, Jan 4 6885</u>		Name of the Person Conducting Inspection <u>Moham Singh</u>	

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