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Tanks Data

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) #	16564	Contact Number	
Facility Name	Murphy	Contact email	
Address	111 E Ireland, South Bend	Date of Inspection	04-26-25
Operator on Duty Name	JN-46614	Name of the Person Conducting Inspection	Nelson Singh

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