

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) #	19871	Contact Number	
Facility Name	BP	Contact email	
Address	53031 SR 13, Middleburg	Date of Inspection	12/25/24
Operator on Duty Name	AK 46540	Name of the Person Conducting Inspection	AKSMT

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		Release Detection	☒ ATG ☐ TIM ☐ AIR	Operator Notified	☐ Yes ☐ No
Make and Model				Operator Notified	☐ Yes ☐ No
Does it have paper?	☒ Yes ☐ No			Operator Notified	☐ Yes ☐ No
Is it in Alarm mode?	☒ Yes ☐ No			Operator Notified	☐ Yes ☐ No
Interstitial Monitoring Sensor Status Normal	☒ Yes ☐ No			Operator Notified	☐ Yes ☐ No
Necessary Monthly Printout Taken	☒ Yes ☐ No			Operator Notified	☐ Yes ☐ No
Are Spill Buckets Clean and free from water, debris, product etc?	☒ Yes ☐ No	Spill Buckets	☒ 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	Fill Ports	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Are Sumps Clean and free from water, debris, product etc?	☒ Yes ☐ No	Pipeline/STP Sumps	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No
Are UDCs clean and free from water, debris, product etc?	☒ Yes ☐ No	Under Dispenser Containments (UDC)	☒ 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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