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Tanks Data

30 DAYS WALK THROUGH INSPECTION

UST Facility I.D. (FID) # 9066	Contact Number
Facility Name MBBIL -	Contact email
Address 429 N Mainst, Sparks, NV	Date of Inspection 11/28/29
Operator on Duty Name WSLB	Name of the Person Conducting Inspection AKSHIT

Operator Training		Registration/Notification Form		Release Detection	
Operator Training current	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Is Registration current with correct owner, operator etc.	☐ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Release Detection Method	☒ ATG ☐ CIM ☐ SIR	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Make and Model	VR7LS-350R	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Does it have paper?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Is it in Alarm mode?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Interstitial Monitoring Sensor Status Normal	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Necessary Monthly Printout Taken	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Are Spill Buckets Clean and free from water, debris, product etc?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Are the Spill Bucket in good condition and free of damage/cracks	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Is Fill pipe cap tight and fill pipe free from any obstruction?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Are Sumps Clean and free from water, debris, product etc?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Under Dispenser Containments (UDC)	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No
Are UDCs clean and free from water, debris, product etc?	☒ Yes ☐ No	Operator Notified	☐ Yes ☐ No	Release Detection	☐ Yes ☐ No

NOTE: ALL LIQUID/DEBRIS OR WASTE MUST BE DISPOSED OF ACCORDING TO EXISTING RULES AND REGULATIONS FOLLOWING PROPER PROCEDURE BY A CERTIFIED CONTRACTOR.

Operator on Duty Name _____ Signature _____ Date _____

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