



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 Division of Underground Storage Tanks
 William R. Snodgrass Tennessee Tower
 312 Rosa L. Parks Avenue, 12th Floor
 Nashville, Tennessee 37243

MONTHLY/ANNUAL FACILITY WALKTHROUGH INSPECTION FORM

Use this form in place of: 1-Monthly Spill Bucket Log, 2-60-Day Record of Rectifier Operations Form, 3-Quarterly Dispenser Inspection Log, and 4-Monthly Electronic Interstitial Monitoring Alarm Report

Facility Name & Address	<input type="text"/>	UST Facility ID	<input type="text"/>	YEAR	<input type="text"/>
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**YOUR INITIALS OR SIGNATURE INDICATE THE DEVICE OR SYSTEM WAS INSPECTED AND SATISFACTORY.
 DOCUMENT ANY ACTIONS TAKEN IN RESPONSE TO UNUSUAL OPERATING CONDITIONS IN THE COMMENTS SECTION ON PAGE 4.**

I. MONTHLY (EVERY 30 DAYS)

If your UST system receives deliveries at intervals greater than 30 days, you may check your spill prevention equipment prior to each delivery. Only complete the applicable release detection section at the top of page 2. Indicate any problems found, including tank number and product type in the COMMENTS / ACTIONS TAKEN section at the end of this document.

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date of Inspection (MM/DD)												
1. Visually check all spill prevention equipment for damage and remove all liquids and debris. Standalone Monthly Spill Bucket Inspection Log no longer required.												
2. Check for and remove obstructions in fill pipe.												
3. Check all fill caps to ensure it is securely on fill pipe and not in contact with the spill bucket lid.												
4. For double-walled spill prevention equipment with interstitial monitoring, check for a leak in the interstitial area if equipped with a sensor (connected to ATG).												
5. Check release detection equipment to ensure it is operating with alarms and no unusual operating conditions present.												
6. Review and confirm release detection records are current.												
7. Suspected release documented and reported to the Division*												

*Suspected releases include, but are not limited to: Failing release detection results (or 2 consecutive "inconclusive" SIR results), sensor alarms which are not immediately investigated, the presence of released petroleum at the UST site, unusual operating conditions such as erratic behavior of dispensing equipment, sudden loss of petroleum from the UST system, the unexplained presence of water in the tank, or liquids in the interstitial space of secondarily contained UST systems which returns after being removed. If you are unsure if a suspected release has occurred, consult the local TDEC field office for guidance.

Facility Name	<input type="text"/>	UST Facility ID	<input type="text"/>
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Release Detection Method	ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
<input type="checkbox"/> ATG	1. Monthly leak test report is printed and stored with release detection records (Y/N)?												
	2. ATG console has no active leak alarms (Y/N)?												
<input type="checkbox"/> SIR	1. Current monthly SIR report reviewed (Y/N)?												
	2. Drop tube is present (Y/N)?												
	3. Water level reading recorded (Y/N)?												
	4. Inventory records used (raw data) included with monthly report (Y/N)?												
<input type="checkbox"/> Interstitial Monitoring	1. Maintain monthly sensor status and alarm history reports (Y/N)? Standalone Monthly Electronic Interstitial Alarm Report form no longer required.												
	2. Document the date, location, cause, and action taken to investigate/resolve each alarm and suspected release in COMMENTS / ACTIONS TAKEN section on page 4 of this form (Y/N)?												
<input type="checkbox"/> Manual Tank Gauging	1. Tank liquid level measurements do not exceed weekly or monthly standards for appropriate tank size (Y/N)?												

II. IMPRESSED CURRENT RECTIFIER INSPECTION (EVERY 60 DAYS)													
(If applicable this section can be used in lieu of the Division's 60-Day Record of Rectifier Operation form (form CN-1282))													
Any variance greater than 20% of an amperage from the last test should be investigated and necessary repairs/adjustments made. A corrosion expert's approval may be required.													
1. What is the "as left" measured rectifier output as indicated in Section X of the last Impressed Current Cathodic Protection Test Form?	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	AMPS
2. Current voltage and amperage readings:	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	VOLTS	AMPS	AMPS
3. Hour meter reading (if present)	HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS
4. Rectifier Inspection Date (MM/DD/YY)													

Facility Name	<input type="text"/>	UST Facility ID	<input type="text"/>
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III. QUARTERLY (EVERY 3 MONTHS)

If applicable this section can be used in lieu of the Division's Quarterly Dispenser Inspection Log (form CN-1287)

1. Visually inspect under dispensers. * If a petroleum leak is observed or evidence of petroleum staining is found, make applicable repairs and document in the COMMENTS / ACTION TAKEN section on page 4 (include dispenser number and action taken). If necessary, follow suspected release reporting criteria.	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>
	Initials: <input type="text"/>	Initials: <input type="text"/>	Initials: <input type="text"/>	Initials: <input type="text"/>

IV. ANNUAL WALKTHROUGH INSPECTION

1. Visually check containment sumps for damage and leaks to the containment area or a release to the environment. If applicable, follow * procedures in Section III.1 above.	Date: <input type="text"/>	Initials: <input type="text"/>
2. Remove any debris and liquid from containment sumps that are required to be liquid tight. If applicable, follow * procedures in Section III.1 above.	Date: <input type="text"/>	Initials: <input type="text"/>
3. If Interstitial Monitoring is being performed, check for leaks in the interstice of the double wall containment sumps (if applicable) that are continuously monitored with a sensor connected to a monitoring console.	Date: <input type="text"/>	Initials: <input type="text"/>
4. Check tank gauging sticks for operability and serviceability. (SIR or Manual Tank Gauging Only)	Date: <input type="text"/>	Initials: <input type="text"/>

V. REVIEW OF TEST RECORDS

Records should be maintained for the time listed and/or until the next test is conducted

TEST RECORD TYPE	Record to be maintained	Initials	MOST RECENT TEST DATE
1. Annual Line Tightness Test for pressurized product lines. Report any failed test within 72-hours. Attach documentation.	1 YEAR	<input type="text"/>	<input type="text"/>
2. Every 3 years, conduct Line Tightness Test for US Suction product piping. Report any failed test within 72-hours. Attach documentation.	3 YEARS	<input type="text"/>	<input type="text"/>
3. Annual Line Leak Detector Tests performed for pressurized product lines.	3 YEARS	<input type="text"/>	<input type="text"/>
4. Annual Interstitial Sensor test performed (if applicable)	3 YEARS	<input type="text"/>	<input type="text"/>
5. Annual functionality test of ATG console performed (if applicable).	3 YEARS	<input type="text"/>	<input type="text"/>
6. Annually inspect all vacuum pump and pressure gauges to ensure proper communication with sensors and controller.	3 YEARS	<input type="text"/>	<input type="text"/>
7. Every 3 years, conduct Spill Bucket Integrity Test(s).	3 YEARS	<input type="text"/>	<input type="text"/>
8. Every 3 years, conduct Overfill Prevention Device Operability Test(s).	3 YEARS	<input type="text"/>	<input type="text"/>
9. Every 3 years, conduct Secondary Containment Integrity Test(s) for UST systems using interstitial Monitoring.	3 YEARS	<input type="text"/>	<input type="text"/>

