

Appendix 4
Underground Storage Tank
Designated UST Operator Visual Inspection Report Form

1. FACILITY INFORMATION		
CERS ID		Inspection Date
Facility Name		
Facility Address		City ZIP Code
2. DESIGNATED UST OPERATOR INFORMATION		
Designated UST Operator Performing Inspection		Email Address
Phone	ICC Certification	ICC Expiration Date
3. COMPLIANCE ISSUES		
<i>List and number all identified compliance issues. (See Cal. Code of Regs, tit. 23, § 2631, subd. (h)(2).)</i>		
4. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING INSPECTION		
I hereby certify that this visual inspection was performed in compliance with California Code of Regulations, title 23, division 3, chapter 16, section 2631 and all information provided herein is accurate.		
Designated UST Operator Signature		Date Form Provided to Owner/Operator

CERS = California Environmental Reporting System, ICC = International Code Council, ID = Identification, NA = Not Applicable, UDC = Under-Dispenser Containment, UST = Underground storage tank

**Underground Storage Tank
Designated UST Operator Visual Inspection Report Form**

5. OWNER / OPERATOR DESCRIPTION OF FOLLOW-UP ACTION

Number the follow-up actions to correspond to appropriate compliance issues from Section 3.

6. OWNER / OPERATOR ACKNOWLEDGEMENT OF INSPECTION RESULTS

I have reviewed the results of the Designated UST Operator Inspection Report and provided a description of the action(s) taken or to be taken to correct any compliance issues discovered.

Name of UST Owner/Operator (print)

UST Owner/Operator Signature

Date Signed

7. INSPECTION HISTORY

Has each compliance issue in Section 3 from the previous Designated UST Operator Visual Inspection Report been completed appropriately?

(Attach documentation verifying appropriate service to this report.)

Yes

No

NA

8. RELEASE DETECTION ALARM HISTORY

Attach a copy of the release detection alarm history report/log to this report.

Yes

No

NA

Is the monitoring system powered on and in proper operating mode?

Has each alarm since the previous inspection been responded to appropriately?

(Attach documentation verifying appropriate service to this report.)

Have all containment sums that have had an alarm since the previous designated UST operator inspection been responded to by a qualified service technician?

**Underground Storage Tank
Designated UST Operator Visual Inspection Report Form**

9. UST SYSTEM INSPECTION

Check boxes if continuation pages are attached: Appendix 4.1; Appendix 4.2; Appendix 4.3

List below and in Section 3 all containment sums that have had a release detection alarm since the previous Designated UST Operator inspection which have not been responded to by a qualified service technician. Containment sums listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location.

Is the **containment sump** free of damage, water, debris, and hazardous substances?

Containment Sump ID	Yes	No	Containment Sump ID	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Are all sensors in visually inspected **containment sums** located in the proper position to detect a release at the earliest possible opportunity?

Is the **spill containment** free of damage, water, debris, and hazardous substances? Is the fill pipe free of obstructions? Is fill cap securely on the fill pipe?

Spill Containment ID	Yes	No	Spill Containment ID	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Is the **UDC** free of damage, water, debris, and hazardous substances, and are all sensors located in the proper position to detect a release at the earliest possible opportunity? No UDC(s)

UDC ID	Yes	No	UDC ID	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Mechanical float mechanisms used in UDCs.

**Underground Storage Tank
Designated UST Operator Visual Inspection Report Form**

10. TESTING AND MAINTENANCE

	Yes	No	NA	Due Date
Has release detection equipment testing been completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		
Has spill containment testing been completed within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>		
Has overfill prevention equipment testing been completed within the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has secondary containment testing been completed within the past 36 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has line tightness testing been completed within the required timeframes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has cathodic protection testing been completed within the required timeframes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. FACILITY EMPLOYEE TRAINING

Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

12. COMMENTS

This section may be used to record comments or observations that are not compliance deficiencies.