

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? <i>(Attach documentation verifying appropriate service to this report.)</i>	Yes	No	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. RELEASE DETECTION ALARM HISTORY

<i>Attach a copy of the release detection alarm history report/log to this report.</i>	Yes	No	NA
Is the monitoring system powered on and in proper operating mode?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has each alarm since the previous inspection been responded to appropriately? <i>(Attach documentation verifying appropriate service to this report.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all containment sumps that have had an alarm since the previous designated UST operator inspection been responded to by a qualified service technician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All answers marked "No" must be described by the designated UST operator in Section 3.

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 sumps 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 sumps 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 sumps** located in the proper position to detect a release at the earliest possible opportunity?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

State Water Resources Control Board Privacy Notice on Collection

Civil Code section 1798.17 requires a Privacy Notice on Collection to be provided when personal information is collected. Individuals have the right to review personal information maintained by State Water Resources Control Board and the Regional Water Quality Control Boards (Water Boards) unless access is exempted by law. You may review your records by contacting the official responsible for maintaining your information below. The State Water Resources Control Board (State Water Board) will not disclose your personal information unless authorized by law. To learn more about the Water Boards Privacy Policy, visit waterboards.ca.gov/privacy.html.

Please do not include any personal information that is not requested.

Authority for Collection of Personal Information

The information on the form is required pursuant to Health and Safety Code, division 20, chapter 6.7, section 25280 et seq. and California Code of Regulations, title 23, division 3, chapter 16, section 2610 et seq. (Underground Storage Tank (UST) Statutes and Regulations). The form may be collected or maintained by the applicable Unified Program Agency, the California Environmental Protection Agency, and the State Water Board consistent with applicable UST Statutes and Regulations.

Principal Purpose for Which the Information Collected is to Be Used

The information will be used to review and ensure compliance with the UST Statutes and Regulations.

Known or Foreseeable Disclosures of the Information

Pursuant to the California Constitution and the Public Records Act, the State Water Board must disclose its records to the public upon request unless otherwise exempted by law.

Consequences of Not Providing Any or All Parts of the Requested Information

All requested information is required unless marked optional. Failure to provide requested information may result in violations of the UST Statutes and Regulations.

Official Responsible for Maintenance of Information

Senior Environmental Scientist Supervisor

Contact Information for Responsible Official

State Water Resources Control Board – Division of Water Quality
1001 I St.

Sacramento, CA 95814

(916) 327-8501

DWQ-PRALiaisons@waterboards.ca.gov