

Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name:	Date:
Facility Address:	
City:	Zip Code:
Designated UST Operator Conducting the Inspection:	
International Code Council Certification #:	Expiration Date: / /
Signature:	Phone: () () ()

Y = Yes, N = No, NA = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
------	----------------------------------	---	---	----

1	Monitoring system is powered on and in proper operating mode.			
2	Monitoring system is not currently showing any alarms or warnings.			
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. <i>(Attach a copy of the alarm history report/log to this form if available.)</i>			
4	Each alarm for the previous month has been responded to appropriately.			
5	Sensors located in tank-top containment sumps have not alarmed in the past month.			
5a	<p>- List all tank-top sumps where alarms occurred in the past month: _____</p> <p style="margin-left: 20px;"><i>Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.</i></p>			

UST SYSTEM INSPECTION

6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly. <i>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</i>							
		Y	N		Y	N		
	Sump Location:							
	Sump Location:							
	Sump Location:							
7	Spill containment structures are free of water, debris, and hazardous substance.							
		Y	N	NA	Y	N	NA	
	Tank 1 – Contents:							
	Tank 2 – Contents:							
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.							
		Y	N	NA	Y	N	NA	
	Dispenser 1 / 2							
	Dispenser 3 / 4							
	Dispenser 5 / 6							
	Dispenser 7 / 8							

PAPERWORK INSPECTION

		Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.				
10	Secondary containment tests have been completed within the required timeframe.				
11	Spill containment structure (bucket) testing was completed within the past year.				
12	Tank tightness testing was completed within required timeframe.				
13	Line tightness testing was completed within required timeframe.				
14	Other required testing/maintenance was completed within required timeframe. <i>(List test/maintenance items below.)</i>				
	Test/Maintenance:				
	Test/Maintenance:				

<i>Test/Maintenance:</i>				
FACILITY EMPLOYEE TRAINING				
		Y	N	NA
15	All facility employees have received the required on-the-job training within the past year.			
16	All facility employees hired within the past 30 days have received the required on-the-job training.			

Note: Any answer of “N” should be explained in the comment section on the following page, and will require follow-up action.

The UST Owner or Operator must maintain a copy of this monthly visual inspection checklist and all attachments for the previous 12 months. The records must be maintained on-site or, if approved by the local agency, off-site at a readily available location.

Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name:	Facility ID #:
Facility Address:	Reason for Submitting this Form <i>(Check One)</i>
Facility Phone #:	<input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date

Designated UST Operator(s) for this Facility

PRIMARY

Designated Operator's Name:	Relation to UST Facility <i>(Check One)</i>
Business Name <i>(If different from above):</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 1 (Optional)

Designated Operator's Name:	Relation to UST Facility <i>(Check One)</i>
Business Name <i>(If different from above):</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

ALTERNATE 2 (Optional)

Designated Operator's Name:	Relation to UST Facility <i>(Check One)</i>
Business Name <i>(If different from above):</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #:	Expiration Date:
International Code Council Certification #:	

NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print): _____

SIGNATURE OF TANK

OWNER OR OWNER'S AGENT: _____

DATE: _____ **OWNER'S PHONE #:** _____

Stanislaus County DESIGNATED OPERATOR STATEMENT

I am the “**Designated UST Operator**” for the following facilities:

Facility Name	UST Owner Name	Address	City
---------------	----------------	---------	------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As the “Designated UST Operator”, I understand the requirements as noted in Section 2715(a) of Title 23 of the California Code of Regulations (CCR) and the facilities listed above are in compliance with all applicable UST requirements.

Printed Name and Title _____

Signature _____

ICC “California UST Operator” certificate Number _____

California UST Operator expiration date _____