

## **Instructions for Facility Inspection Report**

1. Complete Facility Inspection Report for each inspection;
2. Maintain this record with the SPCC Plan;
3. Note deficiencies and provide details in the comments section. Examples of deficiencies are malfunctioning, damaged or leaking equipment; corrosion damage; suspected or confirmed leaks and/or spills; unexplained variations in product inventory; evidence of tampering or vandalism; open valves; alarms; etc.
4. Note each item that was inspected and found to be in acceptable condition with no deficiencies.
5. Areas to be inspected include all aboveground storage tanks, drum storage areas, fueling areas, and other locations where oil is handled/loaded/unloaded. These are shown on the site diagrams in Appendix A.

## MONTHLY TANK INSPECTION REPORT

Instructions: 1. Complete this form for each inspection; 2. Maintain this record with the SPCC Plan; 3. Note deficiencies and provide detail in the comments section; 4. Note each item that was inspected and found to be not deficient, or deficiencies noted.

**Tank or Storage Area Inspected:**

**(Areas to be inspected include locations indicated on the site diagram)**

Date of Inspection/ Inspected By	Spill Response Kit Materials in Adequate Supply at Nearest Location	Overfill Alarm/Leak Detection System in Working Condition if present on Tank	Condition of Secondary Containment	Leaks or Spills Present in Adjacent Area	Condition of Liquid Level Indicators & Alarms if present at tank	Check the Primary Tank for Water at the Lowest Possible Point Inside the Tank – Water Present?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Date of Inspection/ Inspected By	Condition of Housing and Exterior – Transformers & Container Storage Areas	Inspect the Interstice of Double Wall Tanks for Fuel – Fuel Present?	Condition of Tank Valving & Piping	Tank Hookup/disconnect Port. (Check Port Condition)	Corrective Action Required?	Corrective Action Taken If Yes, Date Taken
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date:
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date:
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date:
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date:
	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date:

Comments (Document Maintenance Performed):

Containment area drained (date/by):

Reviewed by/date:

### CONTAINMENT DRAINAGE REPORT

Instructions: 1. Complete this form for each containment drainage event; 2. Observe and attend entire drainage operation; 3. Skim off/drain any oil, solids, or other residues to separate drum/container prior to draining uncontaminated water; 4. Drain uncontaminated water after removing oil or other solids and residues; 5. Maintain completed form in Appendix C.

Tank/Area Containment Drained	Source/Cause of Liquid Accumulation	Containment Drain Valve Closed Prior to Operation?	Total Time For Containment Drainage	Quantity of Oil Removed	Quantity of Solids Removed	Quantity of Other Residues Removed
	<input type="checkbox"/> Leak <input type="checkbox"/> Tank Overfill <input type="checkbox"/> Spill <input type="checkbox"/> Storm Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> < 30 min <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> > 2 hrs <input type="checkbox"/> NA	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons
	<input type="checkbox"/> Leak <input type="checkbox"/> Tank Overfill <input type="checkbox"/> Spill <input type="checkbox"/> Storm Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> < 30 min <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> > 2 hrs <input type="checkbox"/> NA	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons
	<input type="checkbox"/> Leak <input type="checkbox"/> Tank Overfill <input type="checkbox"/> Spill <input type="checkbox"/> Storm Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> < 30 min <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> > 2 hrs <input type="checkbox"/> NA	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons
	<input type="checkbox"/> Leak <input type="checkbox"/> Tank Overfill <input type="checkbox"/> Spill <input type="checkbox"/> Storm Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> < 30 min <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> > 2 hrs <input type="checkbox"/> NA	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons
	<input type="checkbox"/> Leak <input type="checkbox"/> Tank Overfill <input type="checkbox"/> Spill <input type="checkbox"/> Storm Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> < 30 min <input type="checkbox"/> 1-2 hrs <input type="checkbox"/> > 2 hrs <input type="checkbox"/> NA	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons

Tank/Area Containment Drained	Quantity of Water Removed	Containment Drain Valve Closed at End of Operation?	Any Oil or Other Contaminants Released to Environment?	Any Malfunctions During Drainage Operation?	Corrective Action Required?	Corrective Action Taken? If Yes, Date Taken
	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date: _____
	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date: _____
	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date: _____
	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date: _____
	<input type="checkbox"/> None <input type="checkbox"/> _____ drums <input type="checkbox"/> NA <input type="checkbox"/> _____ gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Date: _____

Comments:

Date: \_\_\_\_\_ Inspected By: \_\_\_\_\_ Containment area drained (date/by): \_\_\_\_\_ /  
 Environmental and Safety Officer Review (date/by): \_\_\_\_\_ /