



SPCC Inspection Frequency Exemption Request

Purpose: The intent of this form is to establish a formal risk assessment that may be used to determine whether a unit may reasonably be expected to discharge harmful amounts of oil into navigable waters of the United States or adjoining shorelines. If a unit is deemed low risk by both the owner and an EHS representative, then the inspection frequency may be changed from that dictated by the SPCC plan. Current inspection frequency as defined by the SPCC plan:

Monthly: Bulk storage >55 gallons (including generators); Above ground storage tanks; Fuel tanks

Quarterly: Oil filled equipment without secondary containment

Annually: Elevators; Oil filled equipment with secondary containment

Directions for use: Submit one form per piece of equipment. EHS will consult with requestor and an inspection of the equipment involving both parties may be required. **This form does not apply to bulk storage tanks (generators, bulk fuel tanks or container storage areas).**

Unit Name and Number: _____ PRC Main Campus

Name of Requestor: _____ Phone number: _____

Check the response for each question below:

<u>Item #</u>	<u>Questions</u>	<u>Yes</u>	<u>No</u>
1	Is the unit located outside and/or exposed to varying temperatures, humidity, and rainfall?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the unit more than 15 years old from date of manufacture?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the unit have adequately sized containment?	<input type="checkbox"/>	<input type="checkbox"/>
4	Does this unit have a history of leakage totaling 5 gallons over 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the unit within 50 feet of storm infrastructure? Linear foot distance to nearest storm inlet or waterway: _____	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the unit have visible rust or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>
7	If the unit is located indoors:		
	a. Does the room provide containment?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Are there floor drains within close proximity to the unit?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Is the room frequently used such that building staff would notice a leak within a workday?	<input type="checkbox"/>	<input type="checkbox"/>

Narrative Explanation: Why you believe this unit presents a low spill risk

Signature of Requestor: _____

EHS USE ONLY:

Current inspection frequency: Monthly Quarterly Annually

Required inspection frequency post-assessment: Monthly Quarterly Annually Semi-Annually

EHS Approval: _____ Date: _____