

The University of Texas at Austin

Fuel/Petroleum Storage Tanks AST/UST

Monthly Inspection Report

- Instructions:**
1. Use one inspection form per tank or area.
 2. Send completed inspection report to EHS Environmental Programs at EHS-Environmentalops@austin.utexas.edu
 3. A "No" response indicates follow-up action is required.

Serial #/Building: _____ Inspection Date: _____

Responsible Department: _____ Inspector: _____

Contact Phone Number: _____ Signature*: _____

AST	YES	NO	N/A
1. There is NO evidence of leakage or spillage around the tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The pipe connections show NO evidence of leakage or deterioration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is NO debris piled up around the tanks preventing easy access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is NO evidence of settlement, cracking, or pitting of the tanks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The exterior coatings of the tanks do not require maintenance, cleaning, or painting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The normal and emergency tank vents do NOT require cleaning or maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is NO evidence of damage or corrosion to the tank support structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Secondary containment is free of liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Secondary containment valve is closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Number of floor drains in storage/tank area _____ (if present, note location) _____			

UST	YES	NO	N/A
1. There are records available showing weekly cathodic protection tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There are records available showing monthly interstitial monitoring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There are records available showing automatic tank gauging? [30TAC 334.50(b)(1)(A)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER	YES	NO	N/A
1. There is a Spill Kit stocked and present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There have been NO changes to the tank capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Item #	Description of Follow-up Action Required	Date Completed

**By signing this form I certify that I have completed the inspection and the observations recorded are true and accurate to the best of my knowledge.*