

The University of Texas at Austin

Operational Oil Filled Equipment: e.g. Transformers, Elevators Quarterly or Annual SPCC Inspection Report

- Instructions:**
1. Use one inspection form per piece of equipment.
 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*: _____

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. There is NO evidence of leakage from equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There is NO evidence of leakage on piping? (elevator oil reservoirs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There is NO evidence of rust/graffiti or unit deterioration? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There is NO evidence of physical damage (dents, crushed metal, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. There is NO vegetation within 12 feet of door or 3 feet of sides?
(transformers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. There is a Spill Kit stocked and present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. There is good housekeeping in this area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Number of floor drains in equipment area? _____
(if present, note location) _____ | | | |
| 9. Secondary containment valve is closed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. NO new equipment have been added or removed?
(If yes, explain below) | <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