Monthly Tank Inspection Report

**Instructions:** This inspection report should be completed for each aboveground storage tank every month. Visually inspect the tank and mark an X in the appropriate column (yes or no) for each item under the checklist. If any item needs elaboration, please do so in the comments space provided. The inspection report must be signed by the inspector! A copy of each month’s inspection report must be submitted to the Rhode Island Department of Environmental Management (RIDEM) Office of Emergency Response via email at **dem.ast@dem.ri.gov** (or, if preferred, by mail to RIDEM Emergency Response at 235 Promenade Street, Providence, RI 02908).

|  |
| --- |
| **TANK INFORMATION** |
| OWNER or OPERATOR: | PHONE NUMBER: | DATE: |
| STREET ADDRESS: | CITY or TOWN: | STATE: | ZIP CODE: |
| TANK NUMBER: | TANK SIZE: | TANK CONTENTS: |

**INSPECTION GUIDANCE**

* The periodic AST Inspection is intended for monitoring the external condition of the AST, appurtenances and containment structure. The visual inspection does not require a Certified Inspector, but it should be performed by someone who is familiar with the site and can identify changes and developing issues.
* Inspectors should know the purpose of each piece of equipment, method of operation, and (if applicable) the manufacturer’s instructions and maintenance, inspection and testing requirements.
* For equipment not included in this standard, follow the manufacturer recommended inspection/testing schedules and procedures.
* Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Inspect the liquid for regulated products or other contaminants and dispose of properly.
* Non-conforming items integral to tank or containment integrity require evaluation by an engineer experienced in AST design, a Certified Inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and necessary corrective action in the comment section at the bottom of the report.
* After severe weather (blizzard, windstorm, etc.) or maintenance (i.e. coating) that could impact the operation of critical components (valves, vents, etc.), an inspection of these components is required as soon the equipment is safely accessible.

**CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | N/A | COMMENTS |
| Does the tank(s) show signs of settlement, structural or foundation weakness and/or swelling of tank insulation? |  |  |  |  |
| Does the tank(s) show signs of cracks, areas of water, corrosion or leaks? |  |  |  |  |
| Is the area around the tank free of any visible signs of leakage? |  |  |  |  |
| Does the piping show signs of corrosion or leaks? |  |  |  |  |
| Does the pump or hoses show signs of leaks or cracking? |  |  |  |  |
| Is the tank gauge readable at the fill point and operating as designed? |  |  |  |  |
|  | YES | NO | N/A | COMMENTS |
| Is all leak detection, monitoring, cathodic protection and or warning systems operating as designed? |  |  |  |  |
| Is there liquid in the primary tank, interstice, dike, or spill container? |  |  |  |  |
| Is the overfill prevention equipment in good working condition? |  |  |  |  |
| If overfill equipment has a “test” button, does it activate the audible horn or light to confirm operation? |  |  |  |  |
| Is there debris in containment or spill container, and is the spill container in good condition? |  |  |  |  |
| Are the dike drain valves operable and in a closed position? |  |  |  |  |
| Groundwater monitoring program: are the monitoring wells checked monthly in accordance with section 10 (h)(2)(3) of the Oil Pollution Control regulations (50,000 gallons or 5000 in GAA)? |  |  |  |  |
| Is the information in the Spill Prevention and Emergency Plan or Spill Prevention, Control and Countermeasure Plan kept up to date? |  |  |  |  |
| Are there any other conditions that should be addressed regarding the safe operation of the tank system? (If so, explain in the comment section) |  |  |  |  |

Other comments:

INSPECTOR SIGNATURE PRINT NAME DATE