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| 1. FACILITY INFORMATION |  |  |
| CERS ID |  | Inspection Date |

|  |
| --- |
| Facility Name |

|  |  |  |
| --- | --- | --- |
| Facility Address | City | ZIP Code |

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| --- |
| 2. DESIGNATED UST OPERATOR INFORMATION |

|  |  |
| --- | --- |
| Name of Designated UST Operator | Phone |
| ICC Certification | Certification Expiration Date |

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| --- |
| 3. COMPLIANCE ISSUES |
| *Identify by number all compliance issues listed* |
| 4. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING INSPECTION |
| **I hereby certify that the visual inspection was performed in compliance with California Code of Regulations, title 23, division 3, chapter 16, section 2716 and all information provided herein is accurate.** |

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| --- | --- |
| Designated UST Operator Signature | Date Inspection Report Provided to Owner |

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| 5. OWNER/OPERATOR DESCRIPTION OF FOLLOW-UP ACTION |
| Number the follow up actions to correspond to appropriate compliance issues from Section 3. |

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| 6. OWNER / OPERATOR ACKNOWLEDGEMENT OF INSPECTION RESULTS |
| **I have reviewed the results of the designated UST operator inspection report and provided a description of the action(s) taken or to be taken to correct any compliance issues discovered.** |
| Name of UST Owner / Operator (print) |

|  |  |
| --- | --- |
| UST Owner/Operator Signature | Date Signed |

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| 7. INSPECTION HISTORY |

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| Has each follow-up action of Section 3 from the previous Designated UST Operator Inspection Report been completed appropriately?  *(Attach documentation verifying appropriate service to this report.)* | Yes | No | NA |

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| 8. RELEASE DETECTION ALARM HISTORY |

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| --- | --- | --- | --- |
| ***Attach a copy of the* *alarm history report/log to this report.*** | Yes | No | NA |
| Is the monitoring system powered on and in proper operating mode? |  |  |  |
| Has each alarm since the previous inspection been responded to appropriately? *(Attach documentation verifying appropriate service to this report.)* |  |  |  |
| Have all containment sumps, that have had an alarm since the previous designated UST operator inspection report, been responded to by a qualified service technician? |  |  |  |

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| 9. UST SYSTEM INSPECTION |

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| ***List below and in Section 3 all containment sumps that have had a release******detection alarm since the previous Designated UST Operator Inspection Report and have not been responded to by a qualified service technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location.*** |
| *Is the* ***containment sump*** *free of damage, water, debris, and hazardous substances?* |

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| --- | --- | --- | --- | --- | --- |
| **Containment Sump ID** | Yes | No | **Containment Sump ID** | Yes | No |
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| --- | --- | --- |
| Are all sensors in visually inspected **containment sumps** located to detect a release at the earliest opportunity? |  |  |

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| *Is the* ***spill containment*** *free of damage, water, debris, and hazardous substances? Is the fill pipe free of obstructions? Is fill cap securely on the fill pipe?* |

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| --- | --- | --- | --- | --- | --- |
| **Spill Containment ID** | Yes | No | **Spill Containment ID** | Yes | No |
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| *Is the* ***UDC*** *free of damage, water, debris, and hazardous substances and all sensors located to detect a release at the earliest opportunity?* No UDC(s) at this facility |

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| --- | --- | --- | --- | --- | --- |
| **UDC ID** | Yes | No | **UDC ID** | Yes | No |
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| Mechanical float mechanisms used in UDCs. |  |  |

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| **10. TESTING AND MAINTENANCE** | Yes | No | NA | Date last performed |
| Has monitoring system certification been completed within the past  12 months? |  |  |  |  |
| Has spill container testing been completed within the past  12 months? |  |  |  |  |
| Has overfill prevention equipment inspection been completed within the past 36 months? |  |  |  |  |
| Has secondary containment testing been completed within the past  36 months? |  |  |  |  |
| Has tank tightness testing been completed within required timeframes? |  |  |  |  |
| Has line tightness testing been completed within the required timeframes? |  |  |  |  |
| Other Test / Maintenance: |  |  |  |  |
| Other Test / Maintenance: |  |  |  |  |
| Other Test / Maintenance: |  |  |  |  |

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| 11. FACILITY EMPLOYEE TRAINING | Yes | No |
| Have all individuals performing facility employee duties received the required facility employee training within the past 12 months? |  |  |

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| 13. COMMENTS |
| *This section may be used to record comments or observations that are not current compliance deficiencies.* |