



**OSFM Quarterly Equipment Inspection Checklist/Operations & Maintenance Guidelines  
For UST System Inspections**

Facility Name: \_\_\_\_\_

Facility ID: \_\_\_\_\_

**THIS QUARTERLY INSPECTION IS IN ADDITION TO ALL OTHER MONTHLY RELEASE DETECTION AND TESTING REQUIREMENTS**

<b>UST Quarterly Inspection Equipment Items (place check mark in last column if unusual conditions (UC) exist)</b>		<b>CHECKED</b>	<b>N/A</b>	<b>UC</b>
<b>Section A. Tank Leak Detection Records (Circle applicable number)</b>				
1. Automatic Tank Gauge	Monthly passing print out tape			
2. Interstitial Sensors	Monthly status record of normal or equivalent - Annual functional test Last tested: _____ Test due: _____			
3. S.I.R. (Includes Warren Rogers)	Monthly status report normal or equivalent			
4. Manual Tank Gauging < 600 gal.	Weekly stick measurements with monthly reconciliation			
5. Vapor/Groundwater Monitoring	Monthly log with date, results and inspectors initials			
6. Water in Tank	Monitor ATG for water alarm or check tank utilizing gauge stick and water paste			
<b>Section B. Tank Component Inspection</b>				
1. Tank Monitoring System	Ensure system has power and is in a normal status with no alarms (daily)			
2. Submersible Sump Covers	Ensure all covers are present, in good condition and seated firmly			
3. Submersible Sump	Ensure no water is in submersible sump that contains interstitial sensors If piping is single wall and corrosion prevention is installed, water is allowed			
4. Electrical	Ensure junction boxes are intact and no obvious wire breaks are visible			
<b>Section C. Piping Leak Detection Records (Circle applicable number)</b>				
1. Interstitial Sensors	Monthly status record of normal or equivalent - Annual functional test Last tested: _____ Test due: _____			
2. Mechanical Line Leak Detector	Annual precision test of lines and functionality test of leak detector Last tested: _____ Test due: _____			
3. Electronic Line Leak Detector	If proof of annual 0.1 gph system leak test is performed, a functionality test of the leak detector is required only - If proof is not available a precision line test will also have to be performed Last tested: _____ Test due: _____			
<b>Section D. Piping Component Inspection (Circle applicable number)</b>				
1. Pressurized piping components	Ensure line leak detector is in place, if interstitial sensors are used, ensure they are positioned at the lowest portion of the submersible and dispenser sump			
2. American Suction	Ensure monthly monitoring is in place			
3. Product Piping	Inspect for obvious leaks, deformations, cracks or other abnormalities			
<b>Section E. Corrosion Protection Records (Circle applicable number)</b>				
1. Impressed Current System	Monthly log with date, initials of inspector, hour, volt, amp and power on verification - Annual system test: Last tested: _____ Test due: _____			
2. Sacrificial Anode System	System must be tested every 3 years: Last tested: _____ Test due: _____			
3. Internal Lining	Must be inspected every 5 years: Last tested: _____ Test due: _____			
<b>Section F. Corrosion Component Inspection (Circle applicable number)</b>				
1. Impressed Current System	Ensure rectifier has power and power light functions, observe and record volt, amp and hour meter readings			
2. Sacrificial Anodes	If anodes and connections are visible in submersible or dispenser sumps, observe for obvious connection breaks of wiring from steel components			
<b>Section G. Spill Protection</b>				
1. Spill Protection Equipment	Ensure spill containment is in place, clean, dry & no obvious cracks/tears (daily)			
<b>Section H. Overfill</b>				
1. Automatic Shutoff	Ensure device is in place and free of restrictive items			
2. Overfill Alarm	Ensure device is in place and test function operates properly			
<b>Section I. Dispensers and Emergency Shut-Offs</b>				
1. Hose and Nozzle Components	Observe for obvious leaks, cracks & deformations. Ensure breakaway is installed			
2. Under dispenser	Ensure shear valve is in place and properly anchored. Observe for obvious leaks Ensure interstitial sensors if installed are positioned at the lowest portion Observe for obvious open electrical junction boxes or broken wiring			
<b>Section J. Emergency Shut-Off</b>				
1. Emergency Shut-Off	Ensure emergency shut-offs are accessible and have no obvious damage Last tested: _____ Test due: _____			
<b>Section K. Emergency Actions</b>				
1. System Alarms	Ensure any alarms have been reported as required by facility operations plan			
2. Spills, Leaks or Release	Ensure any release has been reported as required by facility operations plan			

Remarks needed if unusual conditions exists (also include the date owner was notified and actions taken):

Verify that each monthly recordkeeping requirement on the 1st page has been accomplished by initialing in the blanks below. (Initial all that are applicable)

**Tank Leak Detection/Interstitial Monitoring**

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

**Line Interstitial Monitoring/Automatic Line Leak Detectors**

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

**Impressed Current System**

Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec

Additional Daily, Monthly, Quarterly, and Annual Inspection Items (indicate how often):

Daily:	
Monthly:	
Quarterly:	
Annually:	Submit annual Financial Responsibility Report from <a href="http://www.sfm.illinois.gov">www.sfm.illinois.gov</a> at Applications & Forms.

Identify the manner in which facility owners/operators will properly dispose of regulated substances spilled at the facility:

**A/B Operators must conduct the quarterly inspections personally. Sign & date the form when inspection is done.**

**If using this form as part of your Operations & Maintenance Plan, attach the list of your class A/B & C Operators & your facility's Emergency Response Procedures form. The facility Owner must sign the O&M Plan with the A/B Operator, but only the A/B Operator is required to sign the Quarterly Inspection report.**

\_\_\_\_\_  
Printed Name of A/B Operator

\_\_\_\_\_  
Signature of A/B Operator

\_\_\_\_\_  
Date of Inspection