



ABOVEGROUND STORAGE TANK
Steel Tank Institute (STI) SP001 External Tank Inspections
MacDonald Oil
Huntington, IN.

Service Provided By:
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Appendix A

STI SP001 – AST Record
STI SP001 – Monthly Inspection Checklist
STI SP001 – Annual Inspection Checklist



ABOVE GROUND STORAGE TANK (AST) INSPECTION

Inspection Guidelines:

Steel Tank Institutes, SP001 - "Standard for the Inspection of Above ground Storage Tanks".

Inspection Date:

7/7/2020

Inspector:

Shaun Rigsby – API inspector No. 87579, STI inspector No. AC44386

Tank Inspection Category:

The tanks being inspected were (5) Single Wall, Vertical Storage Tanks. All the tanks being inspected were situated inside concrete dike containment with earth foundation. These tanks were Category 2 under Steel Tank Institute (STI) SP001 Requirements. These tanks were being inspected as a Formal External Inspection. Next External Inspection required in 10 years.

Inspection of the following tanks: (Refer to Exhibits for tank number identification)

Tank Identification	Volume
TK – 001	12,000 Gallons
TK – 002	20,000 Gallons
TK – 003	20,000 Gallons
TK – 004	12,000 Gallons
TK – 005	100,000 Gallons

Facility Tank Data Collection:

There was no previous data.

FUTURE RECORD KEEPING

Included in this report package are **AST Records** (Appendix A), **Monthly Inspection Checklists** (Appendix B) and **Annual Inspection Checklists** (Appendix C). These forms and checklist should be accomplished as scheduled and kept on file.

On-Site Worker: Safety Qualifications:

All Genesis Environmental Solutions, Inc. employees have received training as mandated by Federal Labor (Occupational Safety and Health Administration – (OSHA)) requirements. All employees on-site at a minimum have been trained in 29 CFR 1910.120 – Hazardous Waste Operations and Emergency Response, 29 CFR 1910.146 – Permit Required Confined Spaces, 29 CFR 1910.134 Respiratory Protection Employees and General Site Safety Accident Awareness.

**ABOVE GROUND STORAGE TANK (AST) INSPECTION
MacDonald Oil**



External Tank System Inspection Scope:

A visual external inspection of site tank system was conducted. This inspection included piping, venting, tank accessories, containment, and external tank shell conditions. The labels on these tanks indicated that they were built to UL (Underwriters Laboratories) manufacturing standards

Tank Farm System External Inspection:

Fire Valves: PEI/RP 200-19 Section 7.3

There were nozzles observed without fire valves. Tanks containing a class I or class II flammable liquid should have fire valves installed on all nozzles below liquid level.



Fire Valve



No Fire Valve

Piping and Fittings: PEI/RP 200-19 Section 9

The piping of this system is above ground. There were areas of piping with coating failure, resulting in corrosion where the coating had failed down to bare metal. Clean and recoat to restore full function of coatings and prevent further corrosion to piping. All the piping lacked proper support. Tank system piping should be supported every 13 feet and at change of direction using sound engineering practices. There was piping noted penetrating through the dike wall. The piping penetrating through the dike wall did not appear to be liquid tight. Piping and conduit should pass over the top of the dike. Where passing over the dike is unavoidable, the penetration should be sleeved and sealed so that it is liquid tight.



Tank System Piping General Condition

Tank Spacing: PEI/RP 200-19 2.4 – NFPA 30 (22.4.1.1)

Tanks met PEI and NFPA requirements for spacing. Tanks should meet a minimum of 3 feet between other tanks and structures.

Emergency Shut Off: PEI/RP 200-19 13.4

N/A; there were no dispensing devices associated with these tanks.

Overfill Protection: PEI/RP 200-19 8.2.3

There were tank gauges observed for these tank systems. The glass on some of these gauges was noted being foggy and difficult to read. Tanks should not be filled over 90% of its nominal capacity to prevent damage to the tank.



Foggy Tank Level Gauge

Spill Prevention: PEI/RP 200-19 8.2.2

These tanks all had gauges to prevent over filling and they sat inside a concrete dike with earth floor to prevent the release of liquid into navigable waters.

Tank Signage: NFPA 704

Emergency Response: NFPA 704:

29 CFR 1910.146 Confined Space:

There were no NFPA 704 Placards observed for these tank systems. NFPA 704 Placards should be placed on the side of the tank or building/containment leading to the tanks, visible to emergency response personnel. There were no confined space labels observed for these tank systems. Confined Space Labels should be placed on or near each tank entry.

Anchoring: PEI RP-200-19 3.9 – NFPA 30 (4.3.1.4)

The tanks were not anchored. Tanks should be anchored using sound engineering practices to help keep tanks in place in the event of flooding or high winds.

Tank Roof: 40 CFR 63.902

These tank roofs appeared to be in satisfactory condition, being free of dents or other deformations that would hold water.

External Tank Coating Inspection: STI – SP001 (PEI/RP-200 11.3)

The external coating of the tanks was inspected. The coatings were observed having chips and scrapes. In the areas that the coatings had failed down to bare metal there was corrosion present. Clean and coat to restore full function of coatings and prevent further corrosion to the tanks.



General Coating Condition

Primary Venting and Fire Venting: STI – SP001 (PEI/RP 200-19 8.5.1, 8.5.2)

These tanks were properly vented with natural and emergency vents on top of the tanks. The primary vent on TK-004 was observed having an insect nest covering the vent. Vents should be kept clean and clear of blockages to ensure proper function. All other vents appeared to be in satisfactory condition.



Natural and Emergency Vents

Ladders: 29 CFR 1910.27

The ladders, platforms, and catwalks associated with these tanks was observed having coating failure. The ladders, catwalks, and platforms otherwise appeared to be in working condition.



Grounding and Bonding:

There was grounding observed on these tank systems. There was no bonding observed at the fill site for these tank systems. Grounding and bonding tanks reduce the chances of an unwanted static discharge.

Containment and Foundation: STI – SP001 (PEI/RP 200-19 3, 4)

The tanks were situated inside concrete dike containment with an earth floor. There was some minor cracking observed on the containment walls. Cracks found $>1/16''$ should be sealed using sound engineering practices. The tanks were observed being supported on railroad timbers. Foundations for aboveground storage tanks should evenly support the tank to prevent movement or uneven settling that could impose unacceptable stress on the tank. Organic materials can decompose unevenly and would only add fuel in the event of a fire. The containment area had a lot of vegetation growing. Vegetation holds moisture and can decrease the life expectancy of the tanks and their piping system.



General Containment Condition



EXTERNAL TANK INSPECTIONS

TANK INSPECTION ULTRASONIC THICKNESS TESTING – TK – 001

The inspector conducted an initial visual inspection of the tank and tank system. The entire circumference of the tank was examined closely. The tank shell courses had no visual signs of any major corrosion or pitting and was sound. Once the visual was conducted, the inspector conducted baseline Ultrasonic Thickness Testing (UTT) on the tank shell and roof metal to determine the original metal thicknesses.

Readings collected from the tank shell courses and roof indicated a manufacture thickness of approximately 0.250" on the first and second shell courses, and approximately 0.1875" on the roof. The inspector then conducted UTT randomly on the tank shell courses and roof looking for any deviation in thickness from the baseline readings collected. Readings collected on the shell courses ranged from 0.238" – 0.252" on the first course, and from 0.246" – 0.254" on the second course. Readings collected on the roof ranged from 0.176" – 0.189".

Upon taking metal thickness readings on the tank, it was determined that the tank had no indications of any significant metal thickness loss and is suitable for continued use.



EXTERNAL TANK INSPECTIONS

TANK INSPECTION ULTRASONIC THICKNESS TESTING – TK – 002

The inspector conducted an initial visual inspection of the tank and tank system. The entire circumference of the tank was examined closely. The tank shell courses had no visual signs of any major corrosion or pitting and was sound. Once the visual was conducted, the inspector conducted baseline Ultrasonic Thickness Testing (UTT) on the tank shell and roof metal to determine the original metal thicknesses.

Readings collected from the tank shell courses and roof indicated a manufacture thickness of approximately 0.250" on the first and second shell courses, and approximately 0.250" on the roof. The inspector then conducted UTT randomly on the tank shell courses and roof looking for any deviation in thickness from the baseline readings collected. Readings collected on the shell courses ranged from 0.244" – 0.266" on the first course, and from 0.244" – 0.252" on the second course. Readings collected on the roof ranged from 0.199" – 0.210".

Upon taking metal thickness readings on the tank, it was determined that the tank had no indications of any significant metal thickness loss and is suitable for continued use.



EXTERNAL TANK INSPECTIONS

TANK INSPECTION ULTRASONIC THICKNESS TESTING – TK – 003

The inspector conducted an initial visual inspection of the tank and tank system. The entire circumference of the tank was examined closely. The tank shell courses had no visual signs of any major corrosion or pitting and was sound. Once the visual was conducted, the inspector conducted baseline Ultrasonic Thickness Testing (UTT) on the tank shell and roof metal to determine the original metal thicknesses.

Readings collected from the tank shell courses and roof indicated a manufacture thickness of approximately 0.3125" on the first shell course, approximately 0.250" on the second shell course, and approximately 0.250" on the roof. The inspector then conducted UTT randomly on the tank shell courses and roof looking for any deviation in thickness from the baseline readings collected. Readings collected on the shell courses ranged from 0.260" – 0.289" on the first course, and from 0.258" – 0.264" on the second course. Readings collected on the roof ranged from 0.206" – 0.214".

Upon taking metal thickness readings on the tank, it was determined that the tank had no indications of any significant metal thickness loss and is suitable for continued use.



EXTERNAL TANK INSPECTIONS

TANK INSPECTION ULTRASONIC THICKNESS TESTING – TK – 004

The inspector conducted an initial visual inspection of the tank and tank system. The entire circumference of the tank was examined closely. The tank shell courses had no visual signs of any major corrosion or pitting and was sound. Once the visual was conducted, the inspector conducted baseline Ultrasonic Thickness Testing (UTT) on the tank shell metal to determine the original metal thickness.

Readings collected from the tank shell metal indicated a manufacture thickness of approximately 0.1875". The inspector then conducted UTT randomly on the tank shell metal looking for any deviation in thickness from the baseline readings collected. Readings collected on the shell ranged from 0.160" – 0.170".

Upon taking metal thickness readings on the tank, it was determined that the tank had no indications of any significant metal thickness loss and is suitable for continued use.



EXTERNAL TANK INSPECTIONS

TANK INSPECTION ULTRASONIC THICKNESS TESTING – TK – 005

The inspector conducted an initial visual inspection of the tank and tank system. The entire circumference of the tank was examined closely. The tank shell courses had no visual signs of any major corrosion or pitting and was sound. Once the visual was conducted, the inspector conducted baseline Ultrasonic Thickness Testing (UTT) on the tank shell and roof metal to determine the original metal thicknesses.

Readings collected from the tank shell and roof metal indicated a manufacture thickness of approximately 0.1875". The inspector then conducted UTT randomly on the tank shell and roof metal looking for any deviation in thickness from the baseline readings collected. Readings collected on the tank shell metal ranged from 0.166" – 0.182". Readings collected on the roof ranged from 0.168" – 0.179".

Upon taking metal thickness readings on the tank, it was determined that the tank had no indications of any significant metal thickness loss and is suitable for continued use.



Genesis Environmental Solutions, Inc. has evaluated the condition of these tanks based on observations and measurements made by the inspector. While our evaluation accurately describes the condition of the tank at the time of inspection, the tank owner/operator must independently assess the inspection information provided by Genesis and any conclusions reached by the tank owner/operator and any action taken or omitted to be taken are the sole responsibility of the owner/operator. With respect to inspection and testing, Genesis warrants only that the services have been performed in accordance with accepted industry practice.



Appendix A

STI SP001 – AST Record

STI SP001 – Monthly Inspection Checklist

STI SP001 – Annual Inspection Checklist

STI SP001 AST Record

Form completed by (Name) _____

Date _____

(Title) _____

OWNER INFORMATION	FACILITY INFORMATION	INSTALLER INFORMATION
Name	Name	Name
Number and Street	Number and Street	Number and Street
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
	Regulatory facility ID number (if applicable)	

OWNER'S TANK ID	OTHER ID	INITIAL SERVICE DATE
Manufacturer:	Contents:	Construction Date:
Dimensions:	Capacity:	Last Repair/Reconstruction Date:
Design: <input type="checkbox"/> UL _____	<input type="checkbox"/> SwRI _____	<input type="checkbox"/> API _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
Horizontal <input type="checkbox"/>	<input type="checkbox"/> Vertical	<input type="checkbox"/> Rectangular
Construction: <input type="checkbox"/> Bare Steel	<input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current)	Date Installed: _____
Coated Steel <input type="checkbox"/> Concrete encased steel	Stainless steel <input type="checkbox"/> Other _____	
Double-Bottom <input type="checkbox"/>	Double-Wall <input type="checkbox"/> Lined inside; Date lining installed: _____	
Spill control: <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete	CRDM: <input type="checkbox"/> yes <input type="checkbox"/> no	
None <input type="checkbox"/> Other _____	If yes, type: <input type="checkbox"/> Release Prevention Barrier <input type="checkbox"/> Elevated tank <input type="checkbox"/> Double bottom tank	
Tank elevated on supports <input type="checkbox"/> yes <input type="checkbox"/> no	Double wall tank <input type="checkbox"/> CE-AST <input type="checkbox"/> other _____	
Support material: <input type="checkbox"/> steel <input type="checkbox"/> concrete <input type="checkbox"/> other _____		
Release Prevention Barrier: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Date Installed: _____	AST Category: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3	
If yes, Type: <input type="checkbox"/> concrete <input type="checkbox"/> synthetic liner <input type="checkbox"/> clay liner <input type="checkbox"/> steel <input type="checkbox"/> other _____		

OWNER'S TANK ID		OTHER ID		INITIAL SERVICE DATE	
Manufacturer:		Contents:		Construction Date:	
Last Repair/Reconstruction Date:					
Dimensions:		Capacity:		Last Change of Product Date:	
Design: <input type="checkbox"/> UL _____		<input type="checkbox"/> SwRI _____		<input type="checkbox"/> API _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
Horizontal <input type="checkbox"/>		Vertical <input type="checkbox"/>		<input type="checkbox"/> Rectangular	
Construction: <input type="checkbox"/> Bare Steel		<input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current)		Date Installed: _____	
Coated Steel <input type="checkbox"/> Concrete encased steel		<input type="checkbox"/> Stainless steel		<input type="checkbox"/> Other _____ <input type="checkbox"/>	
Double-Bottom <input type="checkbox"/>		<input type="checkbox"/> Double-Wall		<input type="checkbox"/> Lined inside; Date lining installed: _____	
Spill control: <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete		CRDM: <input type="checkbox"/> yes <input type="checkbox"/> no			
None <input type="checkbox"/> <input type="checkbox"/> Other _____		If yes, type: <input type="checkbox"/> Release Prevention Barrier <input type="checkbox"/> Elevated tank <input type="checkbox"/> Double bottom tank			
Tank elevated on supports <input type="checkbox"/> yes <input type="checkbox"/> no		Double wall tank <input type="checkbox"/> CE-AST <input type="checkbox"/> other _____			
Support material: <input type="checkbox"/> steel <input type="checkbox"/> concrete <input type="checkbox"/> other _____					
Release Prevention Barrier: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Date Installed: _____		AST Category: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3			
If yes, Type: <input type="checkbox"/> concrete <input type="checkbox"/> synthetic liner <input type="checkbox"/> clay liner <input type="checkbox"/> steel <input type="checkbox"/> other _____					

OWNER'S TANK ID		OTHER ID		INITIAL SERVICE DATE	
Manufacturer:		Contents:		Construction Date:	
Last Repair/Reconstruction Date:					
Dimensions:		Capacity:		Last Change of Product Date:	
Design: <input type="checkbox"/> UL _____		<input type="checkbox"/> SwRI _____		<input type="checkbox"/> API _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
Horizontal <input type="checkbox"/>		Vertical <input type="checkbox"/>		<input type="checkbox"/> Rectangular	
Construction: <input type="checkbox"/> Bare Steel		<input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current)		Date Installed: _____	
Coated Steel <input type="checkbox"/> Concrete encased steel		<input type="checkbox"/> Stainless steel		<input type="checkbox"/> Other _____ <input type="checkbox"/>	
Double-Bottom <input type="checkbox"/>		<input type="checkbox"/> Double-Wall		<input type="checkbox"/> Lined inside; Date lining installed: _____	
Spill control: <input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete		CRDM: <input type="checkbox"/> yes <input type="checkbox"/> no			
None <input type="checkbox"/> <input type="checkbox"/> Other _____		If yes, type: <input type="checkbox"/> Release Prevention Barrier <input type="checkbox"/> Elevated tank <input type="checkbox"/> Double bottom tank			
Tank elevated on supports <input type="checkbox"/> yes <input type="checkbox"/> no		Double wall tank <input type="checkbox"/> CE-AST <input type="checkbox"/> other _____			
Support material: <input type="checkbox"/> steel <input type="checkbox"/> concrete <input type="checkbox"/> other _____					
Release Prevention Barrier: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Date Installed: _____		AST Category: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3			
If yes, Type: <input type="checkbox"/> concrete <input type="checkbox"/> synthetic liner <input type="checkbox"/> clay liner <input type="checkbox"/> steel <input type="checkbox"/> other _____					

STI SP001 Monthly Inspection Checklist

General Inspection Information:

Inspection Date: _____ Prior Inspection Date: _____ Retain until date: _____

Inspector Name (print): _____ Title: _____

Inspector's Signature _____

Tank(s) inspected ID _____

Regulatory facility name and ID number (if applicable) _____

Inspection Guidance:

- ↗ This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable). Inspections of multiple tanks may be captured on one form as long as the tanks are substantially the same.
- ↗ For equipment not included in this Standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- ↗ The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner's inspector per paragraph 4.1.2 of the standard.
- ↗ 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 important 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 corresponding corrective action in the comment section.
- ↗ Retain the completed checklists for at least 36 months.
- ↗ **After severe weather (snow, ice, wind storms) or maintenance (such as coating) that could affect the operation of critical components (normal and emergency vents, valves), an inspection of these components is required as soon as the equipment is safely accessible after the event.**

ITEM		STATUS	COMMENTS / DATE CORRECTED
Tank and Piping			
1	Is tank exterior (roof, shell, heads, bottom, connections, fittings, valves, etc.) free of visible leaks? Note: If "No", identify tank and describe leak and actions taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Is the tank liquid level gauge legible and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3	Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4	Is the primary tank free of water or has another preventative measure been taken? NOTE: Refer to paragraphs 6.10 and 6.11 of the standards for alternatives for Category 1 tanks. N/A is only appropriate for these alternatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	For double-wall or double bottom tanks or CE-ASTs, is interstitial monitoring equipment (where applicable) in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	For double-wall tanks or double bottom tanks or CE-ASTs, is interstice free of liquid? Remove the liquid if it is found. If tank product is found, investigate possible leak.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Equipment on tank			
7	If overfill equipment has a "test" button, does it activate the audible horn or light to confirm operation? If battery operated, replace battery if needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Is overfill prevention equipment in good working condition? If it is equipped with a mechanical test mechanism, actuate the mechanism to confirm operation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Is the spill container (spill bucket) empty, free of visible leaks and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10	Are piping connections to the tank (valves, fittings, pumps, etc.) free of visible leaks? Note: If "No", identify location and describe leak.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Do the ladders/platforms/walkways appear to be secure with no sign of severe corrosion or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containment (Diking/Impounding)			
12	Is the containment free of excess liquid, debris, cracks, corrosion, erosion, fire hazards and other integrity issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13	Are dike drain valves closed and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	Are containment egress pathways clear and any gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Concrete Exterior AST (CE-AST)			
15	Inspect all sides for cracks in concrete. Are there any cracks in the concrete exterior larger than 1/16"?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Inspect concrete exterior body of the tank for cleanliness, need of coating, or rusting where applicable. Tank exterior in acceptable condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Visual inspect all tank top openings including nipples, manways, tank top overfill containers, and leak detection tubes. Is the sealant between all tank top openings and concrete intact and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other Conditions			
18	Is the system free of any other conditions that need to be addressed for continued safe operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments:

STI SP001 Annual Inspection Checklist

General Inspection Information:

Inspection Date: _____ Prior Inspection Date: _____ Retain until date: _____

Inspector Name (print): _____ Title: _____

Inspector's Signature: _____

Tank(s) inspected ID _____

Regulatory facility name and ID number (if applicable) _____

Inspection Guidance:

- ↗ This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable).
- ↗ For equipment not included in this Standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- ↗ The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner's inspector per paragraph 4.1.2 of the standard.
- ↗ Remove promptly standing water or liquid discovered in the primary tank, secondary containment area, interstice, or spill container. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- ↗ In order to comply with EPA SPCC (Spill Prevention, Control and Countermeasure) rules, a facility should regularly test liquid level sensing devices to ensure proper operation (40 CFR 112.8(c)(8)(v)).
- ↗ Non-conforming items important 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 corresponding corrective action in the comment section.
- ↗ Retain the completed checklists for at least 36 months.
- ↗ Complete this checklist on an annual basis, supplemental to the owner monthly-performed inspection checklists.
- ↗ **Note: If a change has occurred to the tank system or containment that may affect the SPCC plan, the condition should be evaluated against the current plan requirement by a Professional Engineer knowledgeable in SPCC development and implementation.**

ITEM		STATUS	COMMENTS / DATE CORRECTED
Tank Foundation/Supports			
1	Free of tank settlement or foundation washout?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Concrete pad or ring wall free of cracking and spalling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

3	Tank supports in satisfactory condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Is water able to drain away from tank if tank is resting on a foundation or on the ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5	Is the grounding strap between the tank and foundation/supports in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tank Shell, Heads and Roof			
6	Free of visible signs of coating failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Free of noticeable distortions, buckling, denting, or bulging?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Free of standing water on roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Are all labels and tags intact and legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Manways, Piping, and Equipment			
10	Flanged connection bolts tight and fully engaged with no sign of wear or corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tank Equipment			
11	Normal and emergency vents free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Normal vent on tanks storing gasoline equipped with pressure/vacuum vent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13	Are flame arrestors free of corrosion and are air passages free of blockage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
14	Is the emergency vent in good working condition and functional, as required by manufacturer? Consult manufacturer's requirements. Verify that components are moving freely (including long-bolt manways).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Is interstitial leak detection equipment in good condition? Are windows on sight gauges clear? Are wire connections intact? If equipment has a test function, does it activate to confirm operation?"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

16	Are all valves free of leaks, corrosion and other damage? Follow manufacturers' instructions for regular maintenance of these items. Check the following and verify (as applicable): <input type="checkbox"/> Anti-siphon valve <input type="checkbox"/> Check valve <input type="checkbox"/> Gate valve <input type="checkbox"/> Pressure regulator valve <input type="checkbox"/> Expansion relief valve <input type="checkbox"/> Solenoid valve <input type="checkbox"/> Fire valve <input type="checkbox"/> Shear valve	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17	Are strainers and filters clean and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Insulated Tanks			
18	Free of missing insulation? Insulation free of visible signs of damage? Insulation adequately protected from water intrusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
19	Insulation free of noticeable areas of moisture?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
20	Insulation free of mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
21	Free of visible signs of coating failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tank / Piping Release Detection			
22	Is inventory control being performed and documented if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
23	Is release detection being performed and documented if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Other Equipment			
24	Are electrical wiring and boxes in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
25	Has the cathodic protection system on the tank been tested as required by the designing engineer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

STI SP001 Portable Container Monthly Inspection Checklist

General Inspection Information:

Inspection Date: _____ Prior Inspection Date: _____ Retain until date: _____

Inspector Name (print): _____ Title: _____

Inspector's Signature (): _____

Container(s) inspected ID _____

Regulatory facility name and ID number (if applicable) _____

Inspection Guidance:

- ↗ This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable).
- ↗ This periodic Inspection is intended for monitoring the external condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner's inspector who is familiar with the site and can identify changes and developing problems. Note the non-conformance and corresponding corrective action in the comment section.
- ↗ Retain the completed checklists for at least 36 months.

Item	Area:	Area:	Area:	Area:
Portable Container Containment/Storage Area				
1	Are all portable container(s) within designated storage area?	—	—	—
2	Is the containment and storage area free of excess liquid, debris, cracks or fire hazards?	—	—	—
3	Are drain valves closed and in good working condition?	Yes No N/A	Yes No N/A	Yes No N/A
4	Are containment egress pathways clear and any gates/doors operable?	Yes No N/A	Yes No N/A	Yes No N/A
Container				
5	Is the container free of leaks? <i>Note: If "No", identify container and describe leak.</i>	—	—	—
6	Is the container free of distortions, buckling, denting or bulging?			

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