



**STI SP001 MONTHLY TANK
INSPECTION CHECKLIST**

Environmental & Regulatory Services Division
Bureau of Petroleum Products and Tanks
P.O. Box 7837, Madison, WI 53707-7837
(608) 267-9795 (608) 266-7874

INSTRUCTIONS: Fill in ALL applicable data. A copy of this completed form shall be kept on site; available for viewing by the authorized Wisconsin Inspection Agency upon request.

Tank Address Location Information:	Tank Information:
Company Name	Tank Number
Number and Street	Product Stored
City, State, Zip Code	Tank Capacity

Inspection Guidance/Results:

- Inspectors shall be knowledgeable of the purpose of each piece of equipment, method of operation, and if applicable, the manufacturers maintenance, inspection, testing requirements, and instructions.
- This 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 designated inspector who is familiar with the site and can identify changes and developing problems.
- The checklist items below are the minimum requirements for inspection; an individual AST may require more in-depth inspections. Conversely, some of the checklist items may not be applicable to an individual tank system.
- For equipment not included in the STI SP001 standard, follow the inspection, maintenance, and testing schedules and procedures as recommended by the manufacturer.
- Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- **(* designates an item in a non-conformance status. This indicates that action is required to address a problem. Document corrective actions in the comment section.**
- Non-conforming items important to tank or containment integrity (cracks, tank or containment deformation, etc.) 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 36 months.
- **In the event of severe weather (snow, ice, wind storms) or maintenance (such as painting) that could affect the operation of critical components (normal and emergency vents, valves), an inspection of these components is required immediately following the event.**

Item	Status	Item	Status
1.0 Indication of reduced system flow or other system operational deficiency?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	10.0 Containment egress pathways clear and gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
2.0 Strainer clean and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	11.0 Debris or fire hazard in containment, transfer area, or spill container?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
3.0 Filter in good condition and within the manufacturers expected service life?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	12.0 Drain valves operable and in a closed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
4.0 Visible signs of leakage or damage around the tank, valves, piping, concrete pad, containment, transfer area, ring-wall or ground?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	13.0 All tank openings properly sealed? Caps and covers have functional fittings, hardware and gaskets?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
5.0 Water in primary tank, secondary containment interstice, dike, transfer containment or spill container?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	14.0 Leak detection for underground piping operable and not in an alarm condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
6.0 Product in secondary containment interstice, dike, transfer containment, or spill container?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	15.0 If equipped with an audible and/or visual over-fill alarm, does it operate when "test button" depressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
7.0 Tank liquid level gauge readable and functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	16.0 For Item 15 above, is the battery charged if applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
8.0 Ladder and platform structure secure with no sign of severe corrosion or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	17.0 Identification labels and tags secure, intact, and readable?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
9.0 Visible portions of containment liner or expansion joint seam sealer in good condition with no signs of blistering, tearing, or delamination.	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	18.0 Are there other conditions that should be addressed for continued safe operation or that may affect the site SPCC plan?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

Comments/Corrective Action:

Inspector Signature: _____

Date: _____