



AST ANNUAL VISUAL INSPECTION CHECKLIST

(REVISED 11/2013)

OPS Facility ID#:	Facility Name:	Inspection Date:
Street Address:		City:
		ZIP:
# of Tanks Inspected:	Tank ID Numbers:	

Any item marked "No" requires additional information to describe the condition and date the condition is corrected.

ITEM	STATUS	COMMENTS / DATE CORRECTED
Containment		
1	Is the containment structure in satisfactory condition (diking, impounding, double-wall tank, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Are the drainage pipes/valves in good working condition for continued service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tank Foundation/Supports		
3	Free of tank settlement or foundation washout? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Concrete pad or ring wall free of cracking or spalling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Tank supports in satisfactory condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Is water able to drain away from tank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7	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	
Cathodic Protection		
8	Are cathodic protection system in operating condition and functional? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
9	Rectifier reading Volts: _____ Amps: _____ Are these readings within manufacturer specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Tank External Coating		
10	Free of visible signs of paint failure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Shell / Heads		
11	Free of noticeable shell/head distortions, buckling, denting, or bulging? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Free of visible signs of shell/head corrosion or cracking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Manways, Piping, and Equipment		
13	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 Roof		
14	Free of standing water on roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Free of visible signs of coating cracking, crazing, peeling, or blistering? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16	Free of holes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ITEM		STATUS	COMMENTS/DATE CORRECTED			
Venting						
17	Normal and emergency vents free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
18	Normal vent on tanks storing gasoline equipped with pressure/vacuum vent cap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
19	Is the emergency vent in good working condition and functional, and tested as required by manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Insulated Tanks						
20	Free of missing insulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
21	Insulation free of noticeable areas of moisture?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
22	Insulation free of mold?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
23	Insulation free of visible signs of damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
24	Insulation adequately protected from water intrusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Level and Overfill Prevention Equipment						
25	Electronic or mechanical liquid level gauge tested for proper operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
26	Electronic or mechanical liquid level gauge calibrated during the previous 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
27	Is overfill prevention equipment in good working condition? <input type="checkbox"/> Overfill Valve <input type="checkbox"/> Audible Alarm <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Verified by:	Inspection Date:	Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No	Repair Date:
28	Is tank ullage being determined and documented before filling the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Electrical Equipment						
29	Is tank/equipment grounding adequate and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
30	Is electrical wiring for control boxes, lights, and other high voltage equipment in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Tank / Piping Release Detection						
31	Is inventory control being performed and documented as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
32	Is release detection being performed and documented on underground piping as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Additional Comments						
Inspector Information						
Printed Name:			Signature:		Date:	