



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Bureau of Weights and Measures  
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Wis. Admin. Code §ATCP 93.440

# STI SP001 ANNUAL TANK INSPECTION CHECKLIST

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

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

TANK INFORMATION			
COMPANY NAME		TELEPHONE: ( ) -	CELL: ( ) -
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE ZIP
TANK #	PRODUCT STORED	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 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.**

**1. TANK CONTAINMENT**

a. Do the containment structures exhibit any: • Delamination of caulk • Holes • Washout • Linear degradation  
 • Corrosion • Leakage • Paint failure • Tank settlement  Yes\*  No  N/A

**2. TANK FOUNDATION AND SUPPORTS**

a. Foundation settlement or washout?  Yes\*  No

b. Corrosion, cracking, or paint failure of supports?  Yes\*  No  N/A

c. Water drains away from tank?  Yes  No\*

d. Concrete pad/ring wall cracking or spalling?  Yes\*  No  N/A

e. Grounding/ bonding straps secured and in good condition?  Yes  No\*

**3. CATHODIC PROTECTION**

a. Corrosion protection system tested, maintained, and operational in accordance with the requirements of ATCP 93.520?  Yes  No\*  N/A

**4. TANK SHELL, HEADS, ROOF**

a. Tank paint in good condition with no signs of failure?  Yes  No\*

b. Does the tank steel exhibit any: •Dents •Buckling •Bulging •Corrosion •Cracking  Yes\*  No

c. Tank roof has low points or standing water?  Yes\*  No

**5. TANK EQUIPMENT**

a. Flanged connection bolts tight and fully engaged with no sign of wear/corrosion  Yes  No\*

b. Visible signs of valve leakage, damage, or corrosion?  Yes\*  No

c. Automatic air/electric valves operational (cycle open-close)?  Yes  No\*  N/A

d. Interstitial monitoring equipment functional? Sight gauges clear or electronic gauges activate alarm.  Yes  No\*  N/A

e. Flame arrestors unobstructed, corrosion-free, and maintained, inspected, in accordance with manufacturer's instructions?  Yes  No\*  N/A

f. Product liquid level gauges in good condition and operable?  Yes  No\*

g. Pressure regulator valve functional?  Yes  No\*  N/A

h. Emergency vent covers, pressure/vacuum poppets, and moving vent components move freely, are unobstructed, and have no evidence of seat and sealing surface degradation due to: •Corrosion •Damage •Wear	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
i. Anti-siphon, check, and gate valves cycle open-close and/or operate correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
j. Fire and shear valves cycle open-close easily, fusible link installed, and test ports are sealed with a pipe plug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
k. Spill container in good condition with all connections tight and drain valves operable and closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
l. Leak detectors for underground piping pass functionality test? (TR-WM-123)	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
m. Overfill equipment functional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
n. Expansion relief valve in correct orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A

**6. INSULATED TANKS**

a. Does the inspection of the tank insulation exhibit: •Missing sections •Areas of moisture •Mold •Damage	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Does the insulation cover or jacket exhibit damage that will allow water intrusion?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**7. MISCELLANEOUS**

a. Are electrical boxes, conduit and wiring intact, sealed and secure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
b. Emergency disconnect is easily identifiable and shuts-off all power when actuated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A
c. Buried piping exposed?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
d. Out-of-service pipes capped or blank flanged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	<input type="checkbox"/> N/A

**COMMENTS/CORRECTIVE ACTION:**

**SIGNATURE(S):**

INSPECTOR SIGNATURE

DATE