



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
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 (608) 224-4942

FOR OFFICE USE ONLY

STI SP001 MONTHLY TANK INSPECTION CHECKLIST

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.

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.).

TANK INFORMATION				
COMPANY NAME			PHONE () -	CELL () -
STREET ADDRESS		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF		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 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
1. Indication of reduced system flow or other system operational deficiency?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
2. Strainer clean and in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO* <input type="checkbox"/> N/A
3. Filter in good condition and within the manufacturers expected service life?	<input type="checkbox"/> YES <input type="checkbox"/> NO* <input type="checkbox"/> N/A
4. 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
5. Water in primary tank, secondary containment interstice, dike, transfer containment or spill container?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
6. Product in secondary containment interstice, dike, transfer containment, or spill container?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
7. Tank liquid level gauge readable and functional?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
8. 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
9. 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
10. 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
11. Containment egress pathways clear and gates/doors operable?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
12. Debris or fire hazard in containment, transfer area, or spill container?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
13. Drain valves operable and in a closed position?	<input type="checkbox"/> YES <input type="checkbox"/> NO* <input type="checkbox"/> N/A
14. All tank openings properly sealed? Caps and covers have functional fittings, hardware and gaskets?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
15. 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
16. Double wall tank interstitial monitoring equipment operable/readable?	<input type="checkbox"/> YES <input type="checkbox"/> NO* <input type="checkbox"/> N/A

17. For Concrete Exterior AST (CE-AST): 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
18. For Concrete Exterior AST (CE-AST): 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
19. For Concrete Exterior AST (CE-AST): Visually inspect all tank top openings including nipples, manways, tank top over-fill 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
20. 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
21. For Item 20 above, is the battery charged if applicable?	<input type="checkbox"/> YES <input type="checkbox"/> NO* <input type="checkbox"/> N/A
22. Identification labels and tags secure, intact, and readable?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
23. 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:

TECHNICIAN'S SIGNATURE

PRINT NAME

DATE