

STI SP001 AST Record

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

TANK ID _____			
SPECIFICATION:			
Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
	<input type="checkbox"/> API _____	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Unknown		
Manufacturer:	Contents:	Construction Date:	Last Repair/Reconstruction Date:
Dimensions:	Capacity:	Last Change of Service Date:	
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: _____		
	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other
	<input type="checkbox"/> Double Bottom	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Lined Date Installed: _____
Containment:	<input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____		
CRDM:	<input type="checkbox"/>	Date Installed: _____	Type: _____
Release Prevention Barrier:	<input type="checkbox"/>	Date Installed: _____	Type: _____

TANK ID _____			
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Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
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Dimensions:	Capacity:	Last Change of Service Date:	
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Release Prevention Barrier:	<input type="checkbox"/>	Date Installed: _____	Type: _____

STI SP001 Monthly Inspection Checklist

General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Tanks Inspected (ID #'s): _____	

Inspection Guidance:

- 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 who is familiar with the site and can identify changes and developing problems.
- 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.
- 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 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	Comments
1.0 Tank Containment		
1.1 Water in primary tank, secondary containment, interstice, or spill container?	Yes* No	
1.2 Debris or fire hazard in containment?	Yes* No	
1.3 Drain valves operable and in a closed position?	Yes No*	
1.4 Containment egress pathways clear and gates/doors operable?	Yes No*	

STI SP001 Annual Inspection Checklist

General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Tanks Inspected (ID #'s): _____	

Inspection Guidance:

- 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 who is familiar with the site and can identify changes and developing problems.
- Inspect the AST shell and associated piping, valves, and pumps including inspection of the coating for Paint Failure.
- Inspect:
 1. Earthen containment structures including examination for holes, washout, and cracking in addition to liner degradation and tank settling.
 2. Concrete containment structures and tank foundations/supports including examination for holes, washout, settling, paint failure, in addition to examination for corrosion and leakage.
 3. Steel containment structures and tank foundations/supports including examination for washout, settling, cracking, and for paint failure, in addition to examination for corrosion and leakage.
- Inspection of cathodic protection system, if applicable, includes the wire connections for galvanic systems and visual inspection of the operational components (power switch, meters, and alarms) of impressed current systems.
- Remove promptly upon discovery standing water or liquid 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 must regularly test liquid level sensing devices to ensure proper operation (40 CFR 112.8(c)(8)(v)).
- (*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- 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 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
1.0 Tank Containment			
1.1 Containment structure in satisfactory condition?	Yes	No*	
1.2 Drainage pipes/valves fit for continued service	Yes N/A	No*	
2.0 Tank Foundation and Supports			
2.1 Evidence of tank settlement or foundation washout?	Yes*	No	
2.2 Cracking or spalling of concrete pad or ring wall?	Yes*	No	
2.3 Tank supports in satisfactory condition?	Yes	No*	
2.4 Water able to drain away from tank?	Yes	No*	
2.5 Grounding strap secured and in good condition?	Yes	No*	
3.0 Cathodic Protection			
3.1 CP system functional?	Yes	No*	n/a
3.2 Rectifier Reading:			
4.0 Tank External Coating			
4.1 Evidence of paint failure?	Yes*	No	
5.0 Tank Shell/Heads			
5.1 Noticeable shell/head distortions, buckling, denting or bulging?	Yes*	No	
5.2 Evidence of shell/head corrosion or cracking?	Yes*	No	
6.0 Tank Manways, Piping and Equipment within Secondary Containment			
6.1 Flanged connection bolts tight and fully engaged with no sign of wear or corrosion?	Yes	No*	
7.0 Tank Roof			
7.1 Standing water on	Yes*	No	
7.2 Evidence of coating cracking, crazing, peeling, blistering?	Yes*	No	
7.3 Holes in roof?	Yes*	No	

Item	Status		Comments
8.0 Venting			
8.1 Vents free of obstructions?	Yes	No*	
8.2 Emergency vent operable? Lift as required?	Yes	No*	
9.0 Insulated Tanks			
9.1 Insulation missing?	Yes*	No	
9.2 Are there noticable areas of moisture on the insulation?	Yes*	No	
9.3 Mold on insulation?	Yes*	No	
9.4 Insulation exhibiting damage?	Yes*	No	
9.5 Is the insulation sufficiently protected from water intrusion?	Yes	No*	
10.0 Level and Overfill Prevention Instrumentation of Shop-Fabricated Tanks			
10.1 Has the tank liquid level sensing device been tested to ensure proper operation?	Yes	No*	
10.2 Does the tank liquid level sensing device operate as required?	Yes	No*	
10.3 Are overfill prevention devices in proper working condition?	Yes N/A	No*	
11.0 Electrical Equipment			
11.1 Are tank grounding lines in good condition?	Yes N/A	No*	
11.2 Is electrical wiring for control boxes/lights in good condition?	Yes N/A	No*	

Additional Comments:

STI SP001 Portable Container Monthly Inspection Checklist

General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Containers Inspected (ID #'s): _____	

Inspection Guidance:

- 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 who is familiar with the site and can identify changes and developing problems.
- (*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- 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 36 months.

Item	Area: _____		Area: _____		Area: _____		Area: _____	
1.0 AST Containment/Storage Area								
1.1 ASTs within designated storage area?	Yes	No*	Yes	No*	Yes	No*	Yes	No*
1.2 Debris, spills, or other fire hazards in containment or storage area?	Yes*	No	Yes*	No	Yes*	No	Yes*	No
1.3 Water in outdoor secondary containment?	Yes*	No	Yes*	No	Yes*	No	Yes*	No
1.4 Drain valves operable and in a closed position?	Yes	No*	Yes*	No	Yes*	No	Yes*	No
1.5 Egress pathways clear and gates/doors operable?	Yes	No*	Yes*	No	Yes*	No	Yes*	No

