**California Aboveground Petroleum Storage Act  
Monthly Visual Inspection Checklist  
Tanks in Underground Areas-  
Tank Facility Storage Capacity Less Than 1,320 Gallons**

**I. IDENTIFICATION**

Facility Name (same as Business Name or DBA-Doing Business As):        
Facility Address:       City:       Zip Code:

Tank 1 ID:        
Tank 2 ID:        
Tank 3 ID:        
Tank 4 ID:

**II. TANK DETAILS**

Any item marked “No” requires additional information to describe the condition in the comments section and date the condition is corrected. Use additional pages if necessary. Check ‘NA’ box if not applicable.

**A. Primary Tank**

**1. Is tank exterior (roof, shell, ends, connections, fittings, valves, etc.) free of visible leaks? If “No”, identify tank and describe leak in the comments.**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**2. Is the tank liquid level gauge readable and in proper operating condition?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**3. Is the primary tank free of water or has another preventative measure been taken? Refer to Steel Tank Institute SP001 (6th Edition) Section 6.10 and 6.11 for alternatives for Category 1 tanks. NA is only applicable for these alternatives.**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**4. Is the area around the tank (concrete surfaces, ground containment, etc.) free of visible signs of leakage?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**B. Double-Walled Tank**

**5. Is the interstice for double-walled tank free of liquid? Remove liquid if found. If tank product found, investigate possible leak.**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**C. Equipment on Tank and Piping**

**6. Is piping (valves, fittings, connections, pumps, etc) free of visible leaks? If “No”, identify piping, location, and describe leak in the comments.**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**7. Is secondary containment for piping free of liquid? Check for alarms if equipped.**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**8. Is overfill protection (overfill valve, audible alarm, etc.) in proper operating condition? Verify operation of alarm(s) if equipped.**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**9. Are ladders, platforms, and/or walkways secure with no signs of severe corrosion or damage?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**10. Is the spill containment box on fill pipe empty, free of visible leaks, and in proper operating condition?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**D. Secondary Containment (Diking/Impounding)**

**11. Is the containment free of liquid, debris, cracks, erosion, fire hazards, and other integrity issues?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**12. Are drain valves closed and in proper operating condition?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**E. Other Conditions**

**13. Is the system free of any other conditions that need to be addressed for continued safe operation or that may affect the facility’s SPCC Plan?**

Tank 1 Yes  No  NA  Date Corrected:

Tank 2 Yes  No  NA  Date Corrected:

Tank 3 Yes  No  NA  Date Corrected:

Tank 4 Yes  No  NA  Date Corrected:

Comments:

**III. INSPECTOR INFORMATION**

Signature:

Print Name:

Date: