**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: