UST WALKTHROUGH INSPECTIONS CHECKLIST

Site Name	Site Address	Facility ID #

- > Initial each box to indicate the equipment was inspected, as described. Use NA if the equipment inspection does not apply to the site.
- > Take action for any alarms, damaged equipment and non-normal operating conditions; note actions taken on page two. Immediately report all fails of any monitoring equipment to WVDEP

YEAR:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Date of Inspection												
REQUIRED MONTHLY												
Spill bucket (s) checked for damage and cracks*. Liquid and/or debris removed.												
Fill pipe(s) checked for obstructions. Removed, if found.												
Fill cap(s) securely fitted on fill pipe(s).												
Leak Detection equipment checked for alarms and normal operating condition.												
For Double walled spill prevention equipment with interstitial monitoring check for a leak in the interstitial area												
Leak detection records are reviewed for non-leaking results and kept for twelve months. Suspected leaks were reported.												
REQUIRED ANNUALLY												
Containment sump(s) checked for damage and presence of liquid in containment area or environment.												
Liquid/debris has been removed.												
For Double walled sumps with interstitial monitoring check for leak in the interstitial area												
If using hand held monitoring devices (gauge stick, bailer, etc.), checked condition to ensure proper operability and serviceability.												

^{*}If a tank receives deliveries at intervals greater than 30 days, the spill bucket check may instead be conducted prior to each delivery. To be eligible for this option, include a copy of each delivery receipt with this form. If spill bucket is cracked it must be reported to WVDEP immediately.

Monthly and Annual Walk through Report Form - Page 2 of 2	Facility ID:	

Date Action Taken	