

**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)		INSPECTION DATE
FACILITY ADDRESS	CITY	ZIP CODE
TANK 1 ID	TANK 2 ID	TANK 3 ID

**II. TANK DETAILS**

**Any item marked "NO" requires additional information to describe the condition and date the condition is corrected.**  
Use additional pages if necessary.

Item	Status	Comments / Date Corrected			
		Tank 1	Tank 2	Tank 3	
<b>Primary Tank</b>					
<b>1</b>	Is tank exterior (roof, shell, ends, connections, fittings, valves, etc.) free of visible leaks? <i>Note: If "No", identify tank and describe leak.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Is the tank liquid level gauge readable and in proper operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>3</b>	Is the primary tank free of water or has another preventative measure been taken? <i>Note: Refer to SP001 (6<sup>th</sup> ed.) Section 6.10 &amp; 6.11 for alternatives for Category 1 tanks. NA is only appropriate for these alternatives.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>4</b>	Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Double-Walled Tank</b>					
<b>5</b>	Is the interstice for double-wall tank free of liquid? Remove liquid if found. If tank product found, investigate possible leak	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Equipment on Tank and Piping</b>					
<b>6</b>	Is piping (valves, fittings, connections, pumps, etc.) free of visible leaks? <i>Note: If "No", identify piping, location and describe leak.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>7</b>	Is secondary containment for piping free of liquids? Check for alarms if equipped.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>8</b>	Is overfill prevention equipment (overfill valve, audible alarm, etc.) in proper operating condition? <i>Note: Verify operation of alarms.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>9</b>	Are ladders/platforms/walkways secure with no sign of severe corrosion or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>10</b>	Is the spill containment box on fill pipe empty, free of visible leaks and in proper operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Secondary Containment (Diking/Impounding)</b>					
<b>11</b>	Is the containment free of liquid, debris, cracks, erosion, fire hazards and other integrity issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>12</b>	Are drain valves closed and in proper operating condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Other Conditions</b>					
<b>13</b>	Is the system free of any other conditions that need to be addressed for continued safe operation or that may affect the site's SPCC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**III. INSPECTOR INFORMATION**

SIGNATURE OF INSPECTOR	PRINT NAME OF INSPECTOR	DATE (MM/DD/YYYY)
------------------------	-------------------------	-------------------