

UST Inspection Checklist

Facility Name:	Facility ID#:
----------------	---------------

Please complete all applicable pages and questions for each UST system. If the facility has more than 5 UST systems, please attach additional pages.

Is each UST system storing biofuels (>E10 or >B20) confirmed by owner/operator (O/O) to be compatible with biofuel stored?
Note: Inspector to distribute to O/O: "Underground Storage Tank Biofuel Installation/Conversion Checklist
<http://deq.mt.gov/.../CompatibilityChecklist.pdf> YES NO

Tag #	Tag #	Tag #	Tag #	Tag #
<input type="checkbox"/> >B20 >E10 GAS DIESEL OTHER	<input type="checkbox"/> >B20 >E10 GAS DIESEL OTHER	<input type="checkbox"/> >B20 >E10 GAS DIESEL OTHER	<input type="checkbox"/> >B20 >E10 GAS DIESEL OTHER	<input type="checkbox"/> >B20 >E10 GAS DIESEL OTHER

1	Is the UST system <u>notified</u> ? All underground tanks and underground piping connected to aboveground tanks must be notified. (Compare to Facility Summary Report)															
2	Does the facility have a valid certification of financial responsibility on file? https://deq.mt.gov/files/Land/UST/Documents/PDFfiles/CERTFR.pdf															
3	Is a valid Operating Permit visibly posted or readily available?															
4	Is a valid Permanent NON-Expiring Tag attached to the tank or underground piping system?															
5	Is there at least one Class A operator trained for this facility?	Name: _____														
6	Is there at least one Class B operator trained for this facility?	Name: _____														
7	Is there at least one Class C operator trained for this facility?	Name: _____														
8	Is UST system presently in use? If not in use, enter date last used:															
9	If not in use, is there one inch or less of product in the tank verified by measurement?															
10	Are spill and overfill protection devices required? (Spill and overfill are not required if all fills are less than 25 gallons at a time)															
11	Is an approved spill protection device installed?															
12	Are records available showing spill buckets have passed a liquid tightness test within the last 3 years? Submit test results.															
13	Are spill buckets clean with no liquid or debris?															
14	Is an approved overfill protection device installed with records available showing each has passed a functionality test within the last 3 years? If "YES" , what type? Check all that apply. FV= flapper valve, BFVV=ball float vent valve; HLA=high level alarm; O=other. Submit test results with inspection.	<input type="checkbox"/> FV BFVV HLA O	<input type="checkbox"/> FV BFVV HLA O	<input type="checkbox"/> FV BFVV HLA O												
15	Is product dispensed 24 hours a day?															
16	Is the UST facility manned 24 hours per day?															
17	Do any of the fill pipes have a horizontal component (Remote fill)?															
18	Does the vent standpipe terminate at least 12' above the ground or, if applicable, 3' above the roofline or canopy?															
19	Is the storage tank an AST, mounded or higher in elevation than any dispenser?															
20	If question #19 is marked "YES" , is a liquid shut-off device (solenoid or anti-siphon valve) located in the product line between tank and the underground portion of the piping? (Show location on the site diagram- REQUIRED)															
21	Are monthly walkthrough reports available for the last 12 months?															
22	<p>If question #21 is "NO", select the months in which walk through inspection records are not available. 1 = Jan, 2 = Feb, etc.</p> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12			
1	2	3														
4	5	6														
7	8	9														
10	11	12														
23	Are shear valves properly anchored? (Pressurized piping only)															

(Inspector Initial)	(Date)	(Owner/Operator Initial)	(Date)
---------------------	--------	--------------------------	--------