	STATE OF TENNESSEE **DEPARTMENT OF ENVIRONMENT AND CONSERVATION** # Monthly Spill Bucket Inspection Log	**DIVISION OF UNDERGROUND STORAGE TANKS** **4TH Floor, L & C Tower** **401 Church Street** **Nashville, TN 37243-1541**

Instructions

Tennessee Underground Storage Tank Rules require that visual inspections be made of all spill buckets on a monthly basis. In accordance with these rules, spill catchment basins shall be visually inspected by the owner and/or operator at least once a month to assure the integrity of the storage space provided for spill containment. A log of these inspections showing at a minimum the last twelve (12) months shall be maintained by the owner and/or operator.

- This form shall be utilized to record the results of visual inspections of each spill bucket at the facility once each month.
- A separate form should be used for each facility. The year the spill bucket inspections are performed shall be recorded in the space provided.
- The front of this form has space for up to six spill buckets. If there are more than six spill buckets at this facility, use the back of this form or make additional copies.
- If no standing liquid, debris or spill bucket defects (cracks, torn connectors, etc.) are noted, write "**OK**" in the appropriate column and row.
- If any standing liquid, debris or spill bucket defects are noted, write "**Not OK**" in the appropriate column and indicate what action was taken.
- If there are spill bucket defects and indications of released petroleum, it must be reported as a suspected release within 72 hours in accordance with Division regulations.
- Maintain the last 12 months of these inspections and have them available for state inspection.

UST FACILITY INFORMATION		
NAME:	FACILITY ID #:	YEAR:
ADDRESS:	CITY:	ZIP:

Checked MM/DD/YY	**Monthly Spill Bucket Visual Inspections** Record condition in each block for the appropriate spill bucket (SB)						Action taken if SB not OK
	SB # 1	**SB # 2**	**SB # 3**	**SB # 4**	**SB # 5**	**SB # 6**	

Use this side for additional spill buckets present at this location.

Please indicate spill bucket number in the space provided. Use additional sheets for this location if necessary.

Checked MM/DD/YY	**Monthly Spill Bucket Visual Inspections** Record condition in each block for the appropriate spill bucket (SB)						Action taken if SB not OK
	SB # ___	**SB # ___**	**SB # ___**	**SB # ___**	**SB # ___**	**SB # ___**	