

## STI SP001 AST Record

OWNER INFORMATION	FACILITY INFORMATION	INSTALLER INFORMATION
Name	Name	Name
Number and Street	Number and Street	Number and Street
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code

<b>TANK ID</b> _____			
<b>SPECIFICATION:</b>			
Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
	<input type="checkbox"/> API _____	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Unknown		
<b>Manufacturer:</b>	<b>Contents:</b>	<b>Construction Date:</b>	<b>Last Repair/Reconstruction Date:</b>
<b>Dimensions:</b>	<b>Capacity:</b>	<b>Last Change of Service Date:</b>	
<b>Construction:</b>	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____		
	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other
	<input type="checkbox"/> Double Bottom	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Lined Date Installed: _____
<b>Containment:</b>	<input type="checkbox"/> Earthen Dike <input type="checkbox"/> Steel Dike <input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____		
<b>CRDM:</b>	<input type="checkbox"/>	<b>Date Installed:</b> _____	<b>Type:</b> _____
<b>Release Prevention Barrier:</b>	<input type="checkbox"/>	<b>Date Installed:</b> _____	<b>Type:</b> _____

<b>TANK ID</b> _____			
<b>SPECIFICATION:</b>			
Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
	<input type="checkbox"/> API _____	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Unknown		
Manufacturer:	Contents:	Construction Date:	Last Repair/Reconstruction Date:
Dimensions:	Capacity:	Last Change of Service Date:	
Construction:	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____		
	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other
	<input type="checkbox"/> Double Bottom	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Lined Date Installed: _____
Containment:	<input type="checkbox"/> Earthen Dike	<input type="checkbox"/> Steel Dike	<input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____
CRDM:	<input type="checkbox"/> Date Installed: _____	Type: _____	
Release Prevention Barrier:	<input type="checkbox"/> Date Installed: _____	Type: _____	

<b>TANK ID</b> _____			
<b>SPECIFICATION:</b>			
Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
	<input type="checkbox"/> API _____	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Unknown		
Manufacturer:	Contents:	Construction Date:	Last Repair/Reconstruction Date:
Dimensions:	Capacity:	Last Change of Service Date:	
Construction:	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____		
	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other
	<input type="checkbox"/> Double Bottom	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Lined Date Installed: _____
Containment:	<input type="checkbox"/> Earthen Dike	<input type="checkbox"/> Steel Dike	<input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____
CRDM:	<input type="checkbox"/> Date Installed: _____	Type: _____	
Release Prevention Barrier:	<input type="checkbox"/> Date Installed: _____	Type: _____	

<b>TANK ID</b> _____			
<b>SPECIFICATION:</b>			
Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
	<input type="checkbox"/> API _____		
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____	
Manufacturer:	Contents:	Construction Date:	Last Repair/Reconstruction Date:
Dimensions:	Capacity:	Last Change of Service Date:	
Construction:	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____		
	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other
	<input type="checkbox"/> Double Bottom	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Lined Date Installed: _____
Containment:	<input type="checkbox"/> Earthen Dike	<input type="checkbox"/> Steel Dike	<input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____
CRDM:	<input type="checkbox"/>	Date Installed:	Type:
Release Prevention Barrier:	<input type="checkbox"/>	Date Installed: _____	Type: _____

<b>TANK ID</b> _____			
<b>SPECIFICATION:</b>			
Design:	<input type="checkbox"/> UL _____	<input type="checkbox"/> SWRI _____	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular
	<input type="checkbox"/> API _____		
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____	
Manufacturer:	Contents:	Construction Date:	Last Repair/Reconstruction Date:
Dimensions:	Capacity:	Last Change of Service Date:	
Construction:	<input type="checkbox"/> Bare Steel <input type="checkbox"/> Cathodically Protected (Check one: A. <input type="checkbox"/> Galvanic or B. <input type="checkbox"/> Impressed Current) Date Installed: _____		
	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Concrete	<input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Other
	<input type="checkbox"/> Double Bottom	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Lined Date Installed: _____
Containment:	<input type="checkbox"/> Earthen Dike	<input type="checkbox"/> Steel Dike	<input type="checkbox"/> Concrete <input type="checkbox"/> Synthetic Liner <input type="checkbox"/> Other _____
CRDM:	<input type="checkbox"/>	Date Installed:	Type:
Release Prevention Barrier:	<input type="checkbox"/>	Date Installed: _____	Type: _____

## STI SP001 Monthly Inspection Checklist

### General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Tanks Inspected (ID #'s): _____	

### Inspection Guidance:

- For equipment not included in this standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a certified inspector. It shall be performed by an owner's inspector who is familiar with the site and can identify changes and developing problems.
- Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- (\*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a certified inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
- Retain the completed checklists for 36 months.
- **In the event of severe weather (snow, ice, wind storms) or maintenance (such as painting) that could affect the operation of critical components (normal and emergency vents, valves), an inspection of these components is required immediately following the event.**

Item	Status	Comments
<b>1.0 Tank Containment</b>		
1.1 Water in primary tank, secondary containment, interstice, or spill container?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
1.2 Debris or fire hazard in containment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
1.3 Drain valves operable and in a closed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
1.4 Containment egress pathways clear and gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	



# STI SP001 Annual Inspection Checklist

## General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Tanks Inspected (ID #'s): _____	

## Inspection Guidance:

- For equipment not included in this standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a certified inspector. It shall be performed by an owner's inspector who is familiar with the site and can identify changes and developing problems.
- Inspect the AST shell and associated piping, valves, and pumps including inspection of the coating for Paint Failure.
- Inspect:
  1. Earthen containment structures including examination for holes, washout, and cracking in addition to liner degradation and tank settling.
  2. Concrete containment structures and tank foundations/supports including examination for holes, washout, settling, paint failure, in addition to examination for corrosion and leakage.
  3. Steel containment structures and tank foundations/supports including examination for washout, settling, cracking, and for paint failure, in addition to examination for corrosion and leakage.
- Inspection of cathodic protection system, if applicable, includes the wire connections for galvanic systems and visual inspection of the operational components (power switch, meters, and alarms) of impressed current systems.
- Remove promptly upon discovery standing water or liquid in the primary tank, secondary containment area, interstice, or spill container. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
- In order to comply with EPA SPCC (Spill Prevention, Control and Countermeasure) rules, a facility must regularly test liquid level sensing devices to ensure proper operation (40 CFR 112.8(c)(8)(v)).
- (\*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a certified inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
- Retain the completed checklists for 36 months.
- Complete this checklist on an annual basis supplemental to the owner monthly-performed inspection checklists.
- **Note: If a change has occurred to the tank system or containment that may affect the SPCC plan, the condition should be evaluated against the current plan requirement by a Professional Engineer knowledgeable in SPCC development and implementation.**

Item	Status	Comments
<b>1.0 Tank Containment</b>		
1.1 Containment structure in satisfactory condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
1.2 Drainage pipes/valves fit for continued service	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	
<b>2.0 Tank Foundation and Supports</b>		
2.1 Evidence of tank settlement or foundation washout?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
2.2 Cracking or spalling of concrete pad or ring wall?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
2.3 Tank supports in satisfactory condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2.4 Water able to drain away from tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2.5 Grounding strap secured and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
<b>3.0 Cathodic Protection</b>		
3.1 CP system functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> n/a	
3.2 Rectifier Reading:		
<b>4.0 Tank External Coating</b>		
4.1 Evidence of paint failure?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
<b>5.0 Tank Shell/Heads</b>		
5.1 Noticeable shell/head distortions, buckling, denting or bulging?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
5.2 Evidence of shell/head corrosion or cracking?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
<b>6.0 Tank Manways, Piping and Equipment within Secondary Containment</b>		
6.1 Flanged connection bolts tight and fully engaged with no sign of wear or corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
<b>7.0 Tank Roof</b>		
7.1 Standing water on	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
7.2 Evidence of coating cracking, crazing, peeling, blistering?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
7.3 Holes in roof?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	

Item	Status	Comments
<b>8.0 Venting</b>		
8.1 Vents free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
8.2 Emergency vent operable? Lift as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
<b>9.0 Insulated Tanks</b>		
9.1 Insulation missing?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
9.2 Are there noticable areas of moisture on the insulation?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
9.3 Mold on insulation?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
9.4 Insulation exhibiting damage?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
9.5 Is the insulation sufficiently protected from water intrusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
<b>10.0 Level and Overfill Prevention Instrumentation of Shop-Fabricated Tanks</b>		
10.1 Has the tank liquid level sensing device been tested to ensure proper operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
10.2 Does the tank liquid level sensing device operate as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
10.3 Are overfill prevention devices in proper working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	
<b>11.0 Electrical Equipment</b>		
11.1 Are tank grounding lines in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	
11.2 Is electrical wiring for control boxes/lights in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A	

**Additional Comments:**

---



---



---



---



---



---



---



# STI SP001 Portable Container Monthly Inspection Checklist

## General Inspection Information:

Inspection Date: _____	Retain Until Date: _____ (36 months from inspection date)
Prior Inspection Date: _____	Inspector Name: _____
Containers Inspected (ID #'s): _____	

## Inspection Guidance:

- For equipment not included in this standard, follow the manufacturer recommended inspection/testing schedules and procedures.
- The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a certified inspector. It shall be performed by an owner's inspector who is familiar with the site and can identify changes and developing problems.
- (\*) designates an item in a non-conformance status. This indicates that action is required to address a problem.
- Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a certified inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
- Retain the completed checklists for 36 months.

Item	Area: _____	Area: _____	Area: _____	Area: _____
<b>1.0 AST Containment/Storage Area</b>				
1.1 ASTs within designated storage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes <input type="checkbox"/> No*
1.2 Debris, spills, or other fire hazards in containment or storage area?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
1.3 Water in outdoor secondary containment?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
1.4 Drain valves operable and in a closed position?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No
1.5 Egress pathways clear and gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

