

# Operator's Checklist



## Visual Monthly Inspections

(Non-Dispensing Facilities Only)

### Underground Storage Tank Systems.

RSA 146-C:19 requires monthly visual inspections by or under the direction of the Class B operator at an Underground Storage Tank facility.

Date of Inspection: \_\_\_\_\_

UST Facility ID Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Name of person conducting inspection: \_\_\_\_\_

Name of Class B operator directing the inspection \_\_\_\_\_

if true ;  if false; **Y** to indicate corrective work was completed; **N/A** if not applicable

	1	2	3	4	5
(1) Each vent riser shows no visible damage.					
<b>Repaired?</b>					
(2) Each vent cap shows no visible damage					
<b>Replaced?</b>					
(3) Each spill bucket shows no presence of oil, water, or debris, <b>Removed and disposed of content in accordance with all applicable federal, state, and local requirements?</b>					
(4) Each fill adaptor cap is not loose, and shows presence of a gasket and tightness of fit. <i>(circle one)</i> <b>Tightened, repaired or replaced?</b>					
(5) Each fill adaptor shows tightness of fit. <i>(circle one)</i> <b>Tightened or replaced?</b>					
(10) Each oil transfer and dispensing area shows no presence of oil spills. <i>(circle one)</i> <b>Reported and remediate any spill in accordance with all applicable federal, state, and local requirements?</b>					
(11) Each leak, interstitial and product monitoring system enunciation panel is operating properly. <i>(circle one)</i> <b>Repaired or replaced?</b>					

The certified operator shall document each monthly maintenance inspection, including all findings and repairs made. Please keep this form with your records for a period of no less than 3 years.

Repair or Maintenance Notes:

---

---

---

---

---

---

I have forwarded this inspection checklist to

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Town/ State: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

Signature of Inspector \_\_\_\_\_