

## Underground Storage Tank Sump And Spill Bucket Inspection Checklist

Name: \_\_\_\_\_ Date/Time Of Inspection: \_\_\_\_\_

Comments or Follow-Up Needed:

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Choose yes or no for each question that applies.  
 Choosing no on any item indicates a problem that should be corrected.  
 When you have corrected the problem, check the fixed box.

<b>Turbine/Transition/Intermediate Sumps</b>	Sump No.: _____			Sump No.: _____			Sump No.: _____			Sump No.: _____		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Are The Lids Tight And Sealed Correctly?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are The Sump Walls Intact?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Sump Free Of Debris, Liquid, Or Ice?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Sump Free Of Cracks Or Holes?*			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are Sump Components Leak-Free (No Leak Or Drips)?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Sump Free Of Staining/New Staining?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are The Sensors Positioned Correctly?*			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are All Penetrations Into The Sump In Good Condition?*			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are Test Boots Positioned Correctly / Good Condition?*			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Piping And Other Equipment In Good Condition?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<b>Dispenser Sumps</b>	Dispenser No.: _____			Dispenser No.: _____			Dispense No.: _____			Dispenser No.: _____		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Is Sump Free Of Debris, Liquid, Ice?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Sump Free Of Cracks Or Holes?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are Sump Components Leak-Free (No Leak Or Drips)?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Sump Free Of Staining/New Staining?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are The Sensors Positioned Correctly?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are All Penetrations Into The Sump In Good Condition?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are Test Boots Positioned Correctly / Good Condition?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Piping And Other Equipment In Good Condition?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<b>Spill Buckets</b>	Bucket No.: _____			Bucket No.: _____			Bucket No.: _____			Bucket No.: _____		
	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?	Yes	No	Fixed?
Are The Lids To Your Spill Buckets In Good Condition?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Spill Bucket Free Of Debris, Liquid, Or Ice?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Is The Spill Bucket Free Of Cracks Or Holes?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
Are The Drain Valves Operational?			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>

\*Only for contained sumps