

Operator's Checklist



Visual Monthly Inspections

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: 0112503

Facility Name: Lebanon Shell

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. Repaired?					
(2) Each pressure/vacuum vent cap and/or rain cap shows no visible damage. Replaced?					
(3) Each spill bucket shows no presence of oil, water, or debris & outerwall dry. Removed and disposed of content in accordance with all applicable federal, state, and local requirements?					
(4) Each coaxial fill adaptor cap, two-point fill adaptor cap, and dry break adaptor cap is not loose, and shows presence of a gasket and tightness of fit. <i>(circle one)</i> Tightened, repaired or replaced?					
(5) <i>Each coaxial fill adaptor, two-point fill adaptor, and dry break adaptor shows tightness of fit.</i> <i>(circle one)</i> Tightened or replaced?					
(6) Each dry break poppet valve shows a continuous seal, that depresses evenly across the valve seat, and reseats properly. <i>(circle one)</i> Repaired or replaced?					
(7) Each motor fuel dispenser hose shows no tears, leaks, holes, kinks, crimps or defects of any kind. Replaced?					
(8) Each motor fuel dispenser nozzle shows no leaks, obstruction of vapor or defects of any kind. Replaced?					

Facility Name: Lebanon Shell

Inspection Date: _____

1 2 3 4 5

(9) Each motor fuel dispenser cabinet interior and sump shows no evidence of leaking components and shows no oil, water, or debris present.					
Repair and disposed of content in accordance with all applicable federal, state, and local requirements?					
(10) Each oil transfer and dispensing area shows no presence of oil spills.					
<i>(circle one)</i> Reported and remediate any spill in accordance with all applicable federal, state, and local requirements?					
(11) Each leak, interstitial and product monitoring system enunciation panel is operating properly (ie: Leak Monitor).					
<i>(circle one)</i> Repaired or replaced?					

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 _____