

# 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: 0110414

Facility Name: Shell Fastop

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 pressure/vacuum vent cap and/or rain cap shows no visible damage. <b>Replaced?</b>					
(3) Each spill bucket shows no presence of oil, water, or debris <b>&amp; outerwall dry.</b> <b>Removed and disposed of content in accordance with all applicable federal, state, and local requirements?</b>					
(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> <b>Tightened, repaired or replaced?</b>					
(5) <i>Each coaxial fill adaptor, two-point fill adaptor, and dry break adaptor shows tightness of fit.</i> <i>(circle one)</i> <b>Tightened or replaced?</b>					
(6) Each dry break poppet valve shows a continuous seal, that depresses evenly across the valve seat, and reseats properly. <i>(circle one)</i> <b>Repaired or replaced?</b>					
(7) Each motor fuel dispenser hose shows no tears, leaks, holes, kinks, crimps or defects of any kind. <b>Replaced?</b>					
(8) Each motor fuel dispenser nozzle shows no leaks, obstruction of vapor or defects of any kind. <b>Replaced?</b>					

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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.					
<b>Repair and disposed of content in accordance with all applicable federal, state, and local requirements?</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 (ie: Leak Monitor).					
<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:

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I have forwarded this inspection checklist to

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

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

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

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

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

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