

30-day & Annual Walkthrough Inspection Form

Site # _____

Facility Name: _____

Facility Address: _____

Facility City/State: _____

30-day Walkthrough - Spill Prevention Equipment – following items checked:

- Visually checked for any damage to spill bucket, damaged/repair in comments below
- Removed any liquid/debris
- Checked for and removed obstructions in the fill pipe
- Checked fill cap is securely on fill pipe, if not, it was repaired
- Checked for leak in interstitial area if facility has double-walled spill equipment, if leak observed, documented below of resolution

30-day Walkthrough - Release Detection Systems – following items checked:

- Checked if release detection had any alarms/unusual operating conditions and corrected
- Checked to make sure leak detection records current and reviewed

Month	Date Walkthrough Completed	By: (Initials)	Comments/Issues
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Annual Walkthrough - For “required” Containment Sumps – following items checked:

- Visually checked for any damage to containment sump, leaks into the containment sump area and releases to the environment, damaged/repair/leaks noted in comments below
- Removed any liquid/debris
- Checked for leak in interstitial area if facility has double-walled containment sumps, if leak observed, documented below of resolution

Annual Walkthrough - Hand-held Release Detection Equipment – following item checked:

- Checked gauge stick for operability and serviceability (not worn) and corrected, if needed

Date Annual Walkthrough Completed: _____ By Who (Initials): _____

Additional Space for Comments/Explanation of Repairs (attach additional page or use back of form):