

Attachment B: Monthly Facility Inspection Checklist

Date: 05/21/2021 Time: 10:33 AM	X = Satisfactory N/A = Not Applicable 0 = Repair or Adjustment Required C = Comment Under Remarks/Recommendation
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ITEM	AST's
Check nozzle drip containers for fluid level. Empty if necessary. Record Tank number here if the unit was drained.	X
Comments: Tank was at a reasonable level. There was no need to empty it.	
LOADING/UNLOADING AREAS	TRUCKS
Warning signs posted	X
No leaks in fill hose connections/nozzles	0
Comments: There was a small crack in the fill hose. Replace or repair hose.	
Dispenser connections free of leaks	X
Catch pans free of contamination	X
Fill hoses properly hung (locked at end of shift/weekends)	X
ITEM	SECURITY
Gates have locks (locked at end of shift/weekends)	X
Fuel ASTs locked after hours	X
Starter controls for dispensers locked when not in use	X
Lighting is working properly	0
Comments: Some of the building lighting needs to be replaced. Dark in some areas.	
Lube Shed locked after working hours	X
Boundary fence intact	X
Cameras - Video recording system intact and operational	X
ITEM	TRAINING
Training records are in order (monthly check)?	0
Comments: Training records are a little patchy. Keep track of training more closely.	
At least once per year a spill prevention briefing held (monthly check)	X

Additional Notes
Facility is generally safe. Just a few things that require some attention.

Inspector:	Michael Oakeson	Inspector	<i>Michael Oakeson</i>	05/21/2021
	(Print Name)	(Title)	(Signature)	(Date)

*note that in addition to this form, the STI SP001 Monthly Inspection Checklist is also completed

PHOTO ATTACHMENTS

