

DRAFT ADEM
ANNUAL WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR _____

Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655

Facility Name:	Owner:
Address:	Address:
City, County, Zip:	City, State, Zip:
Facility I.D. #:	Phone #:
Inspector Name:	Inspector Phone #:
Inspector Company:	

Instructions

1. This form allows you to record up to 5 ADEM Unique Tank Numbers, assuming that the Facility ID Number remains the same.
2. Complete portion of form pertaining to type of equipment inspected for each tank.
3. Inspection must be performed in accordance with a nationally recognized code of practice (such as PEI RP-900, or equivalent), manufacturer's instructions, or ADEM requirements.
4. Keep a record copy of this inspection for 1 year.

ADEM Unique Tank #			
Product Stored			

Containment Sump Inspection

Type of containment sump inspected	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser	<input type="checkbox"/> sub pump <input type="checkbox"/> intermediate <input type="checkbox"/> dispenser
Visually checked sump for damage?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Integrity of both walls of double walled sump verified by checking interstitial space for leaks?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Sump checked for leaks of water or fuel into the containment area?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Water, fuel and/or debris found in sump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Water, fuel and/or debris removed from sump and disposed of properly?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Visually checked sump for any releases to the environment?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
All penetrations (boots, conduits, etc.) into sump in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Piping interstitial space open to sump to allow piping leak of product to enter sump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Sensors positioned properly near bottom of sump?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Visible piping in good condition?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Inspector's initials and date inspected	/ /	/ /	/ /	/ /	/ /

Hand Held Release Detection Equipment Inspection

Type of hand held release detection equipment	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):	<input type="checkbox"/> gauge stick <input type="checkbox"/> groundwater bailer <input type="checkbox"/> other (specify):
Results of operability and serviceability Inspection	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail	<input type="checkbox"/> pass <input type="checkbox"/> fail
Inspector's initials and date inspected	/ /	/ /	/ /	/ /	/ /

Repairs Needed	Date of Repair	Description of any Repairs