

**DRAFT ADEM
ANNUAL WALKTHROUGH INSPECTION CHECKLIST LOG FOR YEAR _____**

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

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. Sites with safe suction piping are not required to complete the containment sump inspection portion of this form. For sites with safe suction piping and no hand held release detection equipment, completion of this form is not required.
5. Keep a copy of this inspection for 1 year. Questions on how to complete this form should be directed to the Groundwater Branch, UST Compliance Section at (334) 270-5655.

ADEM Unique Tank # or Dispenser #					
Product Stored					
Is the Site Using Interstitial Leak Detection for Piping?	<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

Visual 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
Is the sump an earthen 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
Is the 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
Is there evidence of a release? (If release found, report it to ADEM)	<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
Is the Sump free of damage?	<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
Is the Sump free of water, fuel, and/or debris?	<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
Water, fuel and/or debris removed 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
Are penetrations (boots, conduits, etc.) into sump in good condition?	<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
Is primary piping interstitial space open, or test boots positioned, to allow product to enter sump?	<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
Are the sensors properly positioned near bottom of sump?	<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
If double walled sump, is interstitial space free of liquid?	<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
Results of sump 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

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 equipment 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

Repairs Needed	Date of Repair	Description of any Repairs

Inspector's Signature: _____