



SAFE T FIRST

Aboveground Storage Tank Monthly Inspection

Dealership: _____

Inspector: _____

PBS#: _____

Month / Year: _____

***** T A N K N U M B E R *****

Enter Tank Number as it reads on permit →

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Comments

Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N

Is tank exterior/dike free of rust, and surrounding area free of visible leaks?

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Is the tank product level gauge, alarm and overflow prevention equipment readable/audible and in good working condition?

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Is the tank identified with design & working capacity, ID # and color coded if applicable?

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Does the facility conduct monthly inspections for all AST systems?

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Containment (Diking/Impounding)

Is the containment (dike) free of liquid, debris, and flammable materials?

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Are dike drain valves closed, locked, and in good working condition?

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Double-Wall Tanks...

Is interstice free of liquid?

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Is interstitial monitoring equipment in good working condition?

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6 NYCRR Part 613-4.3(e) requires that all ASTs be visually inspected at least monthly and records maintained for at least 3 years.