

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division
P.O. Box 30033, Lansing, MI 48909 Phone 517-241-8847

UNDERGROUND STORAGE TANK OPERATIONAL FACILITY INSPECTION FORM
B Operator quarterly inspection checklist

INSTRUCTIONS: Section 280.36 (3) of the Michigan Underground Storage Tank Rules (MUSTR) requires owners and operators of underground storage tanks (UST) to perform required checks of their UST systems and to attest to their findings. This form, a form acceptable to the department or an electronic form must be completed by the Class B operator and then provided to the Class A operator. The Class B operator shall alert the Class A operator of any conditions discovered during the inspection that may require follow-up actions. The completed form must be maintained (kept) by the Class A operator for at least 1 year. The form is NOT submitted to the Bureau of Fire Services, Storage Tank Division. Please direct questions to the Storage Tank Division, at 517-241-8847.

FACILITY NAME		FACILITY ID NUMBER	
FACILITY STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CONTACT PERSON	
AREA CODE & TELEPHONE NUMBER ()		CITY	
CITY	COUNTY	STATE MI	ZIP CODE
OWNER NAME		OWNER ADDRESS	
AREA CODE & TELEPHONE NUMBER ()		CITY	
CITY	STATE	ZIP CODE	

INITIAL BESIDE EACH STATEMENT THAT APPLIES:

- _____ Verification of proper tank registration including proper certificate posting.
- _____ Verification of functional status of corrosion protection equipment if required and present, including proper cathodic protection system readings in the case of impressed current corrosion protection systems.
- _____ Verification of functional status of release detection equipment including reviewing the alarm history report for the previous 3 months, and checking that each alarm condition was documented and responded to appropriately. A copy of the alarm history report or log, along with documentation describing action taken in response to any alarm(s), shall be attached to the monthly report.
- _____ Results of inspection for the presence of product, water, or debris in the spill containers and verifying the functional status of leak prevention equipment, such as spill and overflow, inspection of fill riser for damage and obstructions, inspection of fill riser cap for secure fit, and if applicable check of interstice of double wall spill containers.
- _____ Results of inspection for the presence of product, water, or debris in under dispenser containment areas or containment sumps, and checking that the monitoring equipment in these containment areas is located in the proper position to detect a leak at the earliest possible opportunity, and verification that all liquid and debris, if present, were removed from containment areas.

_____ Results of checks to ensure operability and serviceability of devices such as tank gauge sticks or groundwater bailers

_____ Verification that any required testing, monitoring, or periodic inspections of the UST systems have been completed, including documentation of the dates those activities occurred. (i.e.: Impact/fire safety valve, mechanical leak detector, annual piping testing, etc.)

_____ Verification of the presence of all required records necessary to substantiate operational compliance.

_____ Notice to the Class A operator of any deficiencies or noncompliance with any of the above items and any recommendations made to remedy any deficiencies or noncompliance discovered during the site visit, including any prior recommendations that have not been addressed within 60 days or another time frame determined by the department.

Provide an explanation for any of the above statements left incomplete:

I attest that this inspection was done in accordance with Section 280.36 (3) of the Michigan Underground Storage Tank Rules (MUSTR). As a certified Class B operator, I am familiar with the information submitted in this report and all attached documents. Based upon my reasonable inquiry of those individuals responsible for obtaining the information, I believe the information in this report is, to the best of my knowledge, true, accurate and complete.

Print name & official title of Designated Class B Operator	Signature of Designated Class B Operator	Date
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