

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

This information is required under Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994. Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor punishable by imprisonment for not more than 6 months or fines of not more than \$500.00 or both and/or a civil fine not to exceed \$5,000.00 for each underground storage tank system for each day of violation.

INSTRUCTIONS: Section 280.13(c)(1) & (2) 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 3 years. 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	COUNTY	STATE MI	ZIP CODE
OWNER NAME	OWNER ADDRESS		AREA CODE & TELEPHONE NUMBER ()
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 month, 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.
- _____ 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.
- _____ 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 280.13(c)(1) & (2) 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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