Appendix 4
Underground Storage Tank
Designated UST Operator Visual Inspection Report Form

1. FACILITY INFORMATION		
CERS ID	Inspection Date	
Facility Name		
Facility Address	City	ZIP Code

2. DESIGNATED UST OPERATOR INFORMATION		
Designated UST Operator Performing Inspection	Email Address	
Phone	ICC Certification	ICC Expiration Date

3. COMPLIANCE ISSUES

List and number all identified compliance issues. (See Cal. Code of Regs, tit. 23, § 2631, subd. (h)(2).)

4. CERTIFICATION BY DESIGNATED UST OPERATOR CONDUCTING INSPECTION

I hereby certify that this visual inspection was performed in compliance with California Code of Regulations, title 23, division 3, chapter 16, section 2631 and all information provided herein is accurate.

Designated UST Operator Signature	Date Form Provided to Owner/Operator

CERS = California Environmental Reporting System, ICC = International Code Council, ID = Identification, NA = Not Applicable, UDC = Under-Dispenser Containment, UST = Underground storage tank

5. OWNER / OPERATOR DESCRIPTION OF FOLLOW-UP ACTION

Number the follow-up actions to correspond to appropriate compliance issues from Section 3.

6. OWNER / OPERATOR ACKNOWLEDGEMENT OF INSPECTION RESULTS

I have reviewed the results of the Designated UST Operator Inspection Report and provided a description of the action(s) taken or to be taken to correct any compliance issues discovered.

Name of UST Owner/Operator (print)	
UST Owner/Operator Signature	Date Signed

7. INSPECTION HISTORY

	Yes	No	NA
Has each compliance issue in Section 3 from the previous Designated UST Operator Visual Inspection Report been completed appropriately? *(Attach documentation verifying appropriate service to this report.)*	☐	☐	☐

8. RELEASE DETECTION ALARM HISTORY

Attach a copy of the release detection alarm history report/log to this report.	Yes	No	NA
Is the monitoring system powered on and in proper operating mode?	☐	☐	
Has each alarm since the previous inspection been responded to appropriately? *(Attach documentation verifying appropriate service to this report.)*	☐	☐	☐
Have all containment sumps that have had an alarm since the previous designated UST operator inspection been responded to by a qualified service technician?	☐	☐	☐

All answers marked "No" must be described by the designated UST operator in ***Section 3.***

Designated UST Operator Visual Inspection Report Form

9. UST SYSTEM INSPECTION

Check boxes if continuation pages are attached: ☐ Appendix 4.1; ☐ Appendix 4.2; ☐ Appendix 4.3

List below and in Section 3 all containment sumps that have had a release detection alarm since the previous Designated UST Operator inspection which have not been responded to by a qualified service technician. Containment sumps listed below require a visual inspection for damage, water, debris, hazardous substance, and proper sensor location.

Is the **containment sump** free of damage, water, debris, and hazardous substances?

Containment Sump ID	Yes	No	Containment Sump ID	Yes	No
	☐	☐		☐	☐
	☐	☐		☐	☐

Are all sensors in visually inspected **containment sumps** located in the proper position to detect a release at the earliest possible opportunity?	☐	☐

Is the **spill containment** free of damage, water, debris, and hazardous substances? Is the fill pipe free of obstructions? Is fill cap securely on the fill pipe?

Spill Containment ID	Yes	No	Spill Containment ID	Yes	No
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐

Is the **UDC** free of damage, water, debris, and hazardous substances, and are all sensors located in the proper position to detect a release at the earliest possible opportunity? ☐ No UDC(s)

UDC ID	Yes	No	UDC ID	Yes	No
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐
	☐	☐		☐	☐

☐ Mechanical float mechanisms used in UDCs.

All answers marked "No" must be described by the designated UST operator in ***Section 3.***

10. TESTING AND MAINTENANCE

	Yes	No	NA	Due Date
Has release detection equipment testing been completed within the past 12 months?	☐	☐		
Has spill containment testing been completed within the past 12 months?	☐	☐		
Has overfill prevention equipment testing been completed within the past 36 months?	☐	☐	☐	
Has secondary containment testing been completed within the past 36 months?	☐	☐	☐	
Has line tightness testing been completed within the required timeframes?	☐	☐	☐	
Has cathodic protection testing been completed within the required timeframes?	☐	☐	☐	

11. FACILITY EMPLOYEE TRAINING

	Yes	No
Have all individuals performing facility employee duties received the required facility employee training within the past 12 months?	☐	☐

12. COMMENTS

This section may be used to record comments or observations that are not compliance deficiencies.

All answers marked "No" must be described by the designated UST operator in ***Section 3.***