

# Monthly Walkthrough Inspection Log

YEAR: 2017

Facility ID: *ST #####*

Facility Name: *ABC Gas Station*

Facility Address: *100 Main, Anytown, MO*

This log verifies that I have checked the spill bucket area and my release detection equipment.

Date	Staff Name/Initial	Release Detection	Spill Basin	Spill Bucket Gauge (double-walled only)	Action, if any
1/1	<i>HP</i>	√	√	<i>Green</i>	
2/1	<i>AO</i>	√	√	<i>Green</i>	
3/1	<i>DK</i>	√	√	<i>Green</i>	<i>Broken spill lid replaced</i>
4/1	<i>BE</i>	√	√	<i>Green</i>	
5/1	<i>ET</i>	√	√	<i>Green</i>	
6/1	<i>CA</i>	√	√	<i>Green</i>	
7/1	<i>HP</i>	√	√	<i>Green</i>	<i>ATG alarm- retest passed</i>
8/1	<i>AO</i>	√	√	<i>Green</i>	
9/1	<i>DK</i>	√	√	<i>Green</i>	
10/1	<i>BE</i>	√	√	<i>Green</i>	
11/1	<i>ET</i>	√	√	<i>Green</i>	
12/1	<i>CA</i>	√	√	<i>Green</i>	

For the release detection equipment, I:

- ✓ Checked for alarms or unusual operating conditions
- ✓ Verified that there is a valid passing test within the last 30 days

For the spill basin area, I:

- ✓ Checked the spill basin for damage
- ✓ Removed any liquids or debris from the spill basin
- ✓ Checked the fill pipe for obstructions
- ✓ Checked the fill cap – it fits tightly and is in good shape

For double-walled spill buckets, I checked the interstitial space, sensor or gauge (if documented each month, you may opt out of the three-year spill bucket test).