



Massachusetts Department of Environmental Protection
Underground Storage Tank Program

Form UST FP-289

Third Party Underground Storage Tank Inspection

Instructions: This form shall be completed by a Third-party Inspector as defined by 527 CMR 9.02 and in compliance with 527 CMR 9.07(P)

Section 1.A.:		General Information			
Facility Name:					
DEP Facility ID Number:					
Required	Can be looked-up at – http://db.state.ma.us/dep/ust/ustQueryPage.asp				
Street Address (no P.O. Box):					
City:		State		Zip	
County:					
Phone Number at Facility:	()				
Operator Information					
Name:					
Title:					
Home Phone:	()	Fax	()		
E-mail:					
Address:					
City:		State		Zip	
Owner Information					
Owner Name:					
Address:					
City:		State		Zip	
County:					
Phone Number:	()	Fax	()		
E-mail:					
Federal Employers ID#:					

Questions? Contact the MassDEP office at phone: 617-556-1053
Also check the FP-289 FAQ on at <http://www.mass.gov/dep/toxics/ust/>

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 1.B.:		Inspector Information			
Inspection Date:		Inspector Name:			
Inspector Company:			Inspector ID#		
Address:					
City		State		Zip	
Phone:			Qualification:		

Section 1.C.:		License Information	
Is a license to store flammables/combustibles posted on site (Form FP-2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is a current certificate of registration posted on site (Form FP-5)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is a current permit to maintain USTs posted on site (Form FP-290 part 3)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the current Form FP-290 accurate? <i>Sec. 1.A & 2. A.. must match the FP-290</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verify that A, B, & C Operators have been trained.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Attach most recent Form FP-290	<input type="checkbox"/> Attached		

Fill out the tank number for each tank using the DEP tank number system found on the FP-290.

Use a second form for facilities with more than 4 tanks.

Section 2.:		Tank Information			
Total Number of Tanks on Site:					
General Information:	TANK#	TANK#	TANK#	TANK#	TANK#
Owner Tank #:					
Tank Serial #:					
Geographic Location of Tanks - Latitude:					
Geographic Location of Tanks - Longitude					
<i>Use degrees, minutes and seconds. Examples: Lat. 42, 36, 12 N Long. 85, 24, 17 W</i>					
Status: <i>If out of use, complete 2.B.</i>	<input type="checkbox"/> In Use <input type="checkbox"/> Temp Out of Use <input type="checkbox"/> Perm Out of Use	<input type="checkbox"/> In Use <input type="checkbox"/> Temp Out of Use <input type="checkbox"/> Perm Out of Use	<input type="checkbox"/> In Use <input type="checkbox"/> Temp Out of Use <input type="checkbox"/> Perm Out of Use	<input type="checkbox"/> In Use <input type="checkbox"/> Temp Out of Use <input type="checkbox"/> Perm Out of Use	<input type="checkbox"/> In Use <input type="checkbox"/> Temp Out of Use <input type="checkbox"/> Perm Out of Use
Total Capacity of Tank: (gal.)					
Is tank a split (compartment) tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capacity of each compartment: (gal.) <i>For a 10,000 gal tank show 8000/2000</i>					
Tank Contents / Product: <i>For split tank show product (gasoline/kerosene) in same order as content</i>					
Does tank contain gasoline and/or diesel? <i>In part or whole of tank (compartmented) for any part or whole of the year.</i>	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
If yes, for road use or for marine fueling? <i>Leave blank if other</i>	<input type="checkbox"/> Road Use <input type="checkbox"/> Marina	<input type="checkbox"/> Road Use <input type="checkbox"/> Marina	<input type="checkbox"/> Road Use <input type="checkbox"/> Marina	<input type="checkbox"/> Road Use <input type="checkbox"/> Marina	<input type="checkbox"/> Road Use <input type="checkbox"/> Marina
Used for emergency power generator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Construction Material					
Tank Wall Type: Single or Double	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Piping Type					
Pipe Construction Material					
Pipe Wall Type: Single or Double	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW	<input type="checkbox"/> SW <input type="checkbox"/> DW
Multiple Runs Per Tank, <i>if yes show on map</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Select Primary Method.

Tank Leak Detection Method 2.A.:	TANK#	TANK#	TANK#	TANK#	If yes, proceed to section:
Automatic Tank Gauging (ATG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.A.
Continuous In-Tank Leak Detect System (CLDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.B.
Interstitial Monitoring (IM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.C.
Inventory Control/Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.D.
Other (EXPLAIN)					NA

The entire piping system must meet the standard, including split pipes. For piping systems that have been partially replaced, the inspection report must be completed for the least compliant/oldest sections of pipe. Pipe numbers on sketch in 2.C. correspond with pipe/tank number below.

Pipe Leak Detection Method:	TANK#	TANK#	TANK#	TANK#	If yes, proceed to section:
Pressurized piping only					
Automatic line leak detector (3 gph) & double-wall pipe with liquid sump sensor or with manual Interstitial Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.C. AND 3.G.
ALLD (3 gph) & annual line tightness test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.E. AND 3.G.
ALLD that can perform 3 gph continuous plus 0.2 gph/ month (electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.G.
Other (EXPLAIN)					
Suction piping only					
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.C.
Periodic Tightness Testing (non-European)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.E.
European Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.F.
Other (EXPLAIN)					

Corrosion Prevention Method:	TANK#	TANK#	TANK#	TANK#	If yes, proceed to section:
Galvanic Cathodic Protection (GC) Tank and/or Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.A.
Impressed Current (IC) Tank and/or Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.B.
Non-Metal Piping (NM) Tank AND Piping Whole system must be non-metal to complete this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.C.
Other (EXPLAIN)					NA

Fill out this section for any tank that is "temporarily closed" (contains product but is out of service) or is "taken out of service" (empty and out of service). A complete inspection of these tanks is required. Note: This section does not apply to a tank that is currently in use or permanently closed *within 527 CMR 9*.

Section 2.B.: Tank Temporarily Closed or Taken Out of Service	TANK#	TANK#	TANK#	TANK#
Tank contains less than one inch of product	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fill pipe locked or secured to prevent access	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date tank was "temporarily closed" (Month/Year)				
Verify max time for Temp Out of Service: Single Wall Tanks - 6 months Double Wall Tanks- 24 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Department Permit Posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If tank is permanently closed, is FP-290R on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inspector's Initials _____
Date _____

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Date: _____

Section 2.C.: Sketch a basic layout of the UST system(s).

For Split/Compartmented tanks label sections separately (for example 1A & 1B).

LEGEND KEY

- ↑ North arrow
- (A) Alarms
- (AN) Impressed current anodes
- (ATG) Automatic tank gauge consoles
- (D) Dispensers
- (DW) Private water well
- (P) Product piping
- (PS) Piping sumps
- (R) Reference cell locations for CP
- (RCT) Rectifiers
- (S) Structure contact points for CP
- (T) Tank, include tank # (identify all compartments)

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 3.A.:		Automatic Tank Gauging (Tank Only)			
		TANK#	TANK#	TANK#	TANK#
1	Console Make and Model				
2	Probe Type Model- Fill out for each tank				
3	Frequency: How often does ATG perform test? <i>Continual Statistical Leak Detection (Daily)</i> <i>Six Hour In-Tank Test (Monthly)</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly
4	Device is calibrated, operated, and maintained per manufacturer's instructions <i>(example: frequency of service checks, etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	System setup reviewed. Proper settings were confirmed and are correct. Verification that all probes are functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Monitoring panel or control box is present and working.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Tank is filled to proper capacity and test run for proper duration of time during the last 2 months, in accordance with manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank
8	Owner's manual for console and probes is available at the site.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Verification that console and probe are third-party approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	ATG meets minimum performance standards, with the probability of detection set at 0.95% and the probability of false alarm set at 0.05%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Existing release detection results show no evidence of a release.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	ATG is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Monthly release detection records are available for last 12 months. ATG records must show that 8 of the past 12 months have a passing test, without 2 consecutive months of inconclusive results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank
14	Number of Passing Months				
Section 3.A. Passes if Blocks 4-13 are Yes or New Tank		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____

Date _____

Owner/Operator's Initials: _____

Date: _____

Section 3.B.:		Continuous In-Tank Leak Detection System CLDS (Tank)			
		TANK#	TANK#	TANK#	TANK#
1	Console Make and Model				
2	Probe Model. Fill in for each tank.				
3	Device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.) including limitations listed on evaluation summary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	System setup reviewed. Proper settings were confirmed and are correct. Verification that all probes are functioning.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Monitoring panel or control box is present and working.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Owner's manual for console and probes is available at site.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Verify that console and probe are third-party approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	CLDS meets minimum performance standards, with the probability of detection set at 0.95% and the probability of false alarm set at 0.05%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Existing release detection results show no evidence of a release.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	CLDS is checking the portion of the tank that routinely contains product, in accordance with manufacturer's instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Monthly release detection records are available for last 12 months. CLDS records must show that 8 of the past 12 months have a passing test, without two consecutive months of inconclusive results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank
12	Number of Passing Months				
Section 3.B. Passes if Blocks 3 - 11 are Yes or New Tank		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____
 Date _____

Owner/Operator's Initials: _____
 Date: _____

Section 3.C.: Electronic or Manual		Interstitial Monitoring (Tank & Piping)			
		TANK#	TANK#	TANK#	TANK#
1	Interstitial space is filled with liquid (Brine) or gas (Dry).	<input type="checkbox"/> Brine <input type="checkbox"/> Dry	<input type="checkbox"/> Brine <input type="checkbox"/> Dry	<input type="checkbox"/> Brine <input type="checkbox"/> Dry	<input type="checkbox"/> Brine <input type="checkbox"/> Dry
2	Type of interstitial sensor. (i.e., Liquid, Discriminating, Pressure)	<input type="checkbox"/> Liquid <input type="checkbox"/> Discriminating <input type="checkbox"/> Pressure	<input type="checkbox"/> Liquid <input type="checkbox"/> Discriminating <input type="checkbox"/> Pressure	<input type="checkbox"/> Liquid <input type="checkbox"/> Discriminating <input type="checkbox"/> Pressure	<input type="checkbox"/> Liquid <input type="checkbox"/> Discriminating <input type="checkbox"/> Pressure
3	Console <i>make and mode</i> :				
4	Sensor <i>make and model</i>				
5	Monitoring console is operational.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Interstitial sensor visually inspected, functionally tested, and confirmed operational.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Sensor monitors the interstitial space in the appropriate position.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Device is calibrated, operated, and maintained per manufacturer's instructions. (example: <i>frequency of service checks, etc.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Tanks Sump is clean and free of debris and water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Monthly release detection records are available for last 12 months. Interstitial monitoring must show that 8 of the past 12 months have passed with no more than two inconclusive records.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank
11	Number of passing months:				
Section 3.C. Passes if Blocks 5 - 10 are Yes or New Tank		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 3.D:		Statistical Inventory Reporting - Tank Only			
		TANK#	TANK#	TANK#	TANK#
1	Method Name:				
2	Readings are recorded daily when operating.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Inventory records are reconciled monthly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Appropriate calibration chart is used for calculating volume to nearest 1/8 inch.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Stick readings are logged before each delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Stick readings are logged after each delivery.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Gauge stick is marked to determine product level to the nearest 1/8 inch.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Gauge stick can measure to full height of tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Monthly water readings checked to the nearest 1/8 inch and used to calculate inventory balances. If water intrusion is noted, list in "Deficiencies."	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Fill drop tube is installed and functional.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Each dispenser is metered and recorded within state or local standards for meter calibration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Date meter calibrated:				
13	Total monthly overages [or shortages] are less than 130 gallons plus one percent of tank's flow-through (sales) volume for the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	SIR results received by owner from vendor within 30 days of submittal of data.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	SIR results indicate sufficient amount of data was used to perform leak check.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Existing release detection results indicate operation without evidence of a release.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Monthly release detection records are available for the last 12 months. Monitoring must show that eight of the past 12 months have a passing record, with no more than two consecutive months of inconclusive results. <i>If No, report Leak to MassDEP.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Tank
18	Number of passing months:				
Section 3.D Passes if Blocks 2 – 11, & 13 – 17 are Yes or New Tank		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 3.E:		Periodic Tightness Testing - Non-European (Pipe)			
		PIPE#	PIPE#	PIPE#	PIPE#
1	Test method is a 0.1 gph tightness test.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Method Name:				
3	Tightness test performed by (Person or Company Name):				
4	Last tightness test results available and passed. Shows no evidence of a potential release.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Tightness testing is conducted within specified time frames for method; annually for pressurized piping; every 3 years for non-exempt suction piping.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3.E Passes if Blocks 1, 4, 5 are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Section 3.F:		European Suction (Pipe)			
Verify that suction piping system does not require release detection		PIPE#	PIPE#	PIPE#	PIPE#
1	The piping slope is back to the tank and operates under atmospheric pressure or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Only one check valve is used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	The check valve is directly under the dispensing pump.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3.F Passes if Blocks 1-3 are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
If pipe system does not Pass, then another system is in use. Fill out the appropriate section.					

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____
 Date _____

Owner/Operator's Initials: _____
 Date: _____

Section 3.G.:		Annual Automatic Line Leak Detectors (ALLD) (Pressurized Piping Only)			
Check type and functioning of ALLD		TANK#	TANK#	TANK#	TANK#
1	Mechanical or Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic	<input type="checkbox"/> Mechanical <input type="checkbox"/> Electronic
2	Make and Model				
3	Automatic Shut-Off Device (S-O) Restrictor (R) Audible or Visible Alarm (A)	<input type="checkbox"/> Shut-Off <input type="checkbox"/> Restrictor <input type="checkbox"/> Alarm	<input type="checkbox"/> Shut-Off <input type="checkbox"/> Restrictor <input type="checkbox"/> Alarm	<input type="checkbox"/> Shut-Off <input type="checkbox"/> Restrictor <input type="checkbox"/> Alarm	<input type="checkbox"/> Shut-Off <input type="checkbox"/> Restrictor <input type="checkbox"/> Alarm
4	ALLD device is performing and operational at 3.0 gph @ 10 psi	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	ALLD device is calibrated, operated, and maintained per manufacturer's instructions (example: frequency of service checks, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	ALLD has operated without evidence of a release.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	The entire piping system is covered by the ALLD.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	ALLD is third-party certified and passed an annual functional test each year prior to this inspection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
All ALLDs must pass an annual functional (operations) test, in accordance with manufacturer's specifications, to assure it is properly installed, not tampered or bypassed, etc.					
Section 3.G. Passes if Blocks 4-8 are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____
 Date _____

Owner/Operator's Initials: _____
 Date: _____

Section 4.A.:		Spill Prevention			
		TANK#	TANK#	TANK#	TANK#
1	Equipped with spill bucket minimum 3 gal. capacity.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Bucket is capable of returning product to the tank.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Bucket is clean and free of debris and water.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Bucket and cover is without cracks or holes observed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Fill pipe is without abnormalities observed (bent drop tubes, cracks or holes) especially at connection to tank and spill device.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4.A. Passes if Blocks 1-5 are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Section 4.B.:		Overfill Prevention			
		TANK#	TANK#	TANK#	TANK#
1	Overfill device present (<i>select primary</i>):				
	Automatic Shut-off float valve (AS) Ball Float Valve (BFV) High Level Alarm (HLA)	<input type="checkbox"/> AS <input type="checkbox"/> BFV <input type="checkbox"/> HLA	<input type="checkbox"/> AS <input type="checkbox"/> BFV <input type="checkbox"/> HLA	<input type="checkbox"/> AS <input type="checkbox"/> BFV <input type="checkbox"/> HLA	<input type="checkbox"/> AS <input type="checkbox"/> BFV <input type="checkbox"/> HLA
2	Indicate delivery method (gravity or metered flow)	<input type="checkbox"/> Gravity <input type="checkbox"/> Metered	<input type="checkbox"/> Gravity <input type="checkbox"/> Metered	<input type="checkbox"/> Gravity <input type="checkbox"/> Metered	<input type="checkbox"/> Gravity <input type="checkbox"/> Metered
3	Inspector verifies installation described below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required: the installation of A.) a device which shall automatically shut off flow into the tank when the tank is no more than 95% full or B.) a device that shall alert the individual delivering the product when the tank is no more than 90% full by restricting the flow into the tank or triggering a high level alarm.					
4	Owner/operator ensures releases due to spilling or overfilling do not occur. <i>For example, product is measured prior to each delivery to ensure enough room in tank for product; all fuel deliveries are monitored.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Visually observed overfill device housing; documentation of install provided; OR certification from service provider attesting to overfill device operability provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	AS: Visual observation indicates the drop tube is unobstructed (anything that would render the shut-off device ineffective).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	BFV: Valve and/or vent restrictor material is compatible with UST system configuration, product, delivery, and use.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	HLA: Alarm is tested and is functioning properly at 90%, and is audible or visible to the driver at the point of transfer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4.A. Passes if Blocks 4-9 are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Select Primary Method in Section 5A. B. or C.

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 5.A.: Corrosion Prevention		GALVANIC CATHODIC PROTECTION (TANK AND/OR PIPING)			
		TANK#	TANK#	TANK#	TANK#
1	Tank passed test in accordance with 527 CMR 9.05(H)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Pipe passed test in accordance with 527 CMR 9.05(H)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Current record of cathodic protection tests on file with owner or operator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	CP tests performed by: <i>(Company Name)</i>				
5	Is inspection performed after repair of tank/piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	If yes, was cathodic protection system tested/inspected within 60 days of repair of UST system in accordance with 527 CMR 9.05(H)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5.A. Passes if Blocks 1-3, 5 & 6 if applicable, are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Section 5.B.: Corrosion Prevention		IMPRESSED CURRENT CATHODIC PROTECTION (TANK AND/OR PIPING)			
		TANK#	TANK#	TANK#	TANK#
1	System has power and is turned on.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	60-day log is present and filled out properly in accordance with 527 CMR 9.05(H)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Tank passed test in accordance with 527 CMR 9.05(H)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Pipe passed test in accordance with 527 CMR 9.05(H)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Inspector verifies that inspection results are on file with local fire department.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	CP tests performed by:				
7	Is inspection after repair of tank/piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	If yes, was cathodic protection system tested/inspected within 60 days of repair of UST system in accordance with 527 CMR 9.05(H)(6)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5.B. Passes if Blocks 1-5, 7 & 8 if applicable, are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 5.C.: Corrosion Prevention		NON-METAL CONSTRUCTION MATERIAL			
		TANK#	TANK#	TANK#	TANK#
1	Tank: Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Pipe: Outer wall made of non-metallic material such as fiberglass or corrugated plastic.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	None of the following conditions were observed in flexible piping: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? Describe in deficiencies below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5.C. Passes if Blocks 1-4, if applicable, are Yes		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Section 6.: Water Supply Information		FACILITY
1	How is water supplied to your facility?	<input type="checkbox"/> Private Well – Well on Property <input type="checkbox"/> Public Water – Water Piped to Location
If private well, answer #2		
2	Do you serve water to at least 25 different people at least 60 days of the year? <i>Examples include: providing water to drink from faucets or bubblers; having restrooms; serving or selling coffee or other beverages made with, or mixed with water.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer 3, 4, 5 & 6		
3	Do you have a Public Water System identification number (PWS ID#) from MassDEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	If Yes, provide ID#:	
5	Verify that location of this well is shown on the sketch in Section 2.C. marked as DW.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Verify Emergency Call List posted with information that there is private well on site.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 6. Passes if Block 2 - 6 are Yes; Not Applicable if Public Water		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply

If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____



Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 7.: Reporting of Release, Leak, Spill or Suspected Leak Information

Complete this section if you detect or suspect a leak or if you have done repairs to UST systems in response to any leak, spill, or failed tightness test that was reported to MassDEP.

		FACILITY
1	During this inspection, have you identified any releases, leaks, or suspected leaks that must be reported to MassDEP per the Massachusetts Contingency Plan (310 CMR 40.0300)? If YES, answer 2, 3, & 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Date Reported:	
3	Time Reported:	(Use 24 hour clock)
4	Release Tracking Number (RTN):	____-____
5	Has the system been taken off-line due to this leak or suspected leak?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Was a repair made due to a leak that was reported to MassDEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Source of Release:	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Dispenser <input type="checkbox"/> Submersible Turbine Pump <input type="checkbox"/> Delivery
	Other:	
8	Cause of Release:	<input type="checkbox"/> Spill <input type="checkbox"/> Overfill <input type="checkbox"/> Physical/Mechanical Damage <input type="checkbox"/> Corrosion <input type="checkbox"/> Installation Problem
	Other:	
Section 7. Pass if #1 = Yes AND Section 7 (#s 2-8) is filled out completely or Pass if #1 = No		<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply

	<p>REPORT ALL SPILLS, LEAKS, OR SUSPECTED LEAKS TO LOCAL FIRE DEPARTMENT AND MASSDEP CALL 888-304-1133</p>	
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If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on addendum.

DEFICIENCIES: _____

FURTHER RECOMMENDATIONS: _____

Section 8:	General Comments
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Use this section to list additional comments not listed in the previous pages. Attach another page if necessary.

Owners/operators are required to report unusual operating conditions to MassDEP. Were any unusual operating conditions observed? _____

Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Certification

Section 1.C.:	License Information
Is a license to store flammables/combustibles posted on site (Form FP-2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a current certificate of registration posted on site (Form FP-5)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is a current permit to maintain USTs posted on site (Form FP-290 part 3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the current Form FP-290 accurate? <i>Sec. 1.A & 2. A.. must match the FP-290</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verify that A, B, & C Operators have been trained.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach most recent Form FP-290	<input type="checkbox"/> Attached

Section 9:	Inspection Results
Section 3.A: Automatic Tank Gauging	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 3.B: Continuous In-Tank Leak Detection System (CLDS)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 3.C: Interstitial Monitoring	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 3.D: Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 3.E: Periodic Tightness Testing	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 3.F: European Suction	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 3.G: Annual Automatic Line Leak Detectors	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 4.A: Spill Prevention	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 4.B: Overfill Prevention	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 5.A: Corrosion Prevention – Galvanic Cathodic	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 5.B: Corrosion Prevention – Impressed Current Cathodic	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 5.C: Corrosion Prevention – Non-Metal Construction Material	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 6: Water Supply Information	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply
Section 7: Reporting of Release, Spill, Suspected Leaks	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Apply

<p>I, the Certified Inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate at the time of inspection. I also have no significant financial interest with this UST.</p> <p>Facility # _____ (<i>fill in</i>).</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>E-Mail: _____</p> <p>Phone: _____</p> <p>Inspector ID #: _____ Date: _____</p>	<p>I, the Owner/Operator (<i>circle one</i>), have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations. <u><i>All applicable pages are initialed and included in this submittal.</i></u></p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>E-Mail: _____</p> <p>Phone: _____ Date: _____</p>
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<p>MAIL COMPLETED FORMS NO LATER THAN 14 DAYS FROM THE DATE OF THE INSPECTION TO:</p>	<p>DEPARTMENT ENVIRONMENTAL PROTECTION BUREAU OF WASTE PREVENTION-UST PROGRAM P. O. BOX 120-0165 BOSTON MA 02112-0165 AND SEND COPY TO LOCAL FIRE DEPARTMENT</p>
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Inspector's Initials _____
Date _____

Owner/Operator's Initials: _____
Date: _____

Section 10:	Addendum
Facility Name:	
DEP Facility ID Number:	<i>Required</i>

Use this section to note any deficiency corrections or repairs that were made *after the initial inspection*. The UST third-party *Inspection* should be a 'snapshot' completed prior to any repairs or adjustments that would affect whether or not a UST would *pass or fail*. List each corrected item separately. If you have any questions, please call the MassDEP UST office at 617-556-1053. Use additional copies of this page if necessary.

Item 1.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

UST Worker Name: _____

UST Worker Signature: _____ Date _____

Item 2.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

UST Worker Name: _____

UST Worker Signature: _____ Date _____

Item 3.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

UST Worker Name: _____

UST Worker Signature: _____ Date _____

Item 4.

Date of Work: _____ Tank *or* Pipe #: _____ is now: **PASS** OR **FAIL** the Inspection (circle one)

Description of Repair or Deficiency Correction: _____

UST Worker Name: _____

UST Worker Signature: _____ Date _____

MAIL COMPLETED FORMS NO LATER THAN 14 DAYS FROM THE DATE OF THE INSPECTION TO:	DEPARTMENT ENVIRONMENTAL PROTECTION BUREAU OF WASTE PREVENTION-UST PROGRAM P. O. BOX 120-0165 BOSTON MA 02112-0165 AND SEND COPY TO LOCAL FIRE DEPARTMENT
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Inspector's Initials _____
 Date _____

Owner/Operator's Initials: _____
 Date: _____