

UCSB AST SPCC SELF-INSPECTION CHECKLIST

Year: _____

Bulk Storage Containers

Responsible Department: _____	Total tank capacity: _____
Tank Location: _____	Petroleum type and amount: _____ <i>(diesel, gasoline, motor oil, etc.)</i>
Tank ID: _____	Secondary containment type: _____ <i>(berm, double walled, pallet containment, etc.)</i>

PLEASE USE THE KEY PROVIDED: **Y**=YES **N**=NO | **G**=GOOD **F**=FAIR **P**=POOR

Remarks may be written on the reverse page.

AST Inspection Items	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1) Evidence of leakage around tank or piping? (Y*/N)												
2) Evidence of spillage on ground surrounding tank? (Y*/N)												
3) Condition of piping, valve, or hoses? (G/F/P*)												
4) Presence of excessive corrosion of tank or associated piping? (Y*/N)												
5) Presence of excessive corrosion of tank's piping supports? (Y*/N)												
6) Functional warning systems, if applicable? (Y/N*)												
7) Condition of secondary containment (check for liquid in berm area or tank interstitial space) (G/F/P*)												
8) Containment valve in closed position, if applicable? (Y/N*)												
9) Presence of dents or blisters on surface of tank? (Y*/N)												
10) Evidence of tampering? (Y*/N)												
11) Emergency Response Spill Kit located nearby and fully stocked? (Y/N*)												
12) Tank and associated piping protected from vehicle collision? (Y/N*)												
13) Condition of associated fencing/gate/structure? (G/F/P*)												
14) Condition of facility lighting? (G/F/P*)												

* Indicates an item in a non-conformance status. This indicates that action is required to address a problem.

UCSB AST SPCC SELF-INSPECTION CHECKLIST

Month	Remarks
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Under penalty of perjury, I acknowledge that these inspections were completed thoroughly and reported accurately.

Name

Signature

Date

UCSB Generator SPCC SELF-INSPECTION CHECKLIST

Year: _____

Generator Fuel Tanks

Responsible Department: _____	Total tank capacity: _____
Tank Location: _____	Petroleum type and amount: _____ <i>(diesel, gasoline, motor oil, etc.)</i>
Tank ID: _____	Secondary containment type: _____ <i>(berm, double walled, pallet containment, etc.)</i>

PLEASE USE THE KEY PROVIDED: **Y**=YES **N**=NO | **G**=GOOD **F**=FAIR **P**=POOR

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AST Inspection Items	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1) Evidence of leakage around tank or piping? (Y*/N)												
2) Evidence of spillage on ground surrounding tank? (Y*/N)												
3) Condition of piping, valve, or hoses? (G/F/P*)												
4) Presence of excessive corrosion of tank or associated piping? (Y*/N)												
5) Presence of excessive corrosion of tank's piping supports? (Y*/N)												
6) Functional warning systems, if applicable? (Y/N*)												
7) Condition of secondary containment (check for liquid in berm area or tank interstitial space) (G/F/P*)												
8) Presence of dents or blisters on surface of tank? (Y*/N)												
9) Evidence of tampering? (Y*/N)												
10) Condition of associated fencing/gate/structure? (G/F/P*)												

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UCSB Generator SPCC SELF-INSPECTION CHECKLIST

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Name

Signature

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UCSB SPCC Portable SELF-INSPECTION CHECKLIST

Year: _____

Portable Storage Containers

Responsible Department: _____	Total tank capacity: _____
Tank Location: _____	Petroleum type and amount: _____ <i>(diesel, gasoline, motor oil, etc.)</i>
Tank ID: _____	Secondary containment type: _____ <i>(berm, double walled, pallet containment, etc.)</i>

PLEASE USE THE KEY PROVIDED: **Y**=YES **N**=NO | **G**=GOOD **F**=FAIR **P**=POOR

Remarks may be written on the reverse page.

AST Inspection Items	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1) Evidence of leakage around tank? (Y*/N)												
2) Evidence of spillage on ground surrounding tank? (Y*/N)												
3) Presence of excessive corrosion of (Y*/N)												
4) Portable storage containers are within designated storage area? (Y/N*)												
5) Condition of secondary containment (check for liquid in berm area or spill pallet) (G/F/P*)												
6) Containment valve in closed position, if applicable? (Y/N*)												
7) Evidence of tampering? (Y*/N)												
8) Emergency Response Spill Kit located nearby and fully stocked? (Y/N*)												
9) Condition of associated fencing/gate/structure? (G/F/P*)												

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UCSB SPCC Portable SELF-INSPECTION CHECKLIST

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Name

Signature

Date