

***Instructions: Complete this form monthly by the 15<sup>th</sup> for each emergency generator and return to EHS.***

Inspection Date (DD/MM/YYYY): _____	Retain Until Date (DD/MM/YYYY) : _____	(36 months from inspection date)
Inspector Name (First and Last Name): _____		
Equipment Number: _____	Work Order Number: _____	
BAAQMD Source Number: _____	Tank Inspected (Location): _____	

Item	Status	Comments Section
<b>1.0 Tank Containment</b>		
1.1 Is there standing water/liquid in the tank enclosure area?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
1.2 Is there debris or other sorts of fire hazards in the tank enclosure area?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
1.3 Are the containment area pathways clear and gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
<b>2.0 Leak Detection</b>		
2.1 Are there any visible signs of leakage around the tank, concrete pad, containment area or ground?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
<b>3.0 Tank Attachments</b>		
3.1 Is the tank liquid level gauge/sight glass readable and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
3.2 Is the tank opening closed and properly sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
<b>4.0 Other Conditions</b>		
4.1 Are there other conditions that should be addressed for continued safe operations or may affect the site SPCC Plan?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	
4.2 Facility spill kit is available and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	
4.3 Facility fire extinguisher is fully charged?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	

**\*Designates an item is in non-conformance status. The non-conformance should be explained in the Comments Section and the corrective action detailed in the Comments and/ or Additional Comments sections. All non-conformance items shall be reported to your supervisor immediately.**

