

## Aboveground Storage Tank Visual Inspection Checklist

Tank # \_\_\_\_\_ Contents: \_\_\_\_\_ Capacity: \_\_\_\_\_ gallons

Contractor/Project Name: \_\_\_\_\_ County: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Containment Area	Tank Labels	Tank Level Gauge	Tank Exterior Integrity	Interstitial Check	Hose/Piping Nozzle Integrity	Fuel Pump/Dispenser	Liquid Accumulation Removal	Stained Soil Around Tank Area	Initials

Other Comments: