



## Nebraska UST Operator Inspection Checklist 30 Day Walkthrough Inspection

30 day walkthrough inspections must be kept at least three years after the last inspection date on the form.

This inspection is to be completed by a person with knowledge of the UST system. (Examples: trained A/B Operator, service technician, or Nebraska Licensed Professional). 30 day walkthrough inspections must be conducted every 30 days. If problems are found during the walkthrough inspection, the person conducting the inspection must take action quickly to resolve these problems and avoid serious releases.

Facility Name: \_\_\_\_\_ SFM Facility ID: \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 City, County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Required Activities (TITLE 159 CH 6.007 AND CFR 280.36)

Spill Containment Area	Date (mm/dd/yy):					
Check equipment for damage; is the spill bucket free of cracks, holes, bulges, or other defects?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the spill bucket free of fuel, water, or debris? If no, removed liquids and debris.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the fill cap; does it fit securely on the fill pipe and is the gasket in good condition?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the fill pipe free of obstructions that may affect fuel delivery? If no, remove obstruction.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check double walled spill buckets; are there leaks in the interstice (If not applicable check N/A)	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release Detection System						
Is release detection equipment operating with no alarms or other unusual operating conditions?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review your release detection records; are they complete and current?	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspector Name/Initials						
Were problems found during the walkthrough inspection? If yes, identify issue and document correction or repairs completed.	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

UST System Maintenance/Repair Record		
Identify Problem/Defective UST System Component	Date of Repair	Who Did Repair?

UST System Maintenance/Repair Record		
Identify Problem/Defective UST System Component	Date of Repair	Who Did Repair?

Name of individual performing walkthrough inspection:

Name (Print): \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_