

COLORADO DEPARTMENT OF TRANSPORTATION FUEL LOG	Location orgn code #	Location (required)
		Facility name:
		Street address
		City/Zip

Fuel usage

	Date Yr__	Orgn/ Agency	Veh # (Funct)	Odometer or Hour clock	Quantity		Ending meter reading	Signature
					Unl(2)	Dsl(5)		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
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17								
18								
19								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Date	Type fuel (Unl/Dsl)	Gauge or stick reading	Before sticking		After sticking		Quan recv'd		Vendor invoice #	Initials
			IN'S	GAL'S	IN'S	GAL'S	From stick	From ticket		

Storage Tank Ullage Total Tank Capacity _____ 90% Tank Capacity _____

Format conforms to requirements for Above ground Storage Tank Ullage Log from the Colo. Dept. of Labor & Employment, Division of Oil & Public Safety

Date	Type Fuel (Unl/Dsl)	90 % Tank capacity (Gallons)	Gauge or Stick reading	Conversions to Gallons	(Ullage) Available capacity	Quantity added	Initials



AST Monthly Visual Inspection Checklist

(Revised 11/2013)

OPS Facility ID#:		Facility Name:		Inspection Date:	
Street Address:				City:	ZIP:
# of Tanks Inspected:		Tank IDs:			

Any item marked "No" requires additional information to describe the condition and date the condition is corrected.

ITEM	STATUS	COMMENTS / DATE CORRECTED
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Primary Tank and Piping

1	Is tank exterior (roof, shell, ends, connections, fittings, valves, etc.) free of visible leaks? <i>Note: If "No", identify tank and describe leak.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Is aboveground piping (valves, fittings, connections, pumps, etc.) free of visible leaks? <i>Note: If "No", identify location and describe leak.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Are ladders/platforms/walkways secure with no sign of severe corrosion or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
4	Are all tank openings properly sealed (capped, plugged, covered, blind flanged, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Is the tank liquid level gauge readable and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
6	Is overfill prevention equipment in good working condition (overfill valve, audible alarm, etc.)? <i>Note: Verify operation of audible alarms.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
7	Is the spill container (spill bucket) empty, free of visible leaks and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8	Is the primary tank free of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Is the cathodic protection system in operating condition and functional? <i>Note: Inspection required every 60 days only.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11	Rectifier reading Volts: _____ Amps: _____ Are these readings within manufacturer specifications? <i>Note: Inspection required every 60 days only.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Double-Wall Tank

12	For double-wall tanks, is interstice free of liquid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
13	For double-wall tanks, is interstitial monitoring equipment in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Containment (Diking/Impounding)

14	Is the containment free of liquid, debris, combustible materials, and empty or full drums/barrels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15	Are dike drain valves closed and in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16	Are containment egress pathways clear and any gates/doors operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Other Conditions

17	Is the system free of any other conditions needing to be addressed for continued safe operation or that may affect the site SPCC Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Inspector Information

Printed Name:		Signature:		Date:	
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