

COLORADO DEPARTMENT OF TRANSPORTATION

Bulk Fuel Delivery Receipt

***Use ONE Form #1440 for each fuel delivery or complete the form once per month**

Tank #:	Tank Name:	Tank Capacity:	(gallons)	OPS #:
CDOT person accepting delivery (PRNR & Full Name):				Delivery Date / Inspection Date:
Visual Inspection				
	<u>Good</u>	<u>Needs Addressing</u>	<u>Comments:</u>	
Fire Extinguisher:			_____	
Spill bucket present:			_____	
Emergency Shut off			_____	
Dispenser:			_____	
Hoses:			_____	
Ancillary Equipment			Hose, Nozzle, break-away valves, lights additive, DEF etc.	
Dispenser Meter: _____	(gallons)	Meter: _____	(gallons)	
Visual Inspection Notes:				

Product (from the B/L):	Confirm correct grade: <input type="checkbox"/>
Prior-to Delivery Tank Stick Reading: _____ (inches);	Convert to gallons: _____
Water test results: _____ Detected Y N	(from Tank Table)
Capacity: _____	
Ullage: _____ (90% of Capacity minus stick reading)	Confirm delivery will fit: <input type="checkbox"/>
Post Delivery Tank Stick Reading: _____ (inches);	Convert to gallons: _____
Gross Gallons Delivered:	
Delivery Notes:	

Vendor:		
Driver Name:	Truck #:	Trailer #:
B/L #:	B/L Date:	
Product Source (terminal):		
Invoice #:	Invoice Total Dollars: \$	
Site Notes:		
Date Data entered into SAP:		
By:	Date Data Verified:	

Thorough completion of this form and data entry complies with Colorado OPS requirements for ASTs; additional items must be completed for UST compliance.



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
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	

Inspector Information			
Printed Name:		Signature:	
		Date:	