



Iowa UST System 30 Day Walkthrough Inspection

30 day walkthrough inspections must be kept at least one year 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 Iowa Licensed Professional). 30 day walkthroughs 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.

Date of Inspection _____

Facility Name: _____ Registration No.: _____

Site Address: _____

City, County: _____ Zip Code: _____

Required Activities

Spill & Overfill Emergency Response

Are the emergency spill response supplies fully stocked and able to function properly? YES NO

Is there Emergency Contact information posted at the dispenser for unattended fueling? YES NO

UST Operator Training

Are all store staff up to date on operator training? Must have a minimum C Operator on site at all times. YES NO

Cathodic Protection System (Impressed Current Only)

Has the rectifier readings been logged within the last 60 Days? YES NO

Date of Last Reading: _____

Identify tank using tag number, capacity, and content:	Tag #:					
	Capacity:					
	Content:					

Spill Containment Area

Is the spill bucket cover in good condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the spill bucket free of fuel, water, or debris?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the spill bucket free of cracks, holes, bulges, or other defects?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the riser cap secure and in good condition? (No damage to fill pipe or cap.)	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the permanent tag present and visible?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If the spill bucket is Double Walled is the interstice free of leaks? (If not applicable write N/A)	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Overfill Prevention Device

Auto Shutoff- Are there any obstructions in fill pipe preventing overfill equipment from functioning?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Overfill Alarm- Is the overfill alarm visible and operating properly?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Ball Floats- Is the ball float valve functioning properly?	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Release Detection System					
Is the release detection equipment operating with any alarms?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the release detection equipment operating with any unusual operating conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Record Keeping					
Do the release detection records indicate a passing test?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Are the release detection records current?	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Recommended Activities						
Tanks						
Has the tank been checked for the presence of water?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
What is the level of water in the tank?						
Dispensers	1/2	3/4	5/6	7/8	9/10	11/12
Is the area under the dispenser free of fuel, water, and/or debris?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Are the piping, flexible connectors, and meters free of leaks and seeps?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Is the dispenser sump (UDC) free of cracks, holes, bulges, or other defects?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA					
Are the dispenser hoses, nozzles, and breakaways operating properly?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Are there any loose fittings, deterioration, or obvious signs of leaks from dispenser hoses or nozzles?	<input type="checkbox"/> YES <input type="checkbox"/> NO					

Printed Name _____ Title/Position _____

A/B Operator Service Technician Licensed UST Professional

Signature _____ Date: _____

Are there any items from the walkthrough that require corrective actions be completed? YES NO

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