Iowa Department of Natural Resources
Underground Storage Tank Section
6200 Park Ave Ste 200
Des Moines, IA 50321
www.iowadnr.gov/ust

Iowa UST Operator Inspection Checklist
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 Certified 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.

Facility Name: _____ Registration No.: _____

Site Address: _____

City, County: _____ Zip Code: _____

Required Activities (567-135.4(13)"a")

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