



Facility #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

## Annual Walkthrough Inspection Report: 20\_\_ (year)

**Inspections Required Annually** (Inspections of piping sump areas must be performed by a certified employee of a contractor licensed in either the Install/Retrofit or Inspection and Testing of UST Equipment modules.) All piping sumps areas shall be checked annually. Sump lids must be lifted and dispenser cabinets opened to inspect piping containment sump areas.

Contractor must initial and enter date of Annual Walkthrough Inspection.	Day/Month/Year of Inspection	Contractor Initials	Enter comments below corresponding to inspections listed at left.
Visual check for damage to piping containment sump areas: Check lids, covers & containment for damage & leaks.			<b>COMMENTS &amp; ACTIONS TAKEN:</b>
Check sumps for the presence of regulated substances or any indication that a release may have occurred. Remove any liquid or debris if present.			<b>COMMENTS &amp; ACTIONS TAKEN:</b>
Check that interstices of double wall containment sumps are free of water or product.			<b>COMMENTS &amp; ACTIONS TAKEN:</b>
If applicable: Check gauge stick (manual tank gauging) or bailer (GW monitoring).			<b>COMMENTS &amp; ACTIONS TAKEN:</b>

Contractor Employee Conducting Annual Inspection of Piping Containment Sump Areas:

1) Signature: \_\_\_\_\_

2) Print Name & Title: \_\_\_\_\_

## Annual Test & Inspection: May be Performed by Contractor or A/B Operator

Contractor or A/B Operator must initial and enter date of Annual Emergency Stops Test.	Day/Month/Year of Emergency Stop Test	Contractor or A/B Operator Initials	Enter comments below regarding Annual Emergency Stops Test. Attach OSFM <i>Operational Testing of Emergency Stops Report</i> to Walkthrough Inspection Report & keep at facility.
Test Emergency Stops for interconnection and STP shutdown. Attach OSFM report form.	<b>COMMENTS:</b>		
Contractor or A/B Operator must initial and enter date of Annual Shear Valve Inspection.	Day/Month/Year of Shear Valve Inspection	Contractor or A/B Operator Initials	Enter comments below regarding Annual Shear Valve Inspection. Attach OSFM <i>Annual Inspection of Shear Valves Report</i> to Walkthrough Inspection Report & keep at facility.
Check shear valves for proper height, secure mounting & free operation of trip arm & poppet.	<b>COMMENTS:</b>		

A/B Operator Signature (if applicable): \_\_\_\_\_

Print Name of A/B Operator (if applicable): \_\_\_\_\_