

# HAZARDOUS WASTE ABOVEGROUND STORAGE TANK DAILY INSPECTION CHECKLIST

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Tank: \_\_\_\_\_

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Are all overflow/spill control equipment, (waste-feed cutoff systems, bypass systems and drainage systems) in good working order? (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all aboveground portions of the tank system free of corrosion or release of any waste?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do data gathered from monitoring equipment and leak-detection equipment (pressure and temperature gauges, monitoring wells) indicate that the tank system is being operated according to its design? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there any indication of erosion or release of hazardous waste from the secondary containment (wet spots, stains, dead vegetation)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For uncovered tanks, is there sufficient freeboard (2 feet minimum) to prevent overspill?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If this is a general Hazardous Waste tank, is it labeled with the following? <i>(At a minimum)</i>   |                          |                          |
| A "HAZARDOUS WASTE" marking?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. If this is a Used Oil tank is it labeled with the following? <i>(At a minimum)</i>   |                          |                          |
| A "USED OIL - HAZARDOUS WASTE" marking?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Accumulation start date   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the labeling information legible?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have wastes been disposed of within the allowable accumulation time?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the tank compatible with its contents?   | <input type="checkbox"/> | <input type="checkbox"/> |

Describe any observations for items checked 'NO'. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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Corrective actions required. \_\_\_\_\_

\_\_\_\_\_  
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\* Inspections must be conducted on a daily basis

\* Maintain checklist as documentation of this requirement for a minimum of 3 years

\* Inspection program must meet requirements of 22 CCR §66265.195