HAZARDOUS WASTE ABOVEGROUND STORAGE TANK DAILY INSPECTION FORM

Month of:, 20 Tank Location: Name of person inspecting the tank 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Are all tank overfill and spill control equipment in good working order? (# applicable)	Is the tank free of corrosion or released/spilled waste?	Is the tank system being operated according to its design?	Is the tank free of erosion or release of waste into secondary containment?	Is there at least 2 feet of freeboard on any open-top tanks?	If tank contains hazardous waste is it labeled "HAZARDOUS WASTE"?	If tank contains used oil is it labeled "USED OIL- HAZARDOUS WASTE"?	Is the accumulation start date on the tank?	Is all label information legible?	Have wastes been disposed of within allowable accumulation times?	Are the tanks compatible with the waste in them?		
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