



**30 Day Walkthrough Inspection Report: 20\_\_ (year)**  
**(Inspections must be conducted by the designated Class A/B Operator)**

| A/B Operator must initial and enter the date each month for each inspection, or enter N/A if applicable.             | JAN | FEB | MARCH | APRIL | MAY | JUNE |
|----------------------------------------------------------------------------------------------------------------------|-----|-----|-------|-------|-----|------|
| Lift spill bucket lids & visually check for damage, including inspecting for cracks, holes or bulges.                |     |     |       |       |     |      |
| Remove any liquid or debris found. Check for any potential sources of water entry, including surface water.          |     |     |       |       |     |      |
| Check spill buckets for release of regulated substances, including in the interstices of double wall spill buckets.  |     |     |       |       |     |      |
| Check for any obstructions lodged in fill pipe. Remove if found. Check that fill cap fits securely on the fill pipe. |     |     |       |       |     |      |
| Check release detection equipment for operability. Check for any alarms or unusual operating conditions.             |     |     |       |       |     |      |
| Print 30 day ATG report from ATG or complete log of inspection for 2-wall spill buckets. Keep for inspector.         |     |     |       |       |     |      |
| Print & save 30 Day ATG PASS reports for leak detection & NORMAL reports for sensors. Keep for inspector.            |     |     |       |       |     |      |
| Check dispensers, hoses, nozzles & breakaways.                                                                       |     |     |       |       |     |      |
| Check impressed current rectifier for power & operation. Enter hour, volt & amp readings on written Log.             |     |     |       |       |     |      |
| <b>COMMENTS on first 6 months:</b>                                                                                   |     |     |       |       |     |      |

Signature of A/B Operator: \_\_\_\_\_

Print Name of A/B Operator: \_\_\_\_\_



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| <b>COMMENTS on last 6 months:</b>                                                                                    |      |        |      |         |     |     |

Signature of A/B Operator: \_\_\_\_\_

Print Name of A/B Operator: \_\_\_\_\_