

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



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

**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: \_\_\_\_\_

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



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

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

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