**STI SP001 AST Record**

Form completed by (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OWNER INFORMATION** | **FACILITY INFORMATION** | **INSTALLER INFORMATION** |
|  |  |  |
| Name | Name | Name |
|  |  |  |
| Number and Street | Number and Street | Number and Street |
|  |  |  |
| City, State, Zip Code | City, State, Zip Code | City, State, Zip Code |
|  | Regulatory facility ID number (if applicable) |  |

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| **OWNER’S TANK ID** | **OTHER ID** | | **INITIAL SERVICE DATE** |
| Manufacturer: Contents: Construction Date: Last Repair/Reconstruction Date: | | | |
| Dimensions: Capacity: Last Change of Product Date: | | | |
| Design:  UL \_\_\_\_\_\_\_\_\_\_\_\_\_\_  SwRI \_\_\_\_\_\_\_\_\_\_\_\_\_\_  API \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  Horizontal  Vertical  Rectangular | | | |
| Construction:  Bare Steel  Cathodically Protected (Check one: A.  Galvanic or B.  ImpressedCurrent) Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coated Steel  Concrete encased steel  Stainless steel  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Double-Bottom  Double-Wall  Lined inside; Date lining installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Spill control:  Earthen Dike  Steel Dike  Concrete  None  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | CRDM:  yes  no  If yes, type:  Release Prevention Barrier  Elevated tank  Double bottom tank  Double wall tank  CE-AST  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Tank elevated on supports  yes  no  Support material:  steel  concrete  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Release Prevention Barrier:  yes  no If yes, Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, Type:  concrete  synthetic liner  clay liner  steel  other \_\_\_\_\_\_\_\_\_ | | AST Category:  Category 1  Category 2  Category 3 | |

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| **OWNER’S TANK ID** | **OTHER ID** | | **INITIAL SERVICE DATE** |
| Manufacturer: Contents: Construction Date: Last Repair/Reconstruction Date: | | | |
| Dimensions: Capacity: Last Change of Product Date: | | | |
| Design:  UL \_\_\_\_\_\_\_\_\_\_\_\_\_\_  SwRI \_\_\_\_\_\_\_\_\_\_\_\_\_\_  API \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  Horizontal  Vertical  Rectangular | | | |
| Construction:  Bare Steel  Cathodically Protected (Check one: A.  Galvanic or B.  ImpressedCurrent) Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coated Steel  Concrete encased steel  Stainless steel  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Double-Bottom  Double-Wall  Lined inside; Date lining installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Spill control:  Earthen Dike  Steel Dike  Concrete  None  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | CRDM:  yes  no  If yes, type:  Release Prevention Barrier  Elevated tank  Double bottom tank  Double wall tank  CE-AST  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Tank elevated on supports  yes  no  Support material:  steel  concrete  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Release Prevention Barrier:  yes  no If yes, Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, Type:  concrete  synthetic liner  clay liner  steel  other \_\_\_\_\_\_\_\_\_ | | AST Category:  Category 1  Category 2  Category 3 | |

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| **OWNER’S TANK ID** | **OTHER ID** | | **INITIAL SERVICE DATE** |
| Manufacturer: Contents: Construction Date: Last Repair/Reconstruction Date: | | | |
| Dimensions: Capacity: Last Change of Product Date: | | | |
| Design:  UL \_\_\_\_\_\_\_\_\_\_\_\_\_\_  SwRI \_\_\_\_\_\_\_\_\_\_\_\_\_\_  API \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown  Horizontal  Vertical  Rectangular | | | |
| Construction:  Bare Steel  Cathodically Protected (Check one: A.  Galvanic or B.  ImpressedCurrent) Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coated Steel  Concrete encased steel  Stainless steel  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Double-Bottom  Double-Wall  Lined inside; Date lining installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Spill control:  Earthen Dike  Steel Dike  Concrete  None  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | CRDM:  yes  no  If yes, type:  Release Prevention Barrier  Elevated tank  Double bottom tank  Double wall tank  CE-AST  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Tank elevated on supports  yes  no  Support material:  steel  concrete  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Release Prevention Barrier:  yes  no If yes, Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, Type:  concrete  synthetic liner  clay liner  steel  other \_\_\_\_\_\_\_\_\_ | | AST Category:  Category 1  Category 2  Category 3 | |

**STI SP001 Monthly Inspection Checklist**

**General Inspection Information:**

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| --- | --- | --- |
| Inspection Date: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Prior Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Retain until date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Tank(s) inspected ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Regulatory facility name and ID number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Inspection Guidance:**

* This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable). Inspections of multiple tanks may be captured on one form as long as the tanks are substantially the same.
* For equipment not included in this Standard, follow the manufacturer recommended inspection/testing schedules and procedures.
* The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner’s inspector per paragraph 4.1.2 of the standard.
* Upon discovery of water in the primary tank, secondary containment area, interstice, or spill container, remove promptly or take other corrective action. Inspect the liquid for regulated products or other contaminants and dispose of properly.
* Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a Certified Inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
* Retain the completed checklists for at least 36 months.
* **After severe weather (snow, ice, wind storms) or maintenance (such as coating) that could affect the operation of critical components (normal and emergency vents, valves), an inspection of these components is required as soon as the equipment is safely accessible after the event.**

| **ITEM** | | **STATUS** | **COMMENTS / DATE CORRECTED** |
| --- | --- | --- | --- |
| **Tank and Piping** | | | |
|  | Is tank exterior (roof, shell, heads, bottom, connections, fittings, valves, etc.) free of visible leaks?  **Note***: If "No", identify tank and describe leak and actions taken.* | □ Yes □ No |  |
|  | Is the tank liquid level gauge legible and in good working condition? | □ Yes □ No □ N/A |  |
|  | Is the area around the tank (concrete surfaces, ground, containment, etc.) free of visible signs of leakage? | □ Yes □ No |  |

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|  | Is the primary tank free of water or has another preventative measure been taken?  NOTE: Refer to paragraphs 6.10 and 6.11 of the standard for alternatives for Category 1 tanks. N/A is only appropriate for these alternatives. | □ Yes □ No □ N/A |  |
|  | For double-wall or double bottom tanks or CE-ASTs, is interstitial monitoring equipment (where applicable) in good working condition? | □ Yes □ No □ N/A |  |
|  | For double-wall tanks or double bottom tanks or CE-ASTs, is interstice free of liquid? Remove the liquid if it is found. If tank product is found, investigate possible leak. | □ Yes □ No □ N/A |  |
| **Equipment on tank** | | | |
|  | If overfill equipment has a “test” button, does it activate the audible horn or light to confirm operation? If battery operated, replace battery if needed. | □ Yes □ No □ N/A |  |
|  | Is overfill prevention equipment in good working condition? If it is equipped with a mechanical test mechanism, actuate the mechanism to confirm operation. | □ Yes □ No □ N/A |  |
|  | Is the spill container (spill bucket) empty, free of visible leaks and in good working condition? | □ Yes □ No □ N/A |  |
|  | Are piping connections to the tank (valves, fittings, pumps, etc.) free of visible leaks?  **Note***: If "No", identify location and describe leak.* | □ Yes □ No |  |
|  | Do the ladders/platforms/walkways appear to be secure with no sign of severe corrosion or damage? | □ Yes □ No □ N/A |  |
| **Containment (Diking/Impounding)** | | | |
|  | Is the containment free of excess liquid, debris, cracks, corrosion, erosion, fire hazards and other integrity issues? | □ Yes □ No □ N/A |  |
|  | Are dike drain valves closed and in good working condition? | □ Yes □ No □ N/A |  |
|  | Are containment egress pathways clear and any gates/doors operable? | □ Yes □ No □ N/A |  |
| **Concrete Exterior AST (CE-AST)** | | | |
|  | Inspect all sides for cracks in concrete. Are there any cracks in the concrete exterior larger than 1/16”? | □ Yes □ No □ N/A |  |
|  | Inspect concrete exterior body of the tank for cleanliness, need of coating, or rusting where applicable. Tank exterior in acceptable condition? | □ Yes □ No □ N/A |  |
|  | Visual inspect all tank top openings including nipples, manways, tank top overfill containers, and leak detection tubes. Is the sealant between all tank top openings and concrete intact and in good condition? | □ Yes □ No □ N/A |  |
| **Other Conditions** | | | |
|  | Is the system free of any other conditions that need to be addressed for continued safe operation? | □ Yes □ No |  |

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| **Additional Comments:** |
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**STI SP001 Annual Inspection Checklist**

**General Inspection Information:**

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| Inspection Date: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Prior Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Retain until date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Tank(s) inspected ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Regulatory facility name and ID number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Inspection Guidance:**

* This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable).
* For equipment not included in this Standard, follow the manufacturer recommended inspection/testing schedules and procedures.
* The periodic AST Inspection is intended for monitoring the external AST condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner’s inspector per paragraph 4.1.2 of the standard.
* Remove promptly standing water or liquid discovered in the primary tank, secondary containment area, interstice, or spill container. Before discharge to the environment, inspect the liquid for regulated products or other contaminants and disposed of it properly.
* In order to comply with EPA SPCC (Spill Prevention, Control and Countermeasure) rules, a facility should regularly test liquid level sensing devices to ensure proper operation (40 CFR 112.8(c)(8)(v)).
* Non-conforming items important to tank or containment integrity require evaluation by an engineer experienced in AST design, a Certified Inspector, or a tank manufacturer who will determine the corrective action. Note the non-conformance and corresponding corrective action in the comment section.
* Retain the completed checklists for at least 36 months.
* Complete this checklist on an annual basis, supplemental to the owner monthly-performed inspection checklists.
* **Note: If a change has occurred to the tank system or containment that may affect the SPCC plan, the condition should be evaluated against the current plan requirement by a Professional Engineer knowledgeable in SPCC development and implementation.**

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| ITEM | | STATUS | COMMENTS / DATE CORRECTED |
| **Tank Foundation/Supports** | | | |
|  | Free of tank settlement or foundation washout? | □Yes □No |  |
|  | Concrete pad or ring wall free of cracking and spalling? | □Yes □No □N/A |  |

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|  | Tank supports in satisfactory condition? | □Yes □No □N/A |  |
|  | Is water able to drain away from tank if tank is resting on a foundation or on the ground? | □Yes □No □N/A |  |
|  | Is the grounding strap between the tank and foundation/supports in good condition? | □Yes □No □N/A |  |
| **Tank Shell, Heads and Roof** | | | |
|  | Free of visible signs of coating failure? | □Yes □No |  |
|  | Free of noticeable distortions, buckling, denting, or bulging? | □Yes □No |  |
|  | Free of standing water on roof? | □Yes □No □N/A |  |
|  | Are all labels and tags intact and legible? | □Yes □No |  |
| **Tank Manways, Piping, and Equipment** | | | |
|  | Flanged connection bolts tight and fully engaged with no sign of wear or corrosion? | □Yes □No □N/A |  |
| **Tank Equipment** | | | |
|  | Normal and emergency vents free of obstructions? | □Yes □No |  |
|  | Normal vent on tanks storing gasoline equipped with pressure/vacuum vent? | □Yes □No □N/A |  |
|  | Are flame arrestors free of corrosion and are air passages free of blockage? | □Yes □No □N/A |  |
|  | Is the emergency vent in good working condition and functional, as required by manufacturer?  Consult manufacturer’s requirements. Verify that components are moving freely (including long-bolt manways). | □Yes □No □N/A |  |
|  | Is interstitial leak detection equipment in good condition?  Are windows on sight gauges clear?  Are wire connections intact?  If equipment has a test function, does it activate to confirm operation?” | □Yes □No □N/A |  |

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|  | Are all valves free of leaks, corrosion and other damage? Follow manufacturers’ instructions for regular maintenance of these items. Check the following and verify (as applicable):  □ Anti-siphon valve  □ Check valve  □ Gate valve  □ Pressure regulator valve  □ Expansion relief valve  □ Solenoid valve  □ Fire valve  □ Shear valve | □Yes □No □N/A  □Yes □No □N/A  □Yes □No □N/A  □Yes □No □N/A  □Yes □No □N/A  □Yes □No □N/A  □Yes □No □N/A |  |
|  | Are strainers and filters clean and in good condition? | □Yes □No □N/A |  |
| **Insulated Tanks** | | | |
|  | Free of missing insulation?  Insulation free of visible signs of damage?  Insulation adequately protected from water intrusion? | □Yes □No □N/A |  |
|  | Insulation free of noticeable areas of moisture? | □Yes □No □N/A |  |
|  | Insulation free of mold? | □Yes □No □N/A |  |
|  | Free of visible signs of coating failure? | □Yes □No □N/A |  |
| **Tank / Piping Release Detection** | | | |
|  | Is inventory control being performed and documented if required? | □Yes □No □N/A |  |
|  | Is release detection being performed and documented if required? | □Yes □No □N/A |  |
| **Other Equipment** | | | |
|  | Are electrical wiring and boxes in good condition? | □Yes □No □N/A |  |
|  | Has the cathodic protection system on the tank been tested as required by the designing engineer? | □Yes □No □N/A |  |

**Additional Comments:**

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**STI SP001 Portable Container Monthly Inspection Checklist**

**General Inspection Information:**

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| Inspection Date: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Prior Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Retain until date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Inspector’s Signature (): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Container(s) inspected ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Regulatory facility name and ID number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Inspection Guidance:**

* This checklist is intended as a model. Locally developed checklists are acceptable as long as they are substantially equivalent (as applicable).
* This periodic Inspection is intended for monitoring the external condition and its containment structure. This visual inspection does not require a Certified Inspector. It shall be performed by an owner’s inspector who is familiar with the site and can identify changes and developing problems. Note the non-conformance and corresponding corrective action in the comment section.
* Retain the completed checklists for at least 36 months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | | **Area:** | **Area:** | **Area:** | **Area:** |
| **Portable Container Containment/Storage Area** | | | | | |
|  | Are all portable container(s) within designated storage area? | Yes No | Yes No | Yes No | Yes No |
|  | Is the containment and storage area free of excess liquid, debris, cracks or fire hazards? | Yes No | Yes No | Yes No | Yes No |
|  | Are drain valves closed and in good working condition? | Yes  No N/A | Yes  No N/A | Yes  No N/A | Yes  No N/A |
|  | Are containment egress pathways clear and any gates/doors operable? | Yes  No N/A | Yes  No N/A | Yes  No N/A | Yes  No N/A |
| **Container** | | | | | |
|  | Is the container free of leaks?  Note*: If "No", identify container and describe leak.* | Yes No | Yes No | Yes No | Yes No |
|  | Is the container free of distortions, buckling, denting or bulging? | Yes No | Yes No | Yes No | Yes No |

**Comments:**

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