8000-FM-OOGM0137U 7/2016
Checklist

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

Year

MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST (Unconventional Operations Only)

Operator Name **Facility Name**

	January			February			March			April		
I. Visual Check for Deterioration	**Symbol**		**Reference**	**Symbol**		**Reference**	**Symbol**		**Reference**	**Symbol**		**Reference**
Condition of tank exterior	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of aboveground piping	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of foundations and supports	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of secondary containment	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
II. Containment Areas												
Level of standing water in containment	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Drain valves secured in a closed position	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Containment clear of fire hazard and debris	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
III. Leak Detection System												
Leak detection system monitored	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Containment clear of regulated substances	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
No evidence of release from tank or piping	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
No evidence of release from ancillary equipment	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
IV. Ancillary Equipment (when installed)												
Valves functioning properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Vents clear of restrictions	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Monitoring device functioning properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Overfill prevention operating properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
V. Safety Precautions												
Safety equipment in place and operative	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Safety precautions posted	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Tank system secured to prevent vandalism and unauthorized access	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Inspection Completed by:	_____			_____			_____			_____		
Dates:	_____			_____			_____			_____		

Well Pad ID No. _____

Symbols: S = Satisfactory U = Unsatisfactory Y = Yes N = No List comments on the back of this sheet.

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Comments:

MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST (Unconventional Operations Only)

Operator Name **Facility Name**

	May			June			July			August		
I. Visual Check for Deterioration	**Symbol**		**Reference**	**Symbol**		**Reference**	**Symbol**		**Reference**	**Symbol**		**Reference**
Condition of tank exterior	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of aboveground piping	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of foundations and supports	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of secondary containment	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
II. Containment Areas												
Level of standing water in containment	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Drain valves secured in a closed position	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Containment clear of fire hazard and debris	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
III. Leak Detection System												
Leak detection system monitored	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Containment clear of regulated substances	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
No evidence of release from tank or piping	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
No evidence of release from ancillary equipment	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
IV. Ancillary Equipment (when installed)												
Valves functioning properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Vents clear of restrictions	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Monitoring device functioning properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Overfill prevention operating properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
V. Safety Precautions												
Safety equipment in place and operative	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Safety precautions posted	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Tank system secured to prevent vandalism and unauthorized access	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Inspection Completed by:	_____			_____			_____			_____		
Dates:	_____			_____			_____			_____		

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Comments:

Year

MONTHLY TANK MAINTENANCE INSPECTION CHECKLIST (Unconventional Operations Only)

Operator Name **Facility Name**

	September			October			November			December		
I. Visual Check for Deterioration	**Symbol**		**Reference**	**Symbol**		**Reference**	**Symbol**		**Reference**	**Symbol**		**Reference**
Condition of tank exterior	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of aboveground piping	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of foundations and supports	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Condition of secondary containment	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
II. Containment Areas												
Level of standing water in containment	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____	☐ S	☐ U	_____
Drain valves secured in a closed position	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Containment clear of fire hazard and debris	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
III. Leak Detection System												
Leak detection system monitored	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Containment clear of regulated substances	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
No evidence of release from tank or piping	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
No evidence of release from ancillary equipment	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
IV. Ancillary Equipment (when installed)												
Valves functioning properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Vents clear of restrictions	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Monitoring device functioning properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Overfill prevention operating properly	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
V. Safety Precautions												
Safety equipment in place and operative	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Safety precautions posted	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Tank system secured to prevent vandalism and unauthorized access	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____	☐ Y	☐ N	_____
Inspection Completed by:	_____			_____			_____			_____		
Dates:	_____			_____			_____			_____		

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