

**Weekly Aboveground Storage Tank
Inspection Record**

Building: _____

Tank Number: _____

Activity: _____

Inspector: _____

Year: _____

	JAN/TIME	FEB/TIME	MAR/TIME	APR/TIME	MAY/TIME	JUN/TIME	JUL/TIME	AUG/TIME	SEP/TIME	OCT/TIME	NOV/TIME	DEC/TIME
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**CRITERIA FOR WEEKLY INSPECTION CHECKLIST FOR ABOVEGROUND STORAGE TANKS
IAW 9 VAC 25-91**

- _____ (1) Containment dike or berm in satisfactory condition.
- _____ (2) Containment area free of excess standing water or oil.
- _____ (3) Gate valves used for emptying containment areas secured.
- _____ (4) Containment area/base of tank free of high grass, weeds, and debris
- _____ (5) Tank shall surface, including any peeling areas, welds, rivets/bolts, seams and foundation , visually inspected for areas of rust and other deterioration.
- _____ areas check for signs of leakage.
- _____ (7) Leak detection equipment in satisfactory condition.
- _____ (8) Separator or drainage tank in satisfactory condition.
- _____ (9) Tank water bottom drawoffs not in use are secured.
- _____ (10) Tank fill valves not in use are secured.
- _____ (11) Valves inspected for signs of leakage or deterioration.
- _____ (12) Inlet and outlet piping and flanges inspected for leakage.
- _____ (13) All tank gauges have been inspected and are operational.