



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

Year \_\_\_\_\_

**MONTHLY MAINTENANCE INSPECTION CHECKLIST**

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

Inspection Completed by: \_\_\_\_\_

Site I.D. # \_\_\_\_\_ Dates: \_\_\_\_\_

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

*Note: Symbol 'S' or 'Y' indicate compliance. Symbol 'U' or 'N' should be accompanied with a date corrected in the comment section on the back of this sheet.*





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

Year \_\_\_\_\_

**MONTHLY MAINTENANCE INSPECTION CHECKLIST**

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

Inspection Completed by: \_\_\_\_\_

Site I.D. # \_\_\_\_\_ Dates: \_\_\_\_\_

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

*Note: Symbol 'S' or 'Y' indicate compliance. Symbol 'U' or 'N' should be accompanied with a date corrected in the comment section on the back of this sheet.*

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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

Year \_\_\_\_\_

**MONTHLY MAINTENANCE INSPECTION CHECKLIST**

	September		October		November		December	
<b>I. Visual Check for Deterioration</b>	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	_____
<b>II. Containment Areas</b>								
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 hazards and debris	Y N	_____	Y N	_____	Y N	_____	Y N	_____
<b>III. Leak Detection System</b>								
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	_____
<b>IV. Ancillary Equipment</b> (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 devices functioning properly	Y N	_____	Y N	_____	Y N	_____	Y N	_____
Overfill prevention operating properly	Y N	_____	Y N	_____	Y N	_____	Y N	_____
<b>V. Safety Precautions</b>								
Safety equipment in place and operative	Y N	_____	Y N	_____	Y N	_____	Y N	_____
Fire extinguishers in place	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: \_\_\_\_\_

Site I.D. # \_\_\_\_\_ Dates: \_\_\_\_\_

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

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

*Note: Symbol 'S' or 'Y' indicate compliance. Symbol 'U' or 'N' should be accompanied with a date corrected in the comment section on the back of this sheet.*

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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



## INSTRUCTIONS FOR THE MONTHLY MAINTENANCE INSPECTION CHECKLIST

As required by **Ch. 78a.57(i)**, owners should complete the checklist each month by circling S or U; and Y or N as indicated for each item. Unsatisfactory (U) conditions are those conditions that may cause potential leaks, spills or environmental degradation if allowed to remain uncorrected. For example, areas on tank exteriors which are unprotected or containment structures and foundations which are crumbling, rusting and remain in general disrepair should be noted. No (N) should be circled if conditions for those items indicated are not met; for example vents blocked by an obstruction or unsecured drain valve. Specific reference for each tank or area that is unsatisfactory or does not meet the conditions indicated should be made in the "Reference" column. Comments should then be made for each reference in the "Comments" section. An example would be circling "N" for the item "Vents clear of restrictions", writing Tank #5 in the "Reference" column and then writing "vent obstructed by bird nest" in the "Comment Section". In this example the date of repair, or removal of a bird nest, should be noted in the comments section of the form. Individuals completing the inspection should include the Facility I.D. #, their name and the date the inspection was completed. Completed checklists should be kept at the facility for 1 year.

This monthly checklist covers all aboveground storage tanks at the facility. The checklist must be completed by a person knowledgeable of the tank system's operation and maintenance. This person may be a company employee or a representative of a third party. The person does not have to be a department-certified inspector.