

# SPCC MONTHLY INSPECTION REPORT

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_ Use Tank Listing to Ensure Accuracy!

	ITEM	YES	NO	N/A	DESCRIPTION & COMMENTS
SPCC PLAN	Is the SPCC plan accurate with regards to the identification, location, and number of ALL oil tanks at this facility > or equal to 55-gallons?				
	Are there any oil tanks at this facility > or equal to 55-gallons that need to be added to this SPCC plan?				
	Is the SPCC plan present at this facility?				
	Is the SPCC plan adequate and up to date with regards to personnel & operations?				
	Are monthly inspection records being retained with the SPCC?				
	Has documented SPCC training occurred within the past year?				
OIL TANKS	Do tanks show signs of leaking, damage, rust, or deterioration?				
	Are any tank bolts, rivets, seams or gaskets damaged or leaking?				
	Are tank level gauges or alarms in good condition & working?				
	Are all tank vents open & working?				
	Are all oil tanks pumps/fill ports kept locked when not in use?				
	Are all oil tanks powered off when not in use?				
	Are other tank security features such as lighting, security cameras, alarms, emergency shut offs, etc., in good condition & working?				
TANK PIPING	Is all piping in good condition, and free of leaks, rust, damage, or other visible problems?				
	Is all aboveground piping located in secondary containment?				
	Is all tank piping clearly marked where possible?				
	Are any buried pipelines exposed?				
SIGNAGE	Are emergency contacts and emergency discharge notification procedures clearly posted in a visible location at the facility or otherwise readily available?				
	Are all oil tanks at this facility properly labeled? (Contents, volume, hazard placards, no smoking signs, etc.)				

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	ITEM	YES	NO	N/A	DESCRIPTION & COMMENTS
TRANSFER EQUIPMENT	If there are dispensing nozzles or pumps, do they appear to be in good condition?				
	If there are dispensing nozzles or pumps, are they present within the containment area?				
	If there is a fill pipe or port for any tanks, are the caps on and locked when not in use?				
	If there are loading / unloading pipes at any tanks, are they located within secondary containment?				
	Are there any obvious issues noted with the transfer equipment at any of the tanks?				
	Is there any evidence of spills or leaks around dispensing nozzles, pumps, or loading / unloading areas? If so, where & describe the condition of the area.				
SECONDARY CONTAINMENT	Do all tanks have adequate secondary containment, or are they double walled? If no, identify which tanks are not within containment.				
	Is the area around all tanks and containment areas clean and free of debris and trash?				
	Do containment areas that drain have a locking drain valve?				
	Are locking drain valves locked in the closed position?				
	Are there signs of any oil in any containment areas?				
	Is there retained water in the containment areas?				
	If there is water in the containment area, does it have an oil sheen?				
	Have any releases of the containment area occurred since the last inspection?				
	If so, have releases which occurred since the last inspection been documented?				
	Are containment release records stored with this Plan? <i>(See Diked Drainage Forms)</i>				
	Is there any liquid, or evidence of liquid, within the interstitial space of double walled ASTs? If so, remove and document.				
SPILLS / DISCHARGES	Have there been any spills or leaks from any tank at this facility since the last inspection? <i>(If YES, describe completely)</i>				
	If there was a spill or leak from any tank since the last inspection, was it properly reported and cleaned up?				
	If there was a spill or leak since the last inspection, does the SPCC, procedures, conditions or facility features need modification?				
SPILL KITS	Is there a clearly marked spill kit or spill response materials present or within near vicinity of all tanks?				
	Do any spill kits need to be replaced or restocked?				

# SPCC ANNUAL INSPECTION REPORT

**PART I:** Conduct monthly inspection (Attach Monthly Report to this Annual Report)

**PART II:** Conduct additional inspections below to complete Annual Inspection.

TRAINING RECORDS			
Confirm that annual training has been completed and recorded.	Records Complete ____ OK	Incomplete Records ____ Action Needed	Comments:

INSPECTIONS			
- Ensure that Monthly (12) Inspections have been conducted - Ensure that Diked Drainage Inspections have been conducted when necessary.	Records Complete ____ OK	Incomplete Records ____ Action Needed	Comments:

SPILL INCIDENTS			
Complete for any spill incident.	Records Complete ____ OK	Incomplete Records ____ Action Needed	Comments:

COMMENTS			

RECOMMENDATIONS			

\_\_\_\_\_  
Name of Inspector

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date

# ENVIRONMENTAL TRAINING FORM

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*Use this form whenever environmental training occurs.*

**DATE:**

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**DURATION:**

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**LOCATION:**

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**TRAINING INSTRUCTOR(S):**

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**DESCRIPTION OF TRAINING ACTIVITIES:**

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**ATTENDEES:**

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10. 

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# SPCC PLAN REVIEW REPORT FORM

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- 1) Conduct a general review of this SPCC Plan.
- 2) Identify any changes in oil handling procedures at the facility.
- 3) Ensure company and personnel information is correct within this SPCC Plan.
- 4) Ensure annual training has occurred at the least once a year, and documented training records are within this SPCC Plan.
- 5) Ensure monthly SPCC inspections have been occurring, and documented inspection records are within this SPCC Plan.
- 6) Ensure one annual inspection has been occurring, and documented inspection records are within this SPCC Plan.
- 7) Review facility security, including fencing, gates, security lighting & cameras, and any electronic controls used on ASTs.
- 8) Ensure inventory cleanup equipment and supplies and spill kits are at the facility and easily identifiable.
- 9) Make any and all necessary amendments to the SPCC Plan as appropriate.
- 10) Document review and/or amendment on the **SPCC Plan Review & Amendment Record** log in Tab 7.

## CERTIFICATION

I have completed a review and evaluation of the SPCC Plan as identified above for this facility on the date indicated below.

Based on this evaluation, I have determined that the SPCC Plan requires the following action as indicated by a check.

\_\_\_\_\_ This SPCC Plan requires an amendment.

*Explain why and provide details on the following page.*

\_\_\_\_\_ No action needed - An amendment is not required at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



# DISCHARGE NOTIFICATION FORM

*In the event of a discharge of oil, record the following information. This information will need to be provided to the National Response Center in the event of a discharge that reaches navigable waters or adjoining shorelines.*

INFORMATION PROVIDED TO THE NATIONAL RESPONSE CENTER (AND STATE AGENCIES) IN THE EVENT OF A DISCHARGE	
Discharge/Discovery Date:	Time:
Facility Name:	
Facility Location:	
Name of Reporting Individual:	Telephone Number & Email Address:
Type of Material Discharged:	Estimated Total Quantity Discharged in Gallons:
Source & Cause of Discharge:	Media Affected: <input type="checkbox"/> Soil <input type="checkbox"/> Water (specify) _____ <input type="checkbox"/> Other (specify) _____
Actions Taken:	
Damage or Injuries: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)	Evacuation Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)
Organizations and individuals contacted	<input type="checkbox"/> National Response Center (800-424-8802) - Time _____ <input type="checkbox"/> State Agency (specify) _____ - Time _____ <input type="checkbox"/> Cleanup Contractor (specify) _____ - Time _____ <input type="checkbox"/> Facility Personnel (specify) _____ - Time _____ <input type="checkbox"/> Other (specify) _____ - Time _____

# DIKED DRAINAGE LOG

*This record must be completed each time when diked storage areas are emptied or otherwise drained. Ensure that all drain valves remain locked and closed, and pumps should be removed, disconnected, or otherwise rendered unusable, at all times. Only during a documented, supervised drainage event should valves be opened, or pumps engaged.*

DATE	METHOD OF DRAINAGE <i>PUMPED, VIA DRAIN PORT, ETC.</i>	CONTENTS <i>WATER, OIL(S), HAZARDOUS WASTE, UNKNOWN, ETC.</i>	DRAINAGE ACTIVITY SUPERVISED BY <i>NAME &amp; TITLE</i>	OBSERVATIONS <i>SPECIFIC DIKED AREA, LOCATION DRAINED TO, QUANTITY DRAINED, REASON FOR BUILD UP, ETC.</i>	SIGNATURE OF INSPECTOR