# APPENDIX D INSPECTION FORMS AND PROCEDURES

#### INSPECTION RECORD: RAIN WATER ACCUMULATION

#### **PROCEDURE**

- 1. Examine accumulation for floating product.
- 2. Examine accumulation for sheen on surface.
- 3. If evidence of oil is found, recover any product with vacuum truck (or other means), then remove any remaining sheen with sorbent pads.
- 4. If no evidence of oil or HS is found, or all oil removed, then drain containment.
- 5. Watch draining procedure to insure no oil or HS is drained
- 6. Close and seal drain valve.
- 7. Fill in inspection sheet with appropriate information

| DATE                    |                          |    |            |                   |               |              |
|-------------------------|--------------------------|----|------------|-------------------|---------------|--------------|
| INSPECTOR               |                          |    |            |                   |               |              |
| (name and organization) |                          |    |            |                   |               |              |
| FACILITY                | TANK OR SET<br>INSPECTED | ОК | OIL/<br>HS | OIL/HS<br>REMOVED | WATER DRAINED | VALVE SEALED |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
|                         |                          |    |            |                   |               |              |
| COMMENTS ON AN          | Ý OIL OR HS FOUND:       |    |            |                   |               |              |

#### **TESTING RECORD: LIQUID LEVEL SENSING DEVICES**

#### **PROCEDURE**

- 1. Examine device for visible defects (broken glass, stuck float/dial, etc.).
- 2. Note if level indicator moves freely and continuously during delivery.
- 3. Fill tank using visual or stick monitoring, then verify that device indicates full or slightly more (i.e., it is either correct or it reads high to prevent overfills).

| DATE                            |           |          |                               |
|---------------------------------|-----------|----------|-------------------------------|
| TESTER                          |           |          |                               |
| (name and organization)         |           |          |                               |
| TANK OR SET TESTED              | ОК        | BAD      | FACILITY, LOCATION, OR NUMBER |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
|                                 |           |          |                               |
| COMMENTS ON ANY BAD (DEFECTIVE) | VE) DEVIC | CES FOUN | ID:                           |
|                                 |           |          |                               |
|                                 |           |          |                               |

Document8 D-2 12/1/98

### Drum And Small Container Storage And Handling Facility Weekly Inspection Checklist

| Facility:  |                 |                              | Inspector: |      |    |            |                                       |
|--|-----------------|------------------------------|------------|------|----|------------|---------------------------------------|
| <u>,                                    </u>                   |                 |                              |            |      |    |            |                                       |
|  | Item to         | Inspect                      | Accepta    | able | Un | acceptable | Corrective<br>Action                  |
| Storage/work   | careas are fre  | ee of spills/ leaks          |            |      |    |            |                                       |
| Containers n   | ot leaking, rus | sted, deteriorated           |            |      |    |            |                                       |
| Containers h   | ave closed lid  | s or bung holes              |            |      |    |            |                                       |
| Incompatible   | HS are not s    | tored together               |            |      |    |            |                                       |
| Containers a containment                                       |                 | he floor/ground, in          |            |      |    |            |                                       |
| Drip pans are  | e used under    | spigots and free of liquid   |            |      |    |            |                                       |
| Spigots, pum   | nps, hoses, va  | lives not leaking            |            |      |    |            |                                       |
| Containment areas are free of debris and liquid accumulations  |                 |                              |            |      |    |            |                                       |
| Containment breaches   | /drainage stru  | ctures are intact, no cracks | ,          |      |    |            |                                       |
| Emergency 6  | equipment is o  | pperational, complete        |            |      |    |            |                                       |
| Storage/handling equipment is properly used, in good condition |                 |                              |            |      |    |            |                                       |
| Clean/orderly areas, adequate aisle space                      |                 |                              |            |      |    |            |                                       |
| Containers are labeled   |                 |                              |            |      |    |            |                                       |
|  |                 |                              |            |      |    |            |                                       |
| Inspector Signature  |                 |                              |            | Da   | te |            |                                       |
| 11   | ·               | 1                            |            |      |    |            | · · · · · · · · · · · · · · · · · · · |

Date

Supervisor Signature

## **Bulk Storage And Transfer Facility Daily Inspection Checklist**

| Facility:   |                   |                           | Inspector | :      |    |             |                      |
|---|-------------------|---------------------------|-----------|--------|----|-------------|----------------------|
| Tank #:   |                   |                           | Contents  | :      |    |             |                      |
| Fill Level:   |                   |                           |           |        |    |             |                      |
|   | Item To           | Inspect                   | Accep     | ptable | Uı | nacceptable | Corrective<br>Action |
| Tank wall cor<br>(not leaking)  | ndition           |                           |           |        |    |             |                      |
| Fill valve is c   | losed and locke   | ed                        |           |        |    |             |                      |
| Dike drain va   | lve is closed ar  | nd locked                 |           |        |    |             |                      |
| Valves condi<br>(not leaking)   | tion              |                           |           |        |    |             |                      |
| Overfill control equipment functioning (before each product transfer operation) |                   |                           |           |        |    |             |                      |
| Inlet flow rate   | is sufficiently   | imited                    |           |        |    |             |                      |
| Pipes, hoses  | , fittings, conne | ections not leaking       |           |        |    |             |                      |
| Pipes, valves or damaged I  |                   | , connections, not dented |           |        |    |             |                      |
| Evidence of I   | eakage on the     | ground                    |           |        |    |             |                      |
| Adequate fre  | eboard            |                           |           |        |    |             |                      |
| No debris fou   | und in containm   | ent area                  |           |        |    |             |                      |
|   |                   |                           |           | 1      |    |             |                      |
| Inspector Sig   | ınature           |                           |           | Date   | Э  |             |                      |
| Supervisor S  | ignature          |                           |           | Date   | Э  |             |                      |

### Bulk Storage And Transfer Facility Weekly Inspection Checklist

| Facility: | Inspector: |  |
|-----------|------------|--|
| Tank #:   | Contents:  |  |

| Item To Inspect  | Acceptable | Unacceptable | Corrective<br>Action |
|--|------------|--------------|----------------------|
| Roof vents clear   |            |              |                      |
| Roof drains clear  |            |              |                      |
| Liquid level gauging equipment operating properly          |            |              |                      |
| Emergency shutoff valves operating properly                |            |              |                      |
| Pressure relief devices unobstructed                       |            |              |                      |
| Grounding lines and connections not loose or corroded      |            |              |                      |
| Fire extinguishing equipment in place, operates properly   |            |              |                      |
| Containment dike intact (no cracks, holes or breaches)     |            |              |                      |
| Containment dike does not require draining                 |            |              |                      |
| Oil/water separator or equivalent does not require pumping |            |              |                      |
| Oil/water separator discharge is clear                     |            |              |                      |

| Inspector Signature  | Date |  |
|----------------------|------|--|
| Supervisor Signature | Date |  |

## **Bulk Storage And Transfer Facility Monthly Inspection Checklist**

|           |  | Acceptable | е        | Unacceptable | Corrective<br>Action |  |
|-----------|--|------------|----------|--------------|----------------------|--|
|           |  |            | L        |              |                      |  |
| Tank #:   |  | Co         | ontents: | ents:        |                      |  |
| Facility: |  | Ins        | spector: |              |                      |  |

| Item To Inspect  | Acceptable | Unacceptable | Corrective<br>Action |
|--|------------|--------------|----------------------|
| Tank shell and roof not cracked/corroded, no structural damage       |            |              |                      |
| Tank seams or welds not cracked, leaking or corroded                 |            |              |                      |
| Tank rivets/bolts not loose, missing or corroded                     |            |              |                      |
| Coating not bubbled, cracked or damaged                              |            |              |                      |
| Tank foundation not cracked, eroded or settled unevenly              |            |              |                      |
| Tank supports/saddle not deteriorated or buckled                     |            |              |                      |
| Tank has not slipped from foundation or support                      |            |              |                      |
| Pipe supports not deteriorated/damaged, sagging or loose             |            |              |                      |
| Piping, valves, fittings, couplings not leaking, corroded or damaged |            |              |                      |
| Cathodic protection system functioning properly                      |            |              |                      |

| Inspector Signature  | Date |  |
|----------------------|------|--|
| Supervisor Signature | Date |  |

## Annual Tank Internal Visual Inspection (At scheduled down-time)

| Facility:     |              |         | Inspector | :      |     |           |                      |
|---------------|--------------|---------|-----------|--------|-----|-----------|----------------------|
| Tank #:       |              |         | Contents  |        |     |           |                      |
|               |              |         |           |        |     |           |                      |
|               | Item To      | Inspect | Accep     | otable | Una | cceptable | Corrective<br>Action |
| Condition of  | liner        |         |           |        |     |           |                      |
| Condition of  | welds, seams |         |           |        |     |           |                      |
| Condition of  | tank walls   |         |           |        |     |           |                      |
| Condition of  | tank bottom  |         |           |        |     |           |                      |
| Observations  | s:           |         |           |        |     |           |                      |
|               |              |         |           |        |     |           |                      |
| Inspector Sig | gnature      |         |           | Date   |     |           |                      |
| Supervisor S  | Signature    |         |           | Date   |     |           |                      |

### **Daily Facility Security Procedures**

| Facility:   |                  |                               | Inspector:        |         |                 |   |  |  |
|---|------------------|-------------------------------|-------------------|---------|-----------------|---|--|--|
|   |                  |                               |                   |         |                 |   |  |  |
| Check the following items prior to leaving the facility at the end of each working day:                 |                  |                               |                   |         |                 |   |  |  |
| All entrance  | doors to the fac | cility or building are closed | and locked        |         |                 |   |  |  |
| Master flow of in the closed  |                  | raw valve, and any other fl   | ow control valv   | es in t | anks are locked | t |  |  |
| Drainage valv   | es from diked    | areas are locked in the clo   | osed position     |         |                 |   |  |  |
| Starter contro  | ols on all chemi | ical pumps are locked in th   | ne "off" position |         |                 |   |  |  |
| All access gates to fenced equipment and facilities are closed and locked (unless guarded continuously) |                  |                               |                   |         |                 |   |  |  |
| All security lig  | ghting is operat | ting and in good condition    |                   |         |                 |   |  |  |
| Warning sign  | s are clearly vi | sible and unobstructed        |                   |         |                 |   |  |  |
| Observations  | :                |                               |                   |         |                 |   |  |  |
|   |                  |                               |                   |         |                 |   |  |  |
|   |                  |                               |                   |         |                 |   |  |  |
|   |                  |                               |                   |         |                 |   |  |  |
| Inspector Sig   | nature           |                               | Dat               | e       |                 |   |  |  |
|   |                  |                               |                   |         |                 |   |  |  |

Date

Supervisor Signature