60-Day Inspection Checklist

Name of Facility:_____ Facility ID:_____

Address:_____ Inspection Date:_____

_____ Name:_____

Spill Containment - All Facilities

Tank ID #	Clean & Dry Y / N	Liquid / Debris Y	Removed within 96 Hrs. Date	Damaged Y / N	Repaired Date

Existing Sumps When Used As Integral Part of UST Release Detection Prior to January 1, 2009

STP Sumps

Tank ID #	Clean & Dry Y / N	Liquid / Debris Y	Removed within 96 Hrs. Date	Comments/Condition

Dispenser Sumps

Dispenser #	Clean & Dry Y / N	Liquid / Debris Y	Removed within 96 Hrs. Date	Comments/Condition