

# UNDERGROUND STORAGE TANK MONITORING SYSTEM DAILY INSPECTION FORM

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Manufacturer Name and Model No. of System: \_\_\_\_\_

Location of System Control Panel: \_\_\_\_\_

Inspection Date (day)	Inspector's Initials	System Has Power	Audible & Visual Alarms Test OK	Alarms (Y/N)	Alarm Types/Corrective Actions/Comments
1					
2					
3					
4					
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