NEBRASKA
Good Life. Great Safety.
STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal
Fuels Division
246 South 14th Street
Lincoln, NE 68508
https://sfm.nebraska.gov/fuels-safety

Nebraska UST Operator Inspection Checklist
Annual Walkthrough Inspection

Annual walkthrough inspections must be kept at least three years after the last inspection date on the form.

This inspection is to be completed by a person with knowledge of the UST system. (Examples: owner or operator, trained A/B Operator, service technician). Annual walkthroughs inspections must be conducted at least once a year. Records must include a list of each area checked, whether each area checked was acceptable or needed action taken, a description of actions taken to correct an issue. If problems are found during the walkthrough inspection, the person conducting the inspection must take action quickly to resolve these problems and avoid serious releases.

Facility Name: _____   SFM Facility ID: _____

Site Address: _____

City, County: _____   Zip Code: _____

Required Activities (TITLE 159 CH 6.007 AND CFR 280.36)

Containment Sumps	Date	Initials	Checked
Visually check each containment sump for damage; are the containments free of bulges, holes, cracks?			☐
Visually check for leaks to the containment area or releases to the environment			☐
Verify containments are free of liquid or debris; remove any liquid or debris if found			☐
For double walled sumps with interstitial monitoring, check for leaks in the interstitial area (If not applicable check N/A)			☐
Handheld Release Detection Equipment		**Initials**	**Checked**
Check handheld release detection equipment, such as tank gauge sticks or groundwater bailers for operability and serviceability. Verify gauge stick measurements are visible to an 1/8 inch.			☐

Are there any items from the walkthrough that require corrective actions be completed?   ☐ Yes ☐ No

UST System Maintenance/Repair Record		
Identify Problem/Defective UST System Component	**Date of Repair**	**Who Did Repair?**

Name of individual performing walkthrough inspection:

Name (Print): _____

Signature: _____   Date: _____