



# Wyoming Storage Tank Program Operator's Annual Inspection (OAI)



Date Performed:	WYOMING FACILITY NUMBER: 0-00
Facility Name:	OWNER NAME:
Address:	Mailing Address:
City:	City, State, Zip:
Phone:	Phone:
Tester:	Tester License Number:
Tester Company Name:	Owner/Operator Signature:

## Line Leak Detectors and Line Testing

Line Leak Detectors	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____
Product in Tank or Compartment				
Type of Line Leak Detection (MLLD / ELLD /Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly Per Recommended Method				
Line Tightness Testing	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				
Line Leak Detectors	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____
Product in Tank or Compartment				
Type of Line Leak Detection (MLLD / ELLD /Sump Sensor)				
Brand of Line Leak Detector				
Simulated Leak Rate (ELLD/MLLD)				
Did Line Leak Detector Function Properly Per Recommended Method				
Line Tightness Testing	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____	TANK OR COMPARTMENT# ____
Product				
Leak Rate				
Test Start Time				
Test End Time				
Test Length				

**NOTE:** WHEN THE OWNER/OPERATOR SUBMITS COPIES OF THIS OPERATORS ANNUAL INSPECTION FORM TO THE DEQ, THEY ARE ALSO REQUIRED TO SUBMIT COPIES OF THE TANK LEAK DETECTION RECORDS FOR THE PRECEDING 12 MONTHS.

# TANK LEAK DETECTION

TANKS	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product (Specify Type)				
Capacity (Gallons)				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method or Methods = (Automatic Tank Gauging (ATG)/SIR/GW/VM/ Manual Tank Gauging/(MTG) Inventory Control (IC) Interstitial.				
Double-Wall Tank (Yes or No)				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Interstitial Probes Functionally Tested and Operating Properly. (If Appropriate)				
Additional Information				

TANKS	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Product (Specify Type)				
Capacity (Gallons)				
Tank Construction Material				
Compartment (Yes or No)				
Primary Tank Leak Detection Method or Methods = Automatic Tank Gauging (ATG)/SIR/GW/VM/ Manual Tank Gauging (MTG) Inventory Control (IC) Interstitial.				
Double-Wall Tank (Yes or No)				
How Close is ATG Calibration(If ATG is Primary Method)				
Are Probes Clean (If Applicable)				
Interstitial Probes Functionally Tested and Operating Properly (If Appropriate)				
Additional Information				

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# TANK DESCRIPTION

TANKS AND PIPING	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Status of Tank = <i>(Active or Taken-Out-of-Use)</i>				
Capacity <i>(Gallons)</i>				
Product <i>(Specify type)</i>				
Tank Construction Material				
Compartment Tank <i>(Yes or No)</i>				
Double-Wall Tank <i>(Yes or No)</i>				
Piping Type <i>(Suction or Pressurized)</i>				
Piping Material <i>(FRP/Flex/Steel)</i>				
Double-Wall Piping <i>(Yes or No)</i>				
Emergency Power Generator <i>(Yes or No)</i>				
Type of Overfill Prevention				
TANKS AND PIPING	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____	TANK OR COMPARTMENT# _____
Status of Tank = <i>(Active or Temporarily-Out-of-Use)</i>				
Capacity <i>(Gallons)</i>				
Product <i>(Specify type)</i>				
Tank Construction Material				
Compartment Tank <i>(Yes or No)</i>				
Double-Wall Tank <i>(Yes or No)</i>				
Piping Type <i>(Suction or Pressurized)</i>				
Piping Material <i>(FRP/Flex/Steel)</i>				
Double-Wall Piping <i>(Yes or No)</i>				
Emergency Power Generator <i>(Yes or No)</i>				
Type of Overfill Prevention				

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Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## INSPECTION OF TANK/FACILITY EQUIPMENT

TANK EQUIPMENT	TANK OR COMPARTMENT# _____			
Turbine Sumps Clean				
Is There Any Visible Damage to Piping?				
No Exposed Wire Connections				
Spill Buckets Clean				
Spill Bucket Drains Operational				
Any Damage to Spill Buckets				
Is Spill Bucket Lid Damaged?				
Is There a Drop Tube?				
Type of Overfill Prevention				
Verified Flapper Valve Has not Been Disabled				
Have Vent Pipes Been Damaged?				
Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy				

TANK EQUIPMENT	TANK OR COMPARTMENT# _____			
Turbine Sumps Clean				
Is There Any Visible Damage to Piping?				
Any Exposed Electrical Connections?				
Spill Buckets Clean				
Spill Bucket Drains Operational				
Any Damage to Spill Buckets				
Is Spill Bucket Lid Damaged?				
Is There a Drop Tube?				
Type of Overfill Prevention				
Verified Flapper Valve Has not Been Disabled				
Have Vent Pipes Been Damaged?				
Vent Pipes at least 12' High or 3' Higher Than Roof or Canopy				

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Notes: \_\_\_\_\_  
 \_\_\_\_\_

# DISPENSERS

All test equipment removed from Fire/Shear/Safety Valves: \_\_\_\_\_

DISPENSER EQUIPMENT	DISPENSER# _____	DISPENSER# _____	DISPENSER# _____	DISPENSER# _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Test Equipment Removed?				

DISPENSER EQUIPMENT	DISPENSER# _____	DISPENSER# _____	DISPENSER# _____	DISPENSER# _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Test Equipment Removed?				

DISPENSER EQUIPMENT	DISPENSER# _____	DISPENSER# _____	DISPENSER# _____	DISPENSER# _____
Dispenser Pan Clean?				
Shear Valves Present?				
Shear Valves Anchored?				
Shear Valves Operational?				
Any Leaks?				
Any Exposed Electrical Connections?				
Test Equipment Removed?				

## EMERGENCY EQUIPMENT

SAFETY	
Is Emergency Shutoff Switch Visible and Clearly Marked?	
Is Emergency Shutoff at Least 20' and No More Than 100' From Dispensers?	
Is There a Portable Fire Extinguisher No More Than 75' From Dispensers?"	

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