



Butte County Air Quality Management District
 629 Entler Avenue, Suite 15 Chico CA 95928
 Office: 530-332-9400 www.BCAQMD.org

Facility Name: _____ Permit to Operate Number: _____
 Street Address: _____ City: _____ Zip Code: _____

Aboveground Storage Tank Daily Inspection Form

Month: _____

Activity	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hoses: No kinks, flat spots, blockages, tears																															
Hose Retractors: Pull hose up to housing																															
Nozzle Spouts: No drips, blocked ports, damage																															
Nozzle Bellows: No tears, splits, loose clamp																															
Nozzle: hold open latch functional																															
Nozzle Check Values: no malfunctions																															
CARB dispenser decal & phone number																															
Swivels & Breakaways: Turn, correct direction																															
Phase I: All dust caps in place, seals tightly																															
Phase I Dry Break: No leaks, sealed position																															
Phase I Spill Container: No puddle, pump works																															
Throughput Logs: On-site, current, complete																															
Initials of person conducting inspection																															

Instructions: Place a check mark (v) in the box if there were no issues for the category for that day.
 Place an "F" in the box if the item fails inspection.
 Fill out the repair log for each failure found during inspection.