



**State of Hawaii Department of Health
Solid and Hazardous Waste Branch
Underground Storage Tank**

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PERIODIC OPERATION AND MAINTENANCE WALKTHROUGH INSPECTIONS

Instructions: This is a recommended form to be completed in compliance with Hawaii Administrative Rules (HAR), Chapter 11-280.1-36, for Multi - Tank Systems.

Part 1: The periodic operation and maintenance walkthrough inspections for Spill Prevention Equipment and Release Detection Equipment are conducted every 31 days. HAR 11-280.1-36(a)(1)

A. Spill Prevention Equipment – HAR 11-280.1-36(a)(1)(A)	1	2	3	4	5	Remarks
<ul style="list-style-type: none"> ○ Visually check for damage ○ Remove liquid or debris ○ Check for and remove obstructions in the fill pipe ○ For double-walled (DW) spill prevention equipment with interstitial monitoring, check for a leak in the interstitial area 						
B. Release Detection Equipment – HAR 11-280.1-36(a)(1)(B)	1	2	3	4	5	Remarks
<ul style="list-style-type: none"> ○ Check to make sure the release detection equipment is operating with no alarms or other unusual operating conditions present ○ Records of release detection testing are reviewed and current 						

Note any deficiencies observed, as well as any corrective actions taken:

Part 2: The periodic operation and maintenance walkthrough inspections for Containment Sumps used for interstitial monitoring of piping and handheld release detection equipment are conducted every 365 days. HAR 11-280.1-36(a)(2)

A. Containment Sumps - HAR 11-280.1-36(a)(2)	1	2	3	4	5	Remarks
<ul style="list-style-type: none"> ○ Visually check for damage, leaks to the containment area, or releases to the environment ○ Remove liquid (in contained sumps) or debris ○ For DW sumps with interstitial monitoring, check for a leak in the interstitial area 						
B. Hand held release detection equipment – HAR 11-280.1-36(a)(2)(B)	1	2	3	4	5	Remarks
<ul style="list-style-type: none"> ○ Check devices such as tank gauge sticks or groundwater bailers for operability and serviceability ○ Dates of annual (365 days) inspections: _____, _____, and _____ 						

Note any deficiencies observed, as well as any corrective actions taken:

Date: _____
 Name of person conducting inspection: _____
 Signature of person conducting inspection: _____