

CUPA Name
**UNDERGROUND STORAGE TANK
 FILE REVIEW AND EQUIPMENT CHECKLIST**

Facility Name: _____

Date: _____

Address: _____

Specialist: _____

FILE REVIEW:

YES/NO/NA

DATE

- | | | |
|--------------------------------------------------------------|-------|-------|
| 1. CUPA Permit current | _____ | _____ |
| 2. Continuous monitoring system certification current | _____ | _____ |
| 3. Line leak detector certification current (if applicable) | _____ | _____ |
| 4. Secondary containment testing current (if applicable) | _____ | _____ |
| 5. UPCF UST Facility Form on file current | _____ | _____ |
| 6. UPCF UST Tank Page 1 & 2 Form on file current | _____ | _____ |
| 7. Proof of Financial Responsibility current | _____ | _____ |
| 8. UST Monitoring Plan on file current | _____ | _____ |
| 9. UST Plot Plan on file current (or refer to HMBP) | _____ | _____ |
| 10. UST Response Plan on file current | _____ | _____ |
| 11. Designated Operator Notification on file current | _____ | _____ |
| 12. Owner/Operator Agreement on file current (if applicable) | _____ | _____ |
| 13. Required integrity testing current (if applicable) | _____ | _____ |
| 14. Enhanced leak detection testing current (if applicable) | _____ | _____ |

MONITORING EQUIPMENT:

INSTALLATION DESCRIPTION	MANUFACTURER	MODEL NUMBER
Main UST Monitoring System		
Additional UST Monitoring System		
Product Line Leak Detectors		
Automatic Tank Gauge Device		
Tank Annular Space or Vault Sensor(s)		
Fill Sump Sensor(s)		
Fill Sump Annular Space Sensor(s)		
Piping Sump Sensor(s)		
Piping Sump Annular Space Sensor(s)		
UDC Sensor(s) or Float(s)		
UDC Annular Space Sensor(s)		
Vent Piping Annular Space Sensor(s)		
Vapor Piping Annular Space Sensor(s)		
Product Piping Annular Space Sensor(s)		
Vent Transition Sump Sensor(s)		
Vent Transition Sump Annular Space Sensor(s)		
Overfill Devices (2 required)	<input type="checkbox"/> Alarm (90%) <input type="checkbox"/> Ball Float (90%) <input type="checkbox"/> Flapper Valve (95%)	