

Date Prepared 7/2004
Revised 7/19/05
Prepared By Patty Watt

BMP EOC #21

TITLE: Aboveground Tank Monthly Inspections

Regulatory Citation: 6 NYCRR Part 374-3

Applicability: The following aboveground tanks must be inspected monthly:

Tank I.D.	Location
001 (2,000 design capacity)	006
004 (550 design capacity)	112B

Purpose: Aboveground tanks and secondary containment structures must be inspected monthly for leaks and evidence of corrosion.

Person or Department Responsible: Associate Coordinator of Business Services

Schedule: Monthly

Procedures: On a monthly basis each of the noted aboveground tanks must be inspected and the attached inspection form completed for each tank. The inspection must include a visual review of the tank's exterior surface for evidence of corrosion, piping and valves for leaks, maintenance deficiencies, and evidence of corrosion or excessive wear. In addition, the tank's labeling (i.e. design and working capacity, ID#, and level gauge must be inspected. Also, the tanks containment structure must be reviewed for cracks, spaulding, accumulation of rainwater, etc.

After completing the inspection form, the Maintenance staff will forward the inspection form to the Associate Coordinator of Business Services. If any problems were noted, the Associate Coordinator will immediately contact the owner to address the issue. The Director of EHS will be informed of any problems not corrected within 30 days.

Record keeping: The completed inspection forms must be maintained on-site for 10 years. The inspection forms must be available for review upon request by the NYSDEC.

Record Location: The completed inspection form must be placed in the tank inspection file located in EOC

Contact: Asso. Coord of Business Services 273-1900
Director of Environmental, Health and Safety (629-7163)

#21 tank insp

Owner:
 University Partners, L.L.C.
 P.O. Cox 799
 Albany, NY 12201

Operator:
 E.O. C. Hudson Valley Community College
 145 Congress Street
 Troy, NY 12180

BULK PETROLEUM STORAGE

MONTHLY ABOVE-GROUND TANK INSPECTION

Facility PBS Number 4-600940 Date of Inspection _____

Tank Identification Number _____ Inspector* _____

Item	Type of Problem	Acceptable	Not Acceptable	Observation	Date/Nature of Repair
Tank	Markings (tank contents, capacity, ID)				
	Corrosion				
	Loose Fittings				
	Evidence of Leaks				
Piping	Loose Fittings				
	Drippage				
	Corrosion				
Secondary Containment	Cracked				
	Spaulding				
	Erosion				
	Evidence of Leak				
	Interstitial space leakage				
Fillport	Labels/symbol present, legible				
	Locked				
Tank Level	Gauge malfunction				

***Inspector Certification: This inspection was performed consistent with 6NYCRR 613.6**