



guidance

HAZARDOUS WASTE TANK SYSTEM DAILY INSPECTION LOG

(AS REQUIRED BY 22 CCR 66265.195)

Business Name: _____

Month: _____

Business Address: _____

Year: _____

Tank System ID: _____

D A Y	Is secondary containment free of waste and liquid?		Is the system free of corrosion and evident damage?		Are pipes, valves and pumps free of leaks and in good condition?		Do open tanks have at least 2 ft. of free board?		Is leak detection program/equipment working?		Inspected by	Comments/Corrective actions taken
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO		
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