**Using this Template**

The following template can be used to help your organization develop a written Underground Storage Tank Management Program. This template cannot be used as is – you must customize the template to meet the needs of your organization. We have made this template easy for you to customize by adding visual prompts that identify where your input is needed. These are identified by yellow highlighted, red text in the template. You may also change any type of the text in the template to meet your organization’s needs – for example, department names, job titles and listed responsibilities and procedures.

*Example:*

<Company Name>

Underground Storage Tank Management Program

becomes

XYZ Company

Underground Storage Tank Management Program

To remove the colored highlighting from your text, left click and drag your mouse over the yellow text and click on the highlighter button from the font menu. To change the font color to black, select the text and click on the font color button.



To aid you in understanding the need to customize your program, several “Check Your Understanding” text boxes are also included throughout the template. After reading the information in the text box and adding the required information into the template, you may simply right click on the cross arrow box and select “cut.”

|  |
| --- |
| ***Disclaimer.*** *This sample safety program template cannot be used as is. You must customize the template to meet the needs of your organization. EMC does not guarantee that this template is or can be relied on for compliance with any law or regulation, assurance against preventable losses, or freedom from legal liability. We make no representations or warranties of any kind whatsoever, either express or implied, in connection with the use of this template. EMC will not be liable for your use of the template as customized by you. All safety programs and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel and/or risk management staff.* |

**<Company Name>**

**Underground Storage Tank Management Program**

***Check Your Understanding.*** Do you need an Underground Storage Tank (UST) Management Program? The Environmental Protection Agency (EPA) defines a UST as any tank, including the underground piping associated with the tank, which has at least ten percent of its volume underground. If you have a tank that meets this definition, you may need a UST management program. A UST management program is designed to help you protect against leaks that could possibly damage the environment. The greatest potential threat from a leaking UST is contamination of ground water, a source of drinking water.

The use of a management program can help your facility avoid cleanup costs and liability concerns, as well as reduce the risk of environmental and health hazards associated with leaks, fires and explosions.

**Purpose**

The purpose of <Company Name’s> Underground Storage Tank (UST) Management Program is to increase the health and safety of employees, customers and community by minimizing exposure to UST contents.

**Scope**

This Program applies to all locations with a UST owned or leased by <Company Name>. The Program outlines <Company Name's> response to reports, maintenance standards and employee communications.

All employees are required to follow the procedures outlined in this Program. Any deviations from this Program must be immediately brought to the attention of the Program Administrator.

**Program Responsibilities**

**Management.** <Company Name> is responsible for providing the tools and resources necessary to implement this program, and for ensuring that the provisions in this program are being followed by the Program Administrator.

**Program Administrator.** The Program Administrator is responsible for the following:

* Maintaining current list of USTs (**Appendix A**)
* Addressing UST concerns and issues from employees, management and the public
* Coordinating annual UST assessments
* Facilitating UST operator/contractor training, compliance and tank filling
* Notifying regulatory agency when there is a release/leak of a regulated substance
* Ensuring all departments have access to the Program
* Scheduling employee training and ensuring new hires receive reporting instructions
* Periodically reviewing the Program and updating as needed

**Maintenance. All** <Company Name> Maintenance and filling employees will:

* **Attend UST Management Program training**
* **Follow all UST Management Program requirements**
* **Perform monthly and annual UST assessments**

**Employees. All** <Company Name> employees will:

* Avoid smoking or open flames near USTs on company property
* Report UST concerns to their supervisor, management or Program Administrator
* Report spills or leaks immediately

**UST Assessments**

|  |
| --- |
| ***Check Your Understanding.*** The federal government regulates the use and operation of USTs. As of October 13, 2018, owners and operators of these tanks must conduct walkthrough inspections at their UST facility. By being proactive in the process and enforcing monthly assessments in your management program, you are protecting your site while also complying with federal regulations. |

The Program Administrator will coordinate assessment of all USTs maintained by <Company Name>. Walk-throughs assessment will include:

MONTHLY

* Evaluating spill prevention and release detection equipment
* Ensuring the appropriate supplies are available for cleaning up spills and overfills
* Checking area for corrosion
* Confirming hoses, nozzles and breakaways are in good working condition

ANNUALLY

* Checking containment sumps for damage and leaks
* Removing liquid in contained sumps

Results of the assessments will be recorded in the form located in **Appendix B**. If any problems are found during the inspection, the Program Administrator will arrange for corrective actions as soon as feasible to reduce the likelihood of a release.

**UST Reporting**

All employees should report UST concerns to their supervisor, manager or the Program Administrator. The individual receiving the UST concern will document it using the UST Report Form in **Appendix C,** and forward this form to the Program Administrator within 24 hours. The Program Administrator will interview the person reporting a concern to gather as much information as possible. All personal information will remain confidential. All documents related to UST concerns will be retained on file with the Program Administrator. Confidentiality concerns should be reported to the Program Administrator or to the Human Resources Manager.

**UST Investigations**

All reported UST concerns will be investigated by the Program Administrator and documented using the Investigation Form in **Appendix D.** All investigations will include a system inspection to ensure that acceptable containment and closure is being maintained, and that the condition of the UST and pipes is isolated and poses no release threat. The filling and maintenance patterns will be assessed and other possible factors will be investigated. The Program Administrator will use the resources at <https://www.epa.gov/ust/resources-ust-owners-and-operators> to guide each of these assessments.

If the Program Administrator determines there is a need for testing based on interviews and visual inspection, it will be performed by:

<Outside Testing Vendor, Address, Phone Number>.

**UST Emergencies**

***Check Your Understanding.*** Unforeseen circumstances such as hazardous material spills, overfills, and fires may occur and will require immediate emergency action. These types of incidents should be taken into consideration when developing your Emergency Action Program and your Spill Response and Countermeasures Program, and when deciding whether a HAZWOPER program is necessary for your organization.

**If an UST emergency occurs and an evacuation is necessary to protect employees and visitors, we will follow <Company Name’s> Emergency Action Plan.**

**If a release/spill occurs that is greater than can be contained with the onsite spill kit – CALL 911 immediately and report the release to your supervisor immediately.**

**Incidental Surface Release/Overfill:**

* Take immediate action to prevent the release of more material
* Use the emergency shutoff switch to stop the flow *(Know where your emergency shutoff switch is located!)*
* Turn off the power to any equipment associated with or near the release
* If any fire, explosion, or vapor potential exists, do not endanger yourself or others - **Call 911**
* Contain the release using the spill kit
* Report the release to the Program Administrator within 4 hours

***Check Your Understanding.*** You should keep enough absorbent material at your facility to contain a spill or overfill of petroleum products until emergency response personnel can respond to the incident. The suggested spill kit supplies include, but are not limited to:

* Containment devices, such as booms, dikes and pillows
* Absorbent material, such as kitty litter, chopped corn cob, sand and sawdust
* Mats or other material capable of keeping spill or overfill out of nearby storm drains
* Spark-free flashlight
* Spark-free shovel
* Buckets
* Reels of caution tape, traffic cones and warning signs
* Personal protective gear

**Reportable Quantity Release:**

If hazardous materials are released in a quantity equal to or greater than 5 gallons, or enough to cause a sheen on nearby surface water, contact 911 and the Program Administrator immediately at 555-555-5555.

The Program Administrator will contact the necessary regulatory authorities.

<State Regulator Name>

<Emergency Contact Phone Number>

<Federal Regulator Name>

<Emergency Contact Phone Number>

**UST Corrosion Protection Inspection**

<Company Name> will hire a qualified testing company to perform all corrosion protection inspections.

* Every 60 days, systems with impressed current cathodic protection will be inspected to ensure the equipment is running properly.
* Every 3 years, systems with all other types of cathodic protection will be inspected for proper operation.

<Testing Company Name>

<Testing Company Address>

<Testing Company Phone Number>

All inspection reports and testing data will be maintained by the Program Administrator for the lifetime of the tank. Any issues identified during these inspections will be remedied by the Program Administrator and all remedial actions will be recorded.

**UST Tank Filling**

<Company Name> contracts with <Outside Supplier> to supply all materials and perform tank filling. To avoid overfilling our USTs, the Program Administrator will ensure that the following measures are in place during each filling:

* An overfill alarm is activated when the tank is 90% full
* The alarm is not tampered with
* The overfill alarm annunciates with both an audible sound and a flashing light
* Filling stops when the alarm sounds or light flashes

**UST Closures**

Permanent Closure

<Company Name> does not allow permanently closed UST to remain in the ground at any time. The following procedures will be followed when permanently closing a UST.

1. Notify EPA Region Office and any other appropriate regulatory agency 30 days prior to closure
2. Contract with <Cleanup Company Name> to remove all liquids and sludge
3. Contract with < Tank Removal Company Name> to remove the tank
4. Contact <Sampling Company Name> to perform all required soil sampling to document a “clean closure”
5. If evidence of any release is observed, contact appropriate regulatory agency within 24 hours
6. Contract with < Remediation Company Name> to remove any contaminated soil
7. The Program Administrator will contact the EPA Regional Office to receive a “clean closure” letter
8. The Program Administrator will maintain all removal documents indefinitely

Temporary Closure

The following procedures will be followed when temporarily closing (12 months or less) a UST:

1. Maintain all corrosion protection and release detection systems
2. If UST will be empty for more than 3 months, open vent lines and cap all other lines, pumps and ancillary equipment

**UST Program Communication**

<Company Name> has created a procedure for communicating with employees and contractors regarding UST issues in a prompt and consistent manner.

**General Information.** Information on the UST Management Program, how to report UST concerns, UST safety information, and emergency contact information will be communicated annually to employees. All new employees will also be provided with this information within the first week of employment.

**UST Program Training**

**The Program Administrator will perform annual and periodic training sessions as part of the UST Management Program. Maintenance, filling, safety and security personnel will receive training on aspects of the Program relevant to their job function. Training will consist of the following:**

* **Annual assessments**
* **Reporting of UST issues**
* **UST investigation participation**
* **UST emergencies**
* **Emergency contact information**

All training will be recorded in the Employee Training Record located in **Appendix E**.

**Periodic Program Review**

The UST Management Program will be reviewed annually by the Program Administrator. This review will address:

* Changes to tanks
* Changes in operations
* Maintenance procedures
* Changes in contractors
* Program priorities

The annual review will be submitted to senior management using the form in **Appendix F**.

**Record Retention**

<Company Name> will maintain UST Maintenance Program training records for <3> years. All other program records will be kept as indicated within the program by the Program Administrator.

**Appendix A – USTs Owned & Operated Listing**

| DESCRIPTION OF UNDERGROUND STORAGE TANKS  Location:  Date: | | | | | |
| --- | --- | --- | --- | --- | --- |
| Tank identification number(s) | Tank No. | Tank No. | Tank No. | Tank No. | Tank No. |
| 1. Status of tank (check only one)  Currently in use  Temporarily closed | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |
| 2. Date of installation (month/year) |  |  |  |  |  |
| 3. Estimated total capacity (gallons) |  |  |  |  |  |
| 4. Tank attributes (check all that apply)  Asphalt-coated or bare steel  Cathodically-protected steel (impressed current)  Cathodically-protected steel (sacrificial anodes)  Coated and cathodically-protected steel (impressed current)  Coated and cathodically-protected steel  (sacrificial anodes)  Composite  (steel clad with noncorrodible material)  Concrete  Fiberglass-reinforced plastic  Noncorrodible tank jacket  Lined interior  Excavation liner  Double-walled  Manifolded  Compartmentalized  Field-constructed  Unknown  Check box if tank has ever been repaired  Other, specify here | ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐☐  ☐  \_\_\_\_\_\_\_\_\_ |
| 5. Overfill protection installed  (check all that apply)  Automatic shutoff  Flow restrictor  High-level alarm  Other, specify here | ☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐  ☐☐  \_\_\_\_\_\_\_\_\_ |
| 6. Spill prevention installed  Double-walled  Other | ☐  ☐ | ☐  ☐ | ☐  ☐ | ☐  ☐ | ☐  ☐ |
| 7. Piping attributes (check all that apply)  Bare steel  Galvanized steel  Fiberglass-reinforced plastic  Flexible plastic  Copper  Cathodically-protected (impressed current)  Cathodically-protected (sacrificial anodes)  Double-walled  Secondary containment  Airport hydrant piping  Unknown  Other, specify here | ☐☐☐☐☐  ☐☐  ☐☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐☐☐☐☐  ☐☐  ☐☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐☐☐☐☐  ☐☐  ☐☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐☐☐☐☐  ☐☐  ☐☐  ☐☐  \_\_\_\_\_\_\_\_\_ | ☐☐☐☐☐  ☐☐  ☐☐  ☐☐  \_\_\_\_\_\_\_\_\_ |
| 8. Piping delivery type (check all that apply)  Safe suction (no valve at tank)  U.S. suction (valve at tank)  Pressure  Gravity feed | ☐☐  ☐  ☐ | ☐☐  ☐  ☐ | ☐☐  ☐  ☐ | ☐☐  ☐  ☐ | ☐☐  ☐  ☐ |
| 9. Substance currently stored (or last stored in the case of closed tanks) (check all that apply)  Gasoline (containing ≤ 10% ethanol)  Diesel  Biodiesel  Kerosene  Heating oil  Used oil  Gasoline containing >10% ethanol (specify amount of ethanol)  Diesel containing >20% biodiesel (specify amount of biodiesel)  Other, specify here | ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_ |
| Hazardous substance  CERCLA name Or CAS number | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ |
| Mixture of substances  Please specify substances here | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ | ☐  \_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10. Release detection (check all that apply)  Manual tank gauging  Tank tightness testing  Inventory control  Automatic tank gauging  Vapor monitoring  Groundwater monitoring  Interstitial monitoring (required for new or replaced tanks or piping)  Statistical inventory reconciliation  Automatic line leak detectors  Line tightness testing  No release detection required (such as some types of suction piping)  Other method allowed by implementing agency  Other, specify here | ☐☐  ☐  ☐  ☐  ☐  ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_ | ☐☐  ☐  ☐  ☐  ☐  ☐☐  ☐  ☐  ☐  ☐  \_\_\_\_\_\_\_\_\_ |

Name of Individual Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Individual Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix B – UST Assessment Checklist**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name** | | | **Facility ID #** | | | | |
| **Release Detection For Tanks** | | | | **Tank 1** | **Tank 2** | **Tank 3** | **Tank 4** |
|  | Automatic tank gauging (ATG) system | | |  |  |  |  |
|  | Interstitial monitoring (with secondary containment) | | |  |  |  |  |
|  | Statistical inventory reconciliation (SIR) | | |  |  |  |  |
|  | Continuous in-tank leak detection (CITLD) | | |  |  |  |  |
|  | Vapor monitoring | | |  |  |  |  |
|  | Groundwater monitoring | | |  |  |  |  |
|  | Manual tank gauging only | | |  |  |  |  |
|  | Other release detection method (please specify) | | |  |  |  |  |
| **Release Detection For Pressurized Piping** | | | | | | | |
| **A**  **(Automatic Line Leak Detectors)** | | Automatic flow restrictor | |  |  |  |  |
| Automatic shutoff device | |  |  |  |  |
| Audible or visual alarm | |  |  |  |  |
| **B** | | Annual line tightness test | |  |  |  |  |
| Monthly monitoring1 | |  |  |  |  |
| 1. Monthly monitoring for piping includes interstitial monitoring, vapor monitoring, groundwater monitoring, SIR, and CITLD. | | | | | | | |
|  | | | | | | | |
| **Release Detection For Suction Piping** | | | | | | | |
|  | Line tightness testing every three years | | |  |  |  |  |
|  | Monthly monitoring1 | | |  |  |  |  |
|  | No release detection (safe suction)2 | | |  |  |  |  |
| 1. Monthly monitoring for piping includes interstitial monitoring, vapor monitoring, groundwater monitoring, and other accepted methods (such as SIR and electronic line leak detectors).  2. No release detection required only if it can be verified that you have a safe suction piping system with the following characteristics: only one check valve per line located directly below the dispenser; piping sloping back to the tank; and system must operate under atmospheric pressure. | | | | | | | |
|  | | | | | | | |
| **Spill And Overfill Protection** | | | | | | | |
|  | Spill catchment basin or spill bucket (check for each tank) | | |  |  |  |  |
|  | Automatic shutoff device | | |  |  |  |  |
|  | Overfill alarm | | |  |  |  |  |
|  | | | | | | | |
| **Corrosion Protection for Tanks** | | | | | | | |
|  | Coated and cathodically-protected steel | | |  |  |  |  |
|  | Noncorrodible material (such as fiberglass-reinforced plastic) | | |  |  |  |  |
|  | Steel jacketed or clad with noncorrodible material | | |  |  |  |  |
|  | Cathodically-protected non-coated steel | | |  |  |  |  |
|  | Internally lined tank | | |  |  |  |  |
|  | Other method (please specify) | | |  |  |  |  |
| **Corrosion Protection For Piping** | | | | | | | |
|  | Coated and cathodically-protected steel | | |  |  |  |  |
|  | Noncorrodible material (such as fiberglass-reinforced plastic or flexible plastic) | | |  |  |  |  |
|  | Cathodically-protected non-coated metal | | |  |  |  |  |
|  | Other method (please specify) | | |  |  |  |  |

**Appendix C – UST Reporting Form**

**UST Reporting Form**

Employee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site/Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the nature of the problem?

Where is the problem observed (in one or more locations)?

When was the problem first ovserved?

When does it occur or when is it the worst (time of day, day of week, related to certain activities/events)?

Other comments:

**Appendix D – UST Investigation Form**

**UST Investigation Form**

Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UST Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event**

Problems/concerns noticed?

Was the tank being filled or is there visible spill or overfill?

Have other people noticed this problem? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, what are their names and locations?

Has any maintenance been completed that would have caused this problem?

Are there any of the following? (Check all that apply)

|  |  |
| --- | --- |
| € Gauge broken  Alarm not sounding | Leak in system  Tank is corroded |

**Timing Patterns**

When did the problems start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other patterns (explain)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you noticed any particular events/activities, weather conditions, maintenance or other things that tend to occur around the same time or right before the suspected problem?

**Additional Information**

Any observations about the site conditions that need attention or help explain the concern?

**Appendix E – Employee Training Record**

This is to certify that the undersigned received training on the <Company Name> UST Management Program.

|  |  |  |
| --- | --- | --- |
| **Print Name** | | **Sign Name** |
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|  | |  |
|  | |  |
| Print Instructor’s Name |  | |
| Instructor’s Signature |  | |
| Instructor’s Title |  | |
| Date of Training |  | |

**Appendix F – Annual Evaluation Report**

|  |  |
| --- | --- |
| Date of evaluation: | Evaluated by (list all present): |
| Written program reviewed? Yes No | |
| Comments on written program: | |
| The following specific procedures have been reviewed: | |
| The following specific procedures were modified: | |
| The following specific procedures were added: | |
| A review of the company accident reports and injury and illness reports were made, and/or the EPA guidelines on UST maintenance have been reviewed: Yes No | |
| The following injuries/exposures resulted from failure to use correct UST procedures: | |
| If injuries or spills are listed above, indicate procedure number for applicable equipment, process or machinery: | |
| Comments: | |