

Monthly Dispenser Inspection Log

- Use this form to record results of visual inspections of each dispenser at the facility once each month.
- A separate form should be used for each facility. Indicate the year this form is for in the space provided.
- The front of this form has space for six dispensers. If there are more than six dispensers at this facility, use the back of this form.
- If no leaks, seeps, or drips are observed, mark OK in the appropriate column and row.
- If a leak, seep, or drip is observed, note it in the appropriate column and indicate the action taken. Remove any product in the dispenser sump.
- You must take measures to repair any leaks, seeps, or drips observed. If there is no dispenser containment sump, seeps and drips must be reported as confirmed releases.
- Maintain the last 12 months of these inspections and have them available for state inspection.

UST FACILITY INFORMATION

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| Name: | Facility ID #: | Year: |
| Address: | City: | Zip: |

| Date Checked | Disp. # 1 | Disp. # 2 | Disp. # 3 | Disp. # 4 | Disp. # 5 | Disp. # 6 | Action taken if DISP not ok | Initials |
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