

SPCC Monthly Spill Source Checklist

Date:

Your Name:

Email Address:

Building and Room #:

Calendar Year: 2005

Month: ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August
☐ September ☐ October ☐ November ☐ December

Drum Storage Area:

1. Do any containers show signs of leakage or deterioration?

☐ Yes

☐ No

2. Are used oil collection drums 3/4 or more full, required used oil removal?

☐ Yes

☐ No

3. Are there surplus or junk materials stacked on top of containers?

☐ Yes

☐ No

4. Are aisles and walkways blocked preventing easy access to all containers?

☐ Yes

☐ No

5. **Are there any containers that are unlabeled or outdated?**

☐ Yes

☐ No

6. **Are the lids on all containers tightly closed?**

☐ Yes

☐ No

7. **Do any containers show signs of spillage on their tops or sides requiring cleaning?**

☐ Yes

☐ No

Aboveground Storage Tanks (ASTs):

8. **Are the tanks leaking?**

☐ Yes

☐ No

9. **Do the pipe connections show signs of leakage or deterioration?**

☐ Yes

☐ No

10. **Is there debris piled up around the tanks preventing easy access?**

☐ Yes

☐ No

Cooking Oil Collection Tanks:

11. Are the tanks leaking?

☐ Yes

☐ No

12. Is there debris piled up around the tanks preventing easy access?

☐ Yes

☐ No

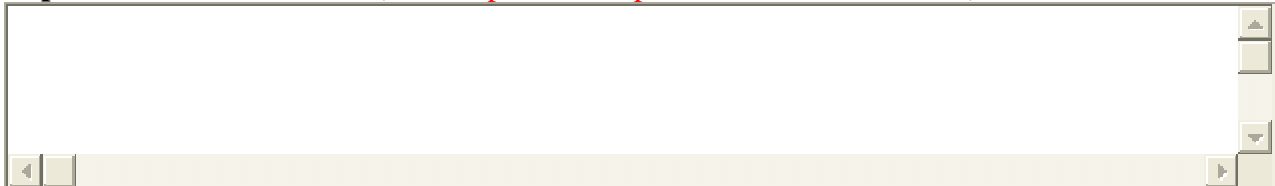
13. Are the tanks almost full, requiring used oil and grease removal?

☐ Yes

☐ No

Please provide a full description of all deficiencies and indicate what maintenance or repair needs to be done.

Repairs and Maintenance: (State expected completion date for each item.)



If work order has been submitted:

work order number:

Date Submitted:

Send Completed Report

Clear Form