

Routine CHECKLIST 2: QUARTERLY FUELING ACTIVITIES CHECKLIST
(For tenants that perform fueling only. Not for tenants that receive fuel from 3rd party)

Business Name: _____ **Date:** _____ **Weather:** _____

Inspector(s): _____ **Inspector Affiliation:** _____

If feasible, at least one of these routine facility inspections each calendar year must be conducted during a period when a storm water discharge is occurring. These inspections must include at least one member of your storm water pollution prevention team.

I. Mobile Fuel Trucks	Yes/No/NA	Corrective Action Req:	Corrected by/ Date:
1. If fuel trucks are used, are the automatic cut-off valve and other components such as pumps, hose connections, pipes, valves, in good condition? If fuel trucks are not used please indicate and skip to Section II.			
2. Do all fuel trucks have drip pan/bucket or any BMP available to catch small spills from connection leaks?			
3. Is there conspicuously labeled spill control equipment <i>onsite</i> near fueling area and stocked for use if a spill suddenly occurs? (Look inside all spill kits to check integrity and quantity of equipment)			
4. Do all fuel trucks traveling <i>offsite</i> to 3 rd party fueling operations have adequately sized and stocked spill kits onboard or available at destination? (Look inside all spill kits to check integrity and quantity of equipment)			
II. Fuel Pump Station(s)	Yes/No/NA	Corrective Action Req:	Corrected by/ Date:
5. Are any leaks of pumps, hose connections, pipes, valves, etc present at storage tank/pump stations?			
6. Are secondary containment valves/plugs in the closed position and working properly? Are all secondary containment areas/berms fully intact and functioning properly?			
7. Is there conspicuously labeled spill control equipment near all PST tank areas and stocked for use if a spill suddenly occurs? (Look inside all spill kits to check integrity and quantity of equipment)			
8. Is your inventory of spill clean-up materials and equipment maintained for all facility spill kits?			
9. Have refueling personnel been made aware of the outfall closure devices available and the proper activation.			
10. Is there any evidence of spills that were not cleaned promptly? If yes, must clean and retrain employees.			
Notes: (Please note any additional BMPs that may need to be addressed)			
This document must be signed by the person and in the manner required by 30 TAC §305.44 or the delegated signatory			
Signature: _____		Date: _____	