NEBRASKA
Good Life. Great Safety.
STATE FIRE MARSHAL AGENCY

Nebraska State Fire Marshal
Fuels Division
246 South 14th Street
Lincoln, NE 68508
https://sfm.nebraska.gov/fuels-safety

Nebraska UST Operator Inspection Checklist
30 Day Walkthrough Inspection

30 day walkthrough inspections must be kept at least three years after the last inspection date on the form.

This inspection is to be completed by a person with knowledge of the UST system. (Examples: trained A/B Operator, service technician, or Nebraska Licensed Professional). 30 day walkthrough inspections must be conducted every 30 days. If problems are found during the walkthrough inspection, the person conducting the inspection must take action quickly to resolve these problems and avoid serious releases.

Facility Name: _____ SFM Facility ID: _____

Site Address: _____

City, County: _____ Zip Code: _____

Required Activities (TITLE 159 CH 6.007 AND CFR 280.36)

Spill Containment Area Tank #:						
Check equipment for damage; is the spill bucket free of cracks, holes, bulges, or other defects?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the spill bucket free of fuel, water, or debris? If no, removed liquids and debris.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the fill cap; does it fit securely on the fill pipe and is the gasket in good condition?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the fill pipe free of obstructions that may affect fuel delivery? If no, remove obstruction.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check double walled spill buckets; are there leaks in the interstice (If not applicable check ☐ N/A)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Release Detection System						
Is release detection equipment operating with no alarms or other unusual operating conditions?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Review your release detection records; are they complete and current?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Inspector Name/Initials Name:						
Were problems found during the walkthrough inspection? If yes, identify issue and document correction or repairs completed.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Dispensers						
Was the fuel dispenser and its associated hanging hardware (hose nozzle valve, hose, breakaway valve, and hose swivel) visually inspected?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Was the interior of the fuel dispenser cabinet for signs of leaks, damage, corrosion, or weathering, with particular attention to the sump area and joints and castings of fluid handling components visually inspected?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Updated: 08/25/26

UST System Maintenance/Repair		
Identify Problem/Defective UST System Component	**Date of Repair**	**Who Did Repair?**

UST System Maintenance/Repair Record		
Identify Problem/Defective UST System Component	**Date of Repair**	**Who Did Repair?**

Name of individual performing walkthrough inspection:

Name (Print):
Signature: Date: