**MONTHLY OIL-FILLED EQUIPMENT CHECKLIST**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Equipment: | Equipment: |
| Is there any evidence of oil-filled equipment deterioration including, but not limited to, the equipment, equipment coating, piping, foundation, drainage, and safety equipment? If yes, specify below. | YesNo | YesNo |
| Is there any accumulation of water or oil in the storage area containment? | YesNoN/A | YesNoN/A |
| Are there any conditions that may be fire, safety, or environmental hazards? | YesNo | YesNo |
| Is there any evidence of a release? | YesNo | YesNo |
| Is a spill kit available? | YesNo | YesNo |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any deficiencies noted during the inspection must be corrected as soon as possible. If there are any questions, call the Department of Environmental Health and Safety at 814/865-6391