

MONTHLY ASSESSMENT FORM

| | | | | |
|--|---------------|----------------|-------------------|--|
| Area: | | | Date: | |
| Inspector Name: | | | Signature: | |
| Tanks | | | | |
| | Yes/No | Comment | | |
| Signs of leakage | | | | |
| Tank condition ok | | | | |
| Foundation condition ok | | | | |
| Drain valves locked | | | | |
| Water in tank | | | | |
| Gauges/alarms working properly | | | | |
| Containment Area | | | | |
| Signs of oil in containment area | | | | |
| Containment ok | | | | |
| Drainage valves or openings closed | | | | |
| EERAP Transformers | | | | |
| Signs of leakage | | | | |
| External Drain valve plugged | | | | |
| Concrete pad and diversionary structures condition ok | | | | |
| Truck Loading and Unloading Areas | | | | |
| Signs of leaks or spills | | | | |
| Warning signs posted or wheel chocks used | | | | |
| Security | | | | |
| Lighting functioning properly | | | | |
| Fences and gates intact | | | | |
| Gates locked or guarded when facility is unattended | | | | |

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