



Class B Operator Checklist

Underground Storage Tank Program

Doc Type: Regulated Party Response

Instructions: Each month the designated Class B Operator is required to validate the following requirements have been met. You can attach records to the back of this report as necessary. This checklist is meant to be used as a guideline for Class B Operators; other formats may also be used.

Facility Information

Facility name: _____ Date performed: _____
 Facility address: _____
 City: _____ State: _____ Zip code: _____
 Designated Class B Operator: _____ Date passed exam: _____
 Class B Operator signature: _____ Phone: _____

Tank Release Detection

	Yes	No	N/A
Type (check all that apply): <input type="checkbox"/> ATG <input type="checkbox"/> SIR <input type="checkbox"/> Manual <input type="checkbox"/> Interstitial monitoring			
1. Has a passing result been obtained at least once this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have any inconclusive tests been investigated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has interstitial sensor been tested at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have failed result been reported to the State Duty Officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have release detection results been maintained for ten years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Piping Release Detection

	Yes	No	N/A
Type (check all that apply): <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction <input type="checkbox"/> None			
6. Has the annual line leak detector function test been performed? Contractor and date performed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If using a sump sensor, have alarms been investigated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has interstitial (sump) sensor been tested at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have pressurized lines been tightness tested at least annually? Contractor and date performed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have release detection results been maintained for ten years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Release Detection

	Yes	No	N/A
11. Have tank and dispenser sumps been checked at least monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was water/product/debris properly removed and disposed of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has sump sensor been tested at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have spills been reported to the State Duty Officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have logs of sump checks been retained for at least ten years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spill and Overfill Prevention

	Yes	No	N/A
16. Are spill buckets properly functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is overfill device in place and properly functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cathodic Protection

	Yes	No	N/A
Type (check all that apply): <input type="checkbox"/> Sacrificial notes <input type="checkbox"/> Impressed current <input type="checkbox"/> Lined <input type="checkbox"/> None			
18. Is cathodic protection on tanks in place and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is cathodic protection on piping in place and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Impressed current – rectifier been checked properly every 60 days? Including recording amps and volts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has cathodic protection testing been conducted as appropriate? Contractor date of test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have cathodic protection tests been submitted to the MPCA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have cathodic protection test results been retained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have repairs to cathodic protection been retested within six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operator Training Records

	Yes	No	N/A
25. Have all Class C operators been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and items requiring follow-up action:
