Underground Storage Tank Log

Month/Year _____

Building # _____

Unit _____

Day	Time	Alarms (Yes/No)	*If yes, what is the alarm	Name
1				
2				
3				
4				
5				
6				
7				
8				
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10				
11				
12				
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26				
27				
28				
29				
30				
31				

*** Tank must be checked each day, if alarming call 798-9604 or 9599.**

****Submit log no later than 5th of each month to AFZB-PW-E Attn: William Thomas or fax 798-9606**

Required Signature of CDR or EQO _____