

# UPGRADE CHECKLIST

Facility Name:

Facility ID #:

Complete information for each Tank	Tank 1	Tank 2	Tank 3	Tank 4
Date tank was installed				
Date tank met new performance standards or was upgraded				
Indicate Replaced, Lined and/or CP added				
<b>IF LINED</b>				
Documentation of tank structural assessment /lining available?				
10 yr inspection records available? * Date/ Results				
5 yr reinspection records available?* Date/Results				
*10/5 yr inspections not required if CP added at same time				
<b>IF CP ADDED</b>				
Was tank structurally assessed prior to adding CP?				
Documentation of assessment available?				
Indicate method used (280.21b2i; b2ii*, b2iii**, ES-40 or ALT)				
Is method third-party certified?				
PE stamped CP design available?				
* If 280.21b2ii; must be using monthly monitoring ** If 280.21b2iii; TTT before and after CP install				
<b>PIPING</b>				
Indicate method of protection				
If CP; were lines properly assessed?				
Indicate method used (if 280.21b2ii; must use monthly monitoring)				
PE stamped CP design available?				
<b>Overfill Prevention      YES/NO</b>				
Indicate method				
If not visual conformation: installation documentation?				
If ball float valve; does system have suction piping or stage 1 VR?				
<b>Spill Prevention      YES/NO</b>				

**Additional Comments:**

**Inspector's Signature:**

**Date:**