Post-Severe Weather Checklist
Draft Template For States

(A) State Abbreviation – UST/Facility Registration Number______________________________

(B) LAT/LONG ______________________________________________________________________

(C) Inspector Name / Inspection Date ______________________________________________________________________

(D) Facility Address / Contact Name / Mobile Number

(E) Extent of Damage

None ☐  Minimal ☐  Extensive ☐

Narrative

(F) Extent of Flooding

None ☐  Minimal ☐  Extensive ☐

Narrative

(G) Status of Electricity

The site is:  ☐ On the grid  ☐ Using generator(s)  ☐ Unknown ______________________

(H) Status of Tank(s)

Tank Number _______  Fuel Type __________

The tank  ☐ does ☐ does not have fuel.  If fuel available, est. volume _____________

The tank  ☐ does ☐ does not contain water.  If present, est. volume _____________

The tank  ☐ does ☐ does not have power.

Status of fuel or power in tank(s) cannot be determined.  ☐

Tank Number _______  Fuel Type __________

The tank  ☐ does ☐ does not have fuel.  If fuel available, est. volume _____________

The tank  ☐ does ☐ does not contain water.  If present, est. volume _____________

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The tank ☐ does ☐ does not have power.  Status of fuel or power in tank(s) cannot be determined.  ☐

(I) Did a Release Occur?  
Yes ☐ No ☐ Unknown ☐

Narrative

(J) Any active on-going on-site remediation?  
Yes ☐ No ☐ Unknown ☐

Narrative

Additional Notes: Are there any safety concerns present?
________________________________________________________________________________
________________________________________________________________________________

(A) State Abbreviation - UST/Facility Registration Number(s). Enter the registration number (or other unique identifier) for the facility and/or all the USTs at the site. This will help with recordkeeping and tracking follow-up activities. Include state abbreviation in identification. Ex. SC #12345

(B) LAT/LONG. Enter coordinates if available.

(C) Inspection Date. Enter date of post-event inspection.

(D) Facility Address; Contact Name and Mobile Number. Enter facility address and contact information. This will help with potential follow-up activities.

(E) Provide Narrative. Are the dispensers upright and anchored with operational shear values, sump and spill bucket lids present, sedimentation in sumps, ATGs and sump sensors or other release detection equipment operational, did the tank lift up, etc. If possible, electronically attach photos tagged with state abbreviation and ID (see (A)).

(F) Provide Narrative. Describe the extent of flooding. This likely depends on best estimate of case manager. It is possible the facility owner will not know how high the water rose. Unless the facility can describe the height of the water (e.g., < 5 ft., etc.), provide a narrative description (e.g., over the dispensers, over the tank field, etc.). If possible, electronically attach photos tagged with state abbreviation and ID (see (A)).

(G) Identify status of electricity.

(H) Complete this item for each tank at the facility.

(I) Identify If a Release Occurred and Provide Narrative. If a release occurred, provide as much detail as possible. Did the facility notify authorities? If so, note which authority the facility contacted so that agencies can follow up and coordinate (e.g., did facility receive a tracking number for the incident?). If possible, electronically attach photos tagged with state abbreviation and ID (see (A)).

(J) Identify Any Active On-Going On-Site Remediation Prior to Event and Provide Narrative. Did the site have active on-going on-site remediation prior to the event? If so, try to assess and describe whether the remediation activity may have been affected by the event (e.g., damage to remediation system; did monitoring wells get flooded?). If well was flooded; what is status of the monitoring well plug?