Appendix F: Sample Weekly Leak Detection Monitoring Record

(May be used for interstitial monitoring (IM) and electronic interstitial monitoring (Ie))

LEAK DETECTION METHOD:_____

FACILITY NAME:_____ FACILITY ID #:_____

Date	Your Name (or Initials)	UST System (Tank & Piping) (Enter "N" for NO LEAK DETECTED or "Y" for a SUSPECTED OR CONFIRMED RELEASE)							
		UST #		UST #		UST #		UST #	
		Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping

If your leak detection system confirms a release or identifies a potential problem, take appropriate release response actions. See Section 4.9 of the Workbook for appropriate actions.

KEEP THIS PIECE OF PAPER AND ANY ASSOCIATED PRINTOUTS ON FILE FOR AT LEAST 3 YEARS FROM THE DATE OF THE LAST ENTRY

Appendix F