



State of Ohio, Department of Commerce
Division of State Fire Marshal—Bureau of Underground Storage Tank Regulations
P.O. Box 687, Reynoldsburg, Ohio 43068
Phone (614) 752-7938 Fax (614) 752-7942

BUSTR Operational Compliance Form

<p>Ownership of Tanks: Owner # _____</p> <p>Owner/Operator Name _____</p> <p>Address _____</p> <p>City/State/Postal Code _____</p> <p>Owner Contact _____</p> <p>Phone Number _____</p>	<p>Location of Tanks: Facility # _____</p> <p>Facility Name _____</p> <p>Address _____</p> <p>City/State/Postal Code _____</p> <p>County _____</p> <p>Local Fire Department _____</p>
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Instructions: Starting no later than January 1, 2006, and annually thereafter, rule 1301:7-9-08(G)(1) of the Ohio Administrative Code requires owners and operators of underground storage tanks (UST's) regulated by the Bureau of Underground Storage Tank Regulations (BUSTR) to perform periodic checks of their UST systems and to attest to their findings below. This form must be completed by the owner and operator or authorized representative and maintained by the owner for at least five years. Please initial and date beside each statement that applies.

Initial: _____ Date: _____ I attest that the **spill and overfill prevention equipment** is in proper working order per Rule 1301:7-9-08(B) of the Administrative Code.

Initial: _____ Date: _____ I attest that the **corrosion protection equipment** is in proper working order per Rule 1301:7-9-08(C) of the Administrative Code.

Initial: _____ Date: _____ I attest that the **UST and piping equipment** is in proper working order per Rule 1301:7-9-08(D) of the Administrative Code.

Initial: _____ Date: _____ I attest that the **containment and ancillary equipment** is in proper working order per Rule 1301:7-9-08(E) of the Administrative Code.

Initial: _____ Date: _____ I attest that the **release detection equipment** is in proper working order and has been maintained in accordance with the manufacturers' requirements per Rule 1301:7-9-08(F) of the Administrative Code.

Initial: _____ Date: _____ I attest that any **releases of regulated substances** identified during the course of completing this form have been reported to BUSTR in accordance with sections 3737.88 and 3737.882 of the Revised Code.

Please provide an explanation for any of the above statements left incomplete: _____

I certify under penalty of law that I have personally examined and am familiar with all information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete.

_____/_____/_____

Print name and official title of owner / Signature / Date Signed
(or owner's authorized representative)