



Maryland Class C Underground Storage Tank Operator Facility Checklist

The purpose of this checklist is to document that a designated Class A or B Operator has shown the employee facility specific components and procedures as required by Maryland Regulations. This checklist must be completed at the facility where the Class C operator will be working.

Employee Name:
UST Facility Name:
UST Facility Address:
MDE UST Facility I. D. No:

- I have shown the Class C employee the fueling system Emergency Shut off Switch.
- I have shown the Class C how to monitor fuel dispensing.
- I have shown and reviewed with the Class C employee written emergency response procedures for this facility and their posted location.
- I have shown the Class C employee the list of company contacts that should be notified in an emergency and posted the list in a clearly visible location.
- I have shown the Class C employee the tank monitor and/or other release detection methods for this facility and provided instructions on how to respond to various alarm messages, equipment failures and other indications of an emergency.
- I have shown the Class C employee the location of emergency petroleum spill and all fire response equipment and materials available at this facility and their use.

I have shown the Class C employee the location and use of the following items:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Breakaway coupling |
| <input type="checkbox"/> Hose | <input type="checkbox"/> Emergency Shut Off Switch |
| <input type="checkbox"/> Nozzle | <input type="checkbox"/> Tank monitor (if applicable) |

I certify under penalty of law, that I am a Class A or B Operator, that I have completed this checklist together with the Class C Operator and the information provided is true, accurate, and complete in accordance with Code of Maryland Regulation 26.10.16:

Signature: _____

Print Name: _____

Date: _____

I certify under penalty of law that I have completed this checklist together with the Class A or B Operator identified above and the information provided is true, accurate, and complete in accordance with Code of Maryland Regulation 26.10.16:

Signature: _____

Print Name: _____

Date: _____