

**APPENDIX B  
FORMS**

**AST Periodic Inspection Checklist  
Spill Containment Kit Inspection Form  
Personnel Training Certification  
Spill Report Form**

## Aboveground Storage Tank (AST) Periodic Inspection Checklist

Site: <u>Piñon Ridge Mill</u>		Phone: _____
Address: <u>16910 Highway 90</u> <u>Bedrock, Colorado 81411</u>		Fax: _____
Tank Owner: <u>Energy Fuels Resources Corp.</u>		Phone: <u>(303) 974-7775</u>
Tank Location: _____		Tank ID: _____
Tank Dimensions: _____		Capacity: _____ gallons
Product(s) Stored: _____		
Tank Type (check all that apply) <input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Rectangular <input type="checkbox"/> In Contact with Ground <input type="checkbox"/> Not in Contact with Ground <input type="checkbox"/> Cathodic Protection Installed <input type="checkbox"/> Equipped with Manway <input type="checkbox"/> Not Equipped with Manway		
Inspection Requirements		
Status	Item to check	Comments
<b>Month 1 - Monthly Inspection</b>		
Inspector: _____		Date: _____
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 2 - Monthly Inspection</b>		
Inspector: _____		Date: _____
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 3 - Quarterly Inspection</b>		
Inspector: _____		Date: _____
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
	Exterior Coating	
	Primary and emergency vents	
<b>Month 4 - Monthly Inspection</b>		
Inspector: _____		Date: _____
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 5 - Monthly Inspection</b>		
Inspector: _____		Date: _____
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 6 - Quarterly Inspection</b>		
Inspector: _____		Date: _____
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
	Exterior Coating	
	Primary and emergency vents	

<b>Month 7 - Monthly Inspection</b>		
Inspector: _____	Date: _____	
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 8 - Monthly Inspection</b>		
Inspector: _____	Date: _____	
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 9 - Quarterly Inspection</b>		
Inspector: _____	Date: _____	
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
	Exterior Coating	
	Primary and emergency vents	
<b>Month 10 - Monthly Inspection</b>		
Inspector: _____	Date: _____	
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 11 - Monthly Inspection</b>		
Inspector: _____	Date: _____	
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
<b>Month 12 - Annual Inspection</b>		
Inspector: _____	Date: _____	
	Tank Condition	
	Secondary containment	
	Pipe/hose connections	
	Exterior Coating	
	Primary and emergency vents	
	Site drainage	
	Emergency vents, o-rings, and gaskets	
	Tank supports	
	Tank foundation	
<b>Cathodic Protection (inspect as required)</b>		
Inspector: _____	Date: _____	
Comments:		

Notes:

1. A Certified Tank Inspection, performed by a Certified Tank Inspector, is required every 10 years.
2. Inspection intervals may be adjusted as a result of the Certified Tank Inspection.

### SPILL CONTAINMENT KIT INSPECTION

SPILL KITS:	FUELING AREA	TRUCK SHOP	WAREHOUSE
1 20-gallon polyethylene container	_____	_____	_____
50 Sorbent Pads	_____	_____	_____
4 Sorbent Socks	_____	_____	_____
2 Sorbent Pillows	_____	_____	_____
1 Goggles	_____	_____	_____
1 Pair Nitrile Gloves	_____	_____	_____
1 Disposal bag	_____	_____	_____

OTHER SPILL CONTAINMENT MATERIALS:

WAREHOUSE

5 Bags Oil dry \_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONNEL TRAINING CERTIFICATION**

DATE: \_\_\_\_\_

TRAINING TOPICS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRAINER: \_\_\_\_\_

ATTENDEES:

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

