MONTHLY INVENTORY RECORD

MONTH/YEAR :_____/_____

TANK IDENTIFICATION & TYPE OF FUEL:_____

FACILITY NAME:_____

DATE OF WATER CHECK: _____ LEVEL OF WATER (INCHES):_____

DATE	START STICK INVENTORY (GALLONS)	GALLONS DELIVERED	GALLONS PUMPED	BOOK INVENTORY (GALLONS)	END STICK INVENTORY (INCHES)	END STICK INVENTORY (GALLONS)	DAILY OVER (+) OR SHORT (-) ["End" - "Book"]	INITIALS
1	(+)		(-)	(=)				
2	(+)		(-)	(=)				
3	(+)		(-)	(=)				
4	(+)		(-)	(=)				
5	(+)		(-)	(=)				
6	(+)		(-)	(=)				
7	(+)		(-)	(=)				
8	(+)		(-)	(=)				
9	(+)		(-)	(=)				
7	(+)		(-)	(=)				
8	(+)		(-)	(=)				
9	(+)		(-)	(=)				
10	(+)		(-)	(=)				
11	(+)		(-)	(=)				
12	(+)		(-)	(=)				
13	(+)		(-)	(=)				
14	(+)		(-)	(=)				
15	(+)		(-)	(=)				
16	(+)		(-)	(=)				
17	(+)		(-)	(=)				
18	(+)		(-)	(=)				
19	(+)		(-)	(=)				
20	(+)		(-)	(=)				
21	(+)		(-)	(=)				
22	(+)		(-)	(=)				
23	(+)		(-)	(=)				
24	(+)		(-)	(=)				
25	(+)		(-)	(=)				
26	(+)		(-)	(=)				
27	(+)		(-)	(=)				
28	(+)		(-)	(=)				
29	(+)		(-)	(=)				
30	(+)		(-)	(=)				
31	(+)		(-)	(=)				

TOTAL GALLONS PUMPED > _____ **TOTAL GALLONS OVER OR SHORT >** _____

LEAK CHECK:
Drop the last two digits from the **TOTAL GALLONS PUMPED** number and enter here: _____ + 130 =

Compare these numbers

_____ gallons

Is the "TOTAL GALLONS OVER OR SHORT" **LARGER** than "LEAK CHECK" result? **YES** **NO** (circle one)

If your answer is "YES" for 2 MONTHS IN A ROW, **notify the regulatory agency** as soon as possible.

KEEP THIS PIECE OF PAPER ON FILE FOR AT LEAST 1 YEAR