**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.

<table>
<thead>
<tr>
<th>Employee Name:</th>
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<tbody>
<tr>
<td>UST Facility Name:</td>
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<tr>
<td>UST Facility Address:</td>
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<td>MDE UST Facility I. D. No:</td>
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</tbody>
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- [ ] 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:

- [ ] Dispenser  
- [ ] Hose  
- [ ] Nozzle  
- [ ] Breakaway coupling  
- [ ] Emergency Shut Off Switch  
- [ ] Tank monitor (if applicable)

I certify under penalty of law, that the Class A or B Operator listed below, 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 (A or B Operator) : ______________________  Print Name: _________________________  Date: __________

Signature (C Operator) : __________________________  Print Name: _________________________  Date: __________

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