



AST DAILY INSPECTION FORM

Year: _____				Month: _____			
Facility		Boiler Plant _____		Dedmon Center _____		Facilities _____	
Day	Storage Tank(s)	Transfer Piping	Fuel Transfer Area(s)	Day	Storage Tank(s)	Transfer Piping	Fuel Transfer Area(s)
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16							