

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type: Ancillary equipment	# 1		corrective date
Comment:	<input type="text" value="Wellhead - Corrective action completed."/>		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 292015 Type: WELL API Number: 007-06235 Status: PR Insp. Status: PR