

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	Area	Volume		corrective date
Type: Ancillary equipment		# 1		
Comment:	Electric			
Corrective Action:				Date:
Type: Prime Mover		# 1		
Comment:	electric			
Corrective Action:				Date:
Type: Pump Jack		# 1		
Comment:				
Corrective Action:				Date:
Type: Bradenhead		# 1		
Comment:	Plumbed to surface			
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

