

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:

corrective date

Type: Prime Mover

1

Comment: Electric motor

Corrective Action:

Date:

Type: Ancillary equipment

1

Comment: Electric

Corrective Action:

Date:

Type: Bradenhead

1

Comment: Plubed to surface

Corrective Action:

Date:

Type: Pump Jack

1

Comment:

Corrective Action:

Date:

Venting:

Yes/No NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

