

Location

Overall Good:

Emergency Contact Number:

Comment: Adequate

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type				corrective date
Pump Jack	# 1			
Comment:				
Corrective Action:				Date:
Bradenhead	# 1			
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

