



**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: electric

Corrective Action:

Date:

Type: Prime Mover

# 1

Comment: Electric motor

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:

