

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type: UNUSED EQUIPMENT

Comment: PHOTO 4: UNUSED EQUIPMENT (PORTABLE FENCE PANELS).

Corrective Action: REMOVE UNUSED EQUIPMENT PER RULE 606.

Date: 05/19/2024

Overall Good:

Spills:

Type	Area	Volume

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

corrective date

Type: Gas Meter Run

1

Comment: CAL. REPORT INDICATES GAS METER HAS BEEN CALIBRATED WITHIN THE LAST YEAR.

Corrective Action:

Date:

Type: Deadman # & Marked

4

Comment:

Corrective Action:

Date:

Type: Ancillary equipment

1

Comment:

Corrective Action:

Date:

Type: Bradenhead

1

Comment:

Corrective Action:

Date:

Type: Pump Jack

1

Comment:

Corrective Action:

Date:

Type: Vertical Separator

1

Comment:

Corrective Action:

Date:

Venting:

Yes/No NO

Comment:

Corrective Action:

Date:

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

