

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: Progressive Cavity	# 1			
Comment:				
Corrective Action:				Date:
Type: Vertical Separator	# 1			
Comment:				
Corrective Action:				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: Prime Mover	# 1			
Comment:				
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:				
Corrective Action:				Date:
Type: Bradenhead	# 1			
Comment:	IS ACCESSABLE			
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

