

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: Compressor

1

Comment:

Corrective Action:

Date:

Type: Ancillary equipment

1

Comment:

Corrective Action:

Date:

Type: Vertical Separator

1

Comment:

Corrective Action:

Date:

Type: Bradenhead

1

Comment: IS ACCESSABLE

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: Prime Mover

1

Comment:

Corrective Action:

Date:

Type: Deadman # & Marked

4

Comment:

Corrective Action:

Date:

Type: Progressive Cavity

1

Comment:

Corrective Action:

Date:

Venting:

Yes/No NO

Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

