



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety - Petroleum Program  
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## LP-Gas Meter Calibration Report

### Facility Information

Facility ID:		Facility Name:		County:	
Street Address:		City:		ZIP:	
Inspector Name:		Inspector Phone #:			
COSTIS Truck #:		Central Location:		<input type="checkbox"/> Dispenser <input type="checkbox"/> Truck	Inspection Date:

### Inspection and Pre-test Determinations

Truck Unit #:		Truck License #:	
Meter Make:		Meter Model:	
Meter Serial#:		Meter Size:	
Meter Flow Rate:	gpm	Temperature Compensated?	<input type="checkbox"/> Yes <input type="checkbox"/> Mechanical <input type="checkbox"/> No <input type="checkbox"/> Electrical
Prover Size:		Register Model:	
Register Make:		NTEP:	
Register Serial #:		Specific Gravity:	
Tolerance Applied:	<input type="checkbox"/> Maintenance 1.0% <input type="checkbox"/> Acceptance 0.6%	Ending Totalizer:	
Beginning Totalizer:			
Gears:		Setting:	
		K Factor:	
		Audit Trail:	

### Test Data

Line #	Item Description	Run #			
		1	2	3	4
1	Test Type (N=Normal; S=Special)	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> ATC	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> ATC	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> ATC	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> ATC
2	Flow Rate (actual flow rate as installed)	GPM	GPM	GPM	GPM
3	Meter Temperature #1 (1/3 Prover capacity @ _____ Gal)	°F	°F	°F	°F
4	Meter Temperature #2 (2/3 Prover capacity @ _____ Gal)	°F	°F	°F	°F
5	Storage Tank Pressure	Psig	Psig	Psig	Psig
6	Prover Pressure	Psig	Psig	Psig	Psig
7	Prover Temperature	°F	°F	°F	°F
8	Prover Indication	Gal	Gal	Gal	Gal
9	Meter Indication	Gal	Gal	Gal	Gal

### Prover Corrections

10	Prover Pressure Correction (Table 1)	Gal	Gal	Gal	Gal
11	Prover Temperature Correction (Table 2)	Gal	Gal	Gal	Gal
12	Corrected Prover Indication (Lines 8+10+11)	Gal	Gal	Gal	Gal

### Uncompensated Runs

13a	Average Meter Temperature (Line 3 + Line 4)/2	°F	°F	°F	°F
13b	Temperature Difference (Line 13a - Line 7)	°F	°F	°F	°F
13c	Temperature Correction Factor (Table 4)	Gal/°F	Gal/°F	Gal/°F	Gal/°F
13d	Correction for Temperature Difference (Line 13b x Line 13c)	Gal	Gal	Gal	Gal
14	Corrected Prover Indication (Line 13d + Line 12)	Gal	Gal	Gal	Gal

### Compensated Runs

13	Volume Correction Factor @ Prover Temperature (Table 3)	Gal	Gal	Gal	Gal
14	Corrected Prover Indication (Line 13 x Line 12)	Gal	Gal	Gal	Gal

### All Runs

15	Corrected Prover Indication (Line 14)	Gal	Gal	Gal	Gal
16	Meter Indication (Line 9)	Gal	Gal	Gal	Gal
17	Net Meter Error (Line 15 - Line 16)	Gal	Gal	Gal	Gal
18	% Error (Line 17/Line 15) x 100	%	%	%	%
19	Difference between ATC and Non-ATC Test Run(s) (% Error ATC - % Error Non-ATC)				

### Comments/Violations

*Check only if violations are found.*

- |  |  |
|--|--|
| <input type="checkbox"/> Annual V. K. Inspection (LPVKT)<br><input type="checkbox"/> 5 Year I. P. Inspection (LPIPT)<br><input type="checkbox"/> Annual DOT Truck Inspection (LPDOT)<br><input type="checkbox"/> Training Requirements (TRMBP)<br><input type="checkbox"/> Metering System Not Sealed (SSBNR)<br><input type="checkbox"/> Ticket Printer (LPTP)<br><input type="checkbox"/> Vapor Eliminator (LPVE)<br><input type="checkbox"/> Back Check (LPBC)<br><input type="checkbox"/> Thermometer Well (LPT) | <input type="checkbox"/> Hoses, Piping, Fittings (LPHPF)<br><input type="checkbox"/> Normal Test Failed ATC (LPNTATC)<br><input type="checkbox"/> Normal Test Failed Non-ATC (LPNT)<br><input type="checkbox"/> Difference Between ATC & Non-ATC Failed (ATCDIF)<br><input type="checkbox"/> Repeatability Test Failed (LPRT)<br><input type="checkbox"/> Slow Flow Test Failed (LPSFT)<br><p style="color: red; font-weight: bold;">NOTE: All test failures require repair and calibration by a Registered Service Agency.</p> <input type="checkbox"/> Sealed as Found |
|--|--|

Violation Code	Location and Detail	Out of Service	Days to Correct	Date Corrected

### Owner/Operator Certification

*The Owner/Operator must correct the violation(s) within the period specified, indicate the date the violation was corrected, sign and return this completed certificate to OPS via email or mail within 30 days of the inspection date.*

I certify, under civil and criminal penalties for making a false submission to the state of Colorado, that I have corrected the violation(s) in accordance with Division of Oil and Public Safety requirements.

Owner/Operator Signature:		Date:	
Owner/Operator Name:			