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Manual Tank Gauging (<1000 Gallons)

(Revised 11/2013)

General Information																
Facility	ID #:				Facility Name:											
Facility	Address:							City/State/ZIP:								
Contact Name:			Phone Number:			Review Starting Date:					Review Ending Date:					
Manual Tank Gauging Results*																
Tank #	Product	All Passed? Jar		1	Feb Mar		Apr	Apr May		Jul	Aug	Aug Sep		Nov	Dec	
ı																
Manual Tank Gauging Suspected Release Report**																
					Date Suspected Release Reported to OPS		7-Day Investigation Details				7-Day Investigation Results Date Results					
Tank #	Product	Month	Dat	te							Results		Date	Rep	orted to OPS	
Manual Tank Gauging Results Review: Class A or B Operator Information																
□ Class A		□ Class B Certificat					n #:									
Printed Name:		Signatu					ure:	: Date:								

^{*}Owners/Operators must report a suspected release for **any monthly failure** within 24 hours and complete the Suspected Release Report section of this form.

^{**}Owners/Operators must conduct a 7-Day investigation of all suspected releases and report all of the results to OPS.