Colorado Department of Labor and Employment
Division of Oil and Public Safety - Petroleum Program
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Colorado Retail Motor Fuel Calibration Report

Complete this form and send it to the Division of Oil and Public Safety (OPS) **within 7 days** via email (Subject: Calibration).

Calibration Date:		Check One: ☐ Placed in Service ☐ Routine Calibration (existing meters)

Calibration Company and Facility Information

Calibration Company Name:		Calibration Company ID#:	
Technician Colorado ID#:		Dispenser Brand:	
Facility Name:		OPS Facility ID#:	
Facility Address:		City/ZIP:	

Meter Calibration Information

Complete every column for each meter calibrated.

Dispenser Serial #	Hose #	Product	1st Fast Test	Final Fast Test	Gallons Returned (Fast)	1st Slow Test	Final Slow Test	Gallons Returned (Slow)	Sealed?

Total Gallons Pumped and Returned

RUL:	gal	MUL:	gal	PUL:	gal	Diesel:	gal	Other:	gal

Comments

Calibration Technician Certification

I certify that:

- **I have calibrated each meter listed above.**
- **I have set each adjusted meter to as close to zero as possible.**
- **I have placed out of service any meter that could not be adjusted within -6 in^3.**

Technician Name:		Technician Signature:	