

Colorado Department of Labor and Employment Division of Oil and Public Safety – Compliance Section 633 17th Street, Suite 500

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Statistical Inventory Reconciliation (SIR)

General Information Facility ID #: **Facility Name: Facility Address:** City/State/ZIP: Phone Number: **Review Starting Date:** Review Ending Date: Contact Name: SIR Results* All Passed? Tank # Jul Product lan Feb Mar Apr May lun Aug Sep Oct Nov Dec SIR Suspected Release Report** **Date Suspected Date Results** 7-Day Investigation Results Tank # Product Month Release Reported 7-Day Investigation Details Reported to Date Results Date to OPS **OPS** SIR Results Review: Class A or B Operator Information □ Class A □ Class B Certification #: Signature: Printed Name: Date:

^{*}Owners/Operators must report a suspected release for **any monthly Inconclusive**, **No Data or Failure** (not overturned by the SIR vendor) 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.