



Secondary Containment and Spill Prevention Equipment Tightness Testing

(Revised 3/2020)

The Colorado Petroleum Storage Tank Regulations require that all newly-installed underground secondary containment, including tanks, piping, piping containment sumps (STP, UDC, transition, etc.) and spill prevention equipment (spill buckets, spill containment, catchment basin, etc.) be tested for tightness at the time of installation and within 30 days of 1 year after installation. In addition, all spill prevention equipment, and piping containment sumps used for interstitial monitoring are required to be tested for tightness every 3 years unless they are double-walled and checked every 30 days for liquid in their interstice.

Tightness testing must be performed according to one of the following methods:

1. In accordance with manufacturer requirements, where tightness testing requirements exist.
2. In accordance with PEI RP1200-17 (Recommended Practices for the Testing and Verification of Spill, Overfill, Leak Detection and Secondary Containment Equipment at UST Facilities).
3. Other methods approved by OPS if they are determined to be no less protective of human health and the environment.

All tightness testing results must be documented on the form provided by OPS or its equivalent.

Note: Except for installation testing, failed tightness test results must be reported to OPS within 24 hours by calling 303-318-8547.



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Compliance Section
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8525
 Email: cdle_oil_installations@state.co.us
 Web: www.colorado.gov/ops

Secondary Containment and Spill Prevention Equipment Tightness Testing

(Revised 3/2020)

Submit this form to OPS within 7 days after completing testing that is part of Minor Equipment Repair/Replacement, Installation/Upgrade work, or Suspected Release investigations. It is not necessary to submit the results of routine 3-year testing when no equipment has failed.

Facility Information

Facility Name:		Facility ID #:	
Facility Address:	City:	ZIP:	
A/B Operator Name:	Phone Number:	Email Address:	

Certified UST Installer/Qualified Service Technician (QST) Information

Company Name:			
Address:	City/State/ZIP:		
Contact Name:	Phone Number:	Email Address:	
<input type="checkbox"/> Certified UST Installer	<input type="checkbox"/> QST	Installer/QST Name:	Installer/QST ID #: COUST/COQST-

Work Performed

***NOTE: Vacuum testing of double-walled spill buckets and containment sumps must be performed following mfr. instructions.

<input type="checkbox"/> Minor Equipment R/R	<input type="checkbox"/> Install/Upgrade: OFL/OUP#	<input type="checkbox"/> Suspected Release	Test Date:
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Spill Bucket (SB) • Piping Containment Sump (STP/UDC/Trans) • Tank/Piping Interstice (TK/LN)

OPS Tank# / Product					
Equipment (SB/STP/UDC/Trans/TK/LN)					
Test Method Used (Hydro/Vac/Pres)					
If "Other" Describe Test Method					
Test Equipment Mfr./Model					
Test Start Time					
Initial Reading (show correct units)					
Test End Time					
Final Reading (show correct units)					
Change in Readings					
Pass/Fail Threshold/Criteria					
Result (Pass/Fail)					

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Test End Time					
Final Reading (show correct units)					
Change in Readings					
Pass/Fail Threshold/Criteria					
Result (Pass/Fail)					

Certification Information

I certify under penalty of law that the information provided here and in supporting documents is true, accurate and complete.

Certified UST Installer/QST Signature:	Date:
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