



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

Minor Equipment Repair/Replacement Notification

(Revised 3/2020)

Submit this form and the completed OPS Secondary Containment/Spill Container Testing form and/or line tightness test results to OPS within 7 days after completing repair/replacement and testing.

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: Only products that have been approved by OPS for repairing spill buckets and piping containment sumps can be used.

Description:					
<input type="checkbox"/> Repair OR <input type="checkbox"/> Replace existing spill bucket/containment at fill connection <input type="checkbox"/> Repair OR <input type="checkbox"/> Replace existing overfill protection device with a different type (installing a fill valve on a tank that has an existing ball float) <input type="checkbox"/> Repair existing <input type="checkbox"/> UDC OR <input type="checkbox"/> STP OR <input type="checkbox"/> Transition piping containment sump					

OPS Tank ID #						
Capacity	gal	gal	gal	gal	gal	gal
Product Stored in Tank						
Spill Bucket/Cntmnt Wall Type (SW/DW)						
Spill Bucket/Containment Size	gal	gal	gal	gal	gal	gal
Spill Bucket/Containment Mfr.						
Piping Sump Type (UDC/STP/Trans)						
Piping Sump Wall Type (SW/DW)						
Piping Sump Mfr.						
Spill Bucket/Sump Repair Product						
Spill Bucket/Sump Repair Product Mfr.						
Testing Frequency After Repair (1yr/3yr)						
Existing Overfill Prevention Device						
New Overfill Prevention Device						
Fill Valves: Was ball float removed?						

***NOTE: If an existing ball float valve is not removed, the fill valve must be installed so that its shutoff point is less than 90%.

Checklist

Item	Date Completed	N/A
Date repair/replacement work was completed		
If a release has occurred, a report must be made to OPS within 24 hours of discovery by calling 303-318-8547.		<input type="checkbox"/>
Has each repaired/replaced spill bucket/piping containment sump been tested hydrostatically or using another approved method with pass results? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has each product used to repair spill buckets and piping containment sumps been approved by OPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>

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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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)					

Spill Bucket (SB) • Piping Containment Sump (STP/UDC/Trans) • Tank/Piping Interstice (TK/LN)

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