

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type

WEEDS

Comment: Corrective action completed.

Corrective Action:

Date:

Overall Good:

Spills:

Type

Area

Volume

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected Facilities

Facility ID: 216465 Type: WELL API Number: 067-08071 Status: PR Insp. Status: PR