



**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No			
Comment:	<input type="text"/>		
Corrective Action:		Date:	<input type="text"/>

**Flaring:**

Type		
Comment:	<input type="text"/>	
Corrective Action:		Date: <input type="text"/>

**Inspected Facilities**

Facility ID: 298767 Type: WELL API Number: 123-29134 Status: PR Insp. Status: PA

**COGCC Comments**

Comment	User	Date
HIGH RISK INSPECTION WELL WAS PA JULY 2017	montoyaj	02/23/2018