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## Inventory Control & Tank Tightness Test

(Revised 11/2013)

### General Information

|                   |  |                |  |                       |  |                     |  |  |
|-------------------|--|----------------|--|-----------------------|--|---------------------|--|--|
| Facility ID #:    |  | Facility Name: |  |                       |  |                     |  |  |
| Facility Address: |  |                |  |                       |  | City/State/ZIP:     |  |  |
| Contact Name:     |  | Phone Number:  |  | Review Starting Date: |  | Review Ending Date: |  |  |

### Inventory Control Results\*

| Tank # | Product | 5-Year Test Date | All Passed? | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|--------|---------|------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|        |         |                  |             |     |     |     |     |     |     |     |     |     |     |     |     |
|        |         |                  |             |     |     |     |     |     |     |     |     |     |     |     |     |
|        |         |                  |             |     |     |     |     |     |     |     |     |     |     |     |     |
|        |         |                  |             |     |     |     |     |     |     |     |     |     |     |     |     |

### Inventory Control Suspected Release Report\*\*

| Tank # | Product | Month | Date | Date Suspected Release Reported to OPS | 7-Day Investigation Details | 7-Day Investigation Results |      | Date Results Reported to OPS |
|--------|---------|-------|------|--|-----------------------------|-----------------------------|------|------------------------------|
|        |         |       |      |  |                             | Results                     | Date |                              |
|        |         |       |      |  |                             |                             |      |                              |
|        |         |       |      |  |                             |                             |      |                              |
|        |         |       |      |  |                             |                             |      |                              |
|        |         |       |      |  |                             |                             |      |                              |

### Inventory Control Results Review: Class A or B Operator Information

|                                  |                                  |                  |  |  |  |       |  |
|----------------------------------|----------------------------------|------------------|--|--|--|-------|--|
| <input type="checkbox"/> Class A | <input type="checkbox"/> Class B | Certification #: |  |  |  |       |  |
| Printed Name:                    |                                  | Signature:       |  |  |  | Date: |  |

\*Owners/Operators must report a suspected release for **two monthly failures** 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.