



Secondary Containment and Spill Prevention Equipment Tightness Testing

(Revised 5/8/2019)

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_inspection@state.co.us
 Web: www.colorado.gov/ops

Secondary Containment and Spill Prevention Equipment Tightness Testing

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OPS Facility ID:		OPS Installation #:		<input type="checkbox"/> Minor Equipment or N/A	Installation Date:	
Facility Information			Installer Information			
Facility Name:			Company Name:			
Address:			Address:			
City/State/ZIP:			City/State/ZIP:			
A/B Operator Name:			OPS Certified Installer Name:			
Phone #:			Phone #:			
Email Address:			Email Address:			
Secondary Containment Present at Site (check all that apply)						
<input type="checkbox"/> DW Tanks		<input type="checkbox"/> DW Piping		<input type="checkbox"/> Spill Buckets/Spill Containers		
<input type="checkbox"/> STP/Piping Sump Containment		<input type="checkbox"/> Under-Dispenser Containment		<input type="checkbox"/> Fill Riser Containment		
DW Tanks (Annular Testing)						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
DW Piping (Secondary Testing)						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Spill Buckets/Spill Containers						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						

STP/Piping Sump Containment						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Under-Dispenser Containment						
UDC #						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Fill Riser Containment						
OPS Tank # Assigned						
Test Method Used						
If 'Other' - Describe Test Method						
Test Equipment Mfr./Model						
Test Start Time						
Initial Reading						
Test End Time						
Final Reading						
Change in Readings						
Pass/Fail Threshold/Criteria						
Result						
Was an OPS inspector present during testing?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was a completed copy of the manufacturer's installation checklist received?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inspector Name:		Inspector Signature:		Date:		
Certification Information						
I certify under penalty of law that the information provided here and in supporting documents is true, accurate and complete. Note: When an OPS inspector is not present, this form must be signed by the tester <i>and</i> Qualified Service Technician (QST) before submitting to OPS.						
Tester Name:		Tester Signature:		Date:		
QST Name:		QST Signature:		Date:		
OPS Use:	Date Reviewed:		Reviewed by:			