



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety – Compliance Section  
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 Denver, CO 80202-3610

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 Web: [www.colorado.gov/ops](http://www.colorado.gov/ops)

## Minor Equipment Repair/Replacement Notification

(Revised 11/2013)

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

### Facility Information

Facility Name:		Facility ID #:	
Facility Address:	City:	ZIP:	
Contact Name:	Phone Number:	Email Address:	
A/B Operator Name:	Phone Number:	Email Address:	

### Installer Information

Installation Company Name:			
Address:	City/State/ZIP:		
Contact Name:	Phone Number:	Email Address:	
OPS Certified Installer Name:	OPS Installer ID #:	COUST-	

### Work Performed

Repair **OR**  Replace **existing** spill containment at fill or vapor recovery connection  
 Repair **OR**  Replace **existing** overfill protection device  
 Repair **OR**  Replace **existing**  UDC **OR**  STP **OR**  Transition sump

OPS Tank ID #							
Capacity	gal	gal	gal	gal	gal	gal	gal
Product Stored in Tank							
Spill Containment Location							
Spill Containment Wall Type							
Spill Containment Size	gal	gal	gal	gal	gal	gal	gal
Spill Containment Manufacturer							
Overfill Prevention Device							
Overfill Prevention Manufacturer							
Containment Sump Type							
Sump Wall Type							
Containment Sump Manufacturer							
Piping Type	Wall						
	Material						

Where product piping has been cut and removed to allow replacement of containment sumps, show amount replaced below.

**Note: Piping must be precision tightness tested following repair and before returning to service.**

Piping Length Removed/Replaced	ft						
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### Checklist

Item	Date Completed	Owner Verified?	Installer Verified?	N/A
Date repair/replacement work was completed				
Was repair/replacement due to damage resulting in a failure of device integrity (no longer perform as intended)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Did a release occur? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes' estimate amount: _____ gal				
<b>If a release has occurred, a report must be made to OPS within 24 hours of discovery by calling 303-318-8547.</b>				<input type="checkbox"/>
Has spill containment/sumps been tested hydrostatically or using another approved method with pass results? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has piping been precision tightness tested following repair and before returning to service with pass results? <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.**

Installer Name:	Installer Signature:	Date:	
Owner Name:	Owner Signature:	Date:	
OPS Use	Reviewed by:	Review Date:	