



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Compliance Section
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UST Suction Line 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:	

Suction Line Tightness Test Results*

Line #	Product	3-Year Test Date	All Passed?	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Suction Line Tightness Test Re-test/Suspected Release Report**

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

Suction Line Tightness Test 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 any 3-year line test failure 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.