Colorado Department of Labor and Employment
Division of Oil and Public Safety – Weights and Measures Section
633 17th Street, Suite 500
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VTM/Bulk Flammable Liquid Meter Calibration Report

Complete this form and send it to OPS **within 7 days** via email, postal mail or fax using the information listed above.

Facility/Company Information

Name:	
Street Address:	
City/State/ZIP:	
Contact Name:	Contact Phone #:

Truck/Bulk Meter Information

Unit #:		Truck License #:		Total # of Meters:	

Item #	Item Description	Meter # 1	Meter # 2
1	Product		
2	Beginning Totalizer		
3	Ending Totalizer		
4	Meter Make		
5	Meter Model		
6	Meter Serial #		
7	Maximum Flow Rate	gpm	gpm
8	Minimum Flow Rate	gpm	gpm
9	Is the seal intact?	□ Yes □ No	□ Yes □ No
10	Ticket Printer	□ OK □ N/A (for airport meters only)	□ OK □ N/A (for airport meters only)
11	Anti-drain Nozzle	□ OK □ N/A (for airport meters only)	□ OK □ N/A (for airport meters only)
12	Air Eliminator Piping	□ OK □ N/A (for airport meters only)	□ OK □ N/A (for airport meters only)

Calibration Information

Item #	Item Description	Meter 1			Meter 2		
13	Prover Capacity	gal			gal		
14	Flow Rate (as tested)	Fast: gpm	Slow: gpm		Fast: gpm	Slow: gpm	
15	Maintenance Tolerance						
16	Acceptance Tolerance						
17	Meter Error	Fast	Slow	Split	Fast	Slow	Split
	As Found	in³	in³	in³	in³	in³	in³
	As Adjusted	in³	in³	in³	in³	in³	in³

Inspection Check Sheet

Calibration Prover Information	□ Placed in service (new or repaired) □ Routine calibration (existing meter)	□ Placed in service (new or repaired) □ Routine calibration (existing meter)
Serial #	**Comments/Notes**	**Comments/Notes**
Manufacturer		

Certification Information

I certify that:

- **I have calibrated the meter(s) listed above.**
- **I have set each adjusted meter as close to zero as possible.**
- **I have placed out of service any meter that could not be adjusted to the NIST tolerance on the negative side.**

Technician Name:		Technician Seal ID #:	
Registered Service Agency Name:			
Technician Signature:		Date:	