



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Compliance Section
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Vapor Monitoring

(Revised 11/2013)

General Information

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

Vapor Monitoring Results*

Tank #	Product	All Passed?	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Vapor Monitoring 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 confirmed release for **any monthly failure** to OPS within 24 hours.