



Minor Equipment Repair/Replacement Notification

(Revised 5/8/2019)

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

Facility Information

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

Installer/Qualified Service Technician (QST) Information

Company Name:							
Address:				City/State/ZIP:			
Contact Name:			Phone Number:			Email Address:	
Certified Installer/QST Name:						Installer/QST ID #:	

Work Performed

Description:							
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- ☐ Repair **OR** ☐ Replace **existing** spill containment at fill or vapor recovery connection
☐ Repair **OR** ☐ Replace **existing** overfill protection device with dissimilar type
☐ 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
Overfill Prevention Device							
Containment Sump Type							
Sump Wall Type							
Containment Sump Manufacturer							
Piping Type	Wall						
	Material						

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

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

Piping Length Removed/Replaced	ft	ft	ft	ft	ft	ft	ft
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Checklist

Item	Date Completed	N/A
Date repair/replacement work was completed		
If a release has occurred, a report must be made to OPS within 24 hours of discovery by calling 303-318-8547.		<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/QST Name:		Installer/QST Signature:		Date:	
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Installer and/or Qualified Service Technician (QST) Contact Information must be provided.



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

(Revised 5/8/2019)

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:			