COLORADO DEPARTMENT OF TRANSPORTATION FUEL LOG								Location orgn code #			Location (required) Facility name: Street address City/Zip			
										City/Zip				
-ue	usage						40							
	Date Yr				Odometer r Hour clock		Quantity Unl(2) Dsl(5)			Ending meter reading		Signature		
2														
3														
5														
6 7														
8														
9														
10 11														
12														
13 14														
15														
16														
17 18														
19														
20														
21 22														
23														
24 25														
26														
27														
28 29														
30														
31														
Rec	eipts ●€		(attach cop					داداداد		0		Manalan		
	Date	Type fuel (Unl/Dsl)	Gauge or stick reading	IN'S	e sticking GAL'S	_	After N'S	GA		From stick	recv'd From ticket	Vendor invoice #	Initials	
<u> </u>														
Storage Tank Ullage				Total Tank Capacit			ty			90% Tank Capacity				
					ound Sto	orage	Tan	k Ull	age L	og fror	n the C	olo. Dept. of Lab	or &	
	oloymen Date	Type Fuel	Oil & Public Sa		auge or		Conv	/ersic	ne to		(Ullage)	Quantity	Initials	
	Date	(Unl/Dsl)	capacity (Gallons)	Stick reading		Conversions t g Gallons				Av	vailable apacity	added	Illidia	
	- Food of	month atiaking	ı? □ ves □	no	Prev	ious edit	tions of	this for	m are obs	solete and m	ay not be us	ed		

●●● End of month sticking?

ABOVEGROUND STORAGE TANK MONTHLY VISUAL INSPECTION FORM Facility name Inspection date City 7IP Street address Use either this form or its equivalent to document monthly visual inspections required by §3-5 of Colorado's Storage tank Regulations. Keep this record at least 12 months. However, it is advisable to keep records indefinitely, since they may be required as part of the compliance review concerning a claim for reimbursement from the Petroleum Storage Tank Fund. 1. Visible leaks on tanks, tank seams, connections, fittings or valves? □ no □ yes, If yes, identify tank and describe leak. Record action taken to remedy the problem and the date corrected. 2. Visible leaks on above-ground piping, pipe seams, connections, fittings, flanges, threaded connections, pumps or valves? □ no □ yes, If yes, identify and describe leak. Record action taken to remedy the problem and the date corrected. 3. Is overfill prevention equipment in good operating condition? \square no \square yes \square not applicable, If no, identify tank. Record action taken to remedy the problem and the date corrected. Verify operation of overfill prevention equipment according to the equipment manufacturer's instructions. Verify operation of audible alarm if it can be tested. 4. If double-walled tank: A. Is interstice free of liquid? ☐ no ☐ yes, If no, identify tank and describe leak. Record action taken to remedy the problem and the date corrected. B. Is interstitial monitoring equipment operating properly? \square no \square yes \square not applicable, If no, identify tank. Record action taken to remedy the problem and the date corrected. Verify operation of interstitial monitoring equipment according to the equipment manufacturer's instructions. 5. Secondary containment system free of tank product or other liquids/debris, such as rainwater, snowmelt, dirt. leaves, trash, etc.? \square no \square yes \square not applicable, If no, identify tank. Record action taken to remedy the problem and the date corrected. 6. Are concrete surfaces and ground free of any evidence of new leakage or spillage? □ no ☐ yes, If no, describe. Record action taken to remedy the problem and the date corrected.

Report suspected or confirmed leaks to the Division of Oil and Public Safety within 24 hours: (303) 318-8547

Date

Signed