

# “Tools of the Trade”



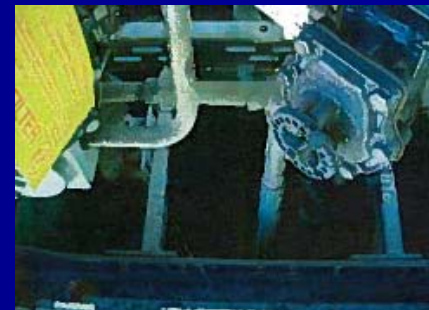
RALPH ACIERNO

State of Colorado

Division of Oil and Public Safety

# Discussion Topics

- Tools
- Installations
- Issues
- Development
- Enhancements
- Summary



# Tools – Petroleum Inspections

- UST and AST
- Liquid Petroleum Gas (LPG)
- Weights and Measures
- 5780 facilities (UST/AST/LPG)
- 49,823 meters



# Tools - UST Inspectors

- 11 - Inspectors
- Weights & Measures and LPG Inspectors
- AST and UST Inspections
- 2869 – Regulated UST Facilities
- Conduct Unannounced Inspections



# Tools - Equipment Used

- Tools Used by Our Inspectors Today

- GPS
- Cell Phones
- Laptops
- Inspector Hats



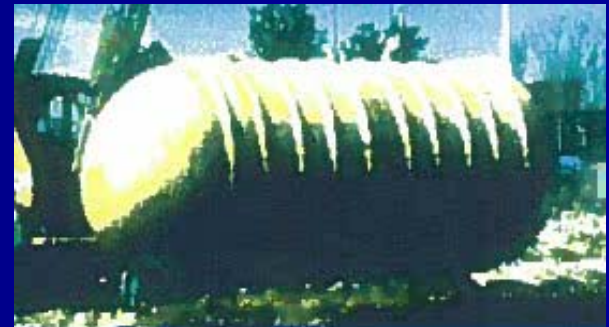
- Tools that will be Used in the Future

- GIS
- Electronic Tablet
- Portable Printers



# Installations - Requirements

- First Stage - Installations
- All New Installations/Upgrades Require ICC Certified Installers
- Submittal of UST Installation and Upgrade Application and Plot Plans - Secondary Containment Required
- UST Application Approval – Permit Issued



# Installations - Inspections

- Installation Inspections
- 72 Hour Notice – Schedule Inspection
- Visual Inspection of all Equipment & Testing
- Logging all Equipment into our Database
- Preventive Approach

# Issues - Inspections

- Quality Inspections and Meeting Division Goals
- Analyzing Processes
  - Filling Out Forms
  - Types of Violations Written

STATE OF COLORADO  
**CERTIFICATE OF INSPECTION**  
 DIVISION OF LABOR OIL INSPECTION SECTION  
 1001 E. 62ND AVE., BLDG. 1, DENVER, CO 80216 (303) 289-5643

Michael J. Powell  
 State Inspector of Oil

BUSINESS NAME <b>Mart's Mart</b>		INSPECTOR <b>Danny Taylor</b>	
MAILING ADDRESS <b>Hwy 160</b>		CITY <b>Del Norte</b>	DATE <b>22 Feb 93</b>
TOTAL NO. OF PUMPS <b>8</b>	RESET DATA		
PUMP NO.	<b>6</b>	<b>7</b>	<b>2</b>
START VAR. IN3	<b>+7</b>	<b>+8</b>	<b>-10</b>
END VAR. IN3	<b>0</b>	<b>0</b>	<b>0</b>
PRODUCT TANKS	NUMBER OF TANKS	QUALITY PRICE	GALLONS GASOLINE RETURNED
REGULAR	<b>3000</b>	<b>1.309</b>	<b>10</b>
DIESEL	<b>4000</b>	<b>1.339</b>	<b>10</b>
NO LEAD Regular	<b>4000</b>	<b>1.199</b>	<b>25</b>
NO LEAD Premium	<b>2000</b>	<b>1.279</b>	<b>10</b>
KELOSEBE	<b>360</b>	<b>1.499</b>	<b>5</b>
BRAND NAMES		POSTINGS	CHECK LIST
ANTI FREEZE <b>Rugged</b>		MEMO	<input type="checkbox"/> FIRE XEVE
DUALIFE <b>Dualife</b>		INVENTORIES <b>YES</b>	<input type="checkbox"/> DETECTOR
GASOLINE <b>Conoco</b>		NO SMOKING <b>YES</b>	<input checked="" type="checkbox"/> FIRE EXTINGUISHER
BRAKE FLUID <b>Rugged</b>		UNLEADED <b>YES</b>	<input checked="" type="checkbox"/> ELECTRIC CUT-OFF
		EX-FUELS LABEL <b>NA</b>	<input type="checkbox"/> ZERO S.B.
<small>The Owner or Manager must maintain facilities in leak-tite condition and keep accurate inventory records.</small>			
COMMENTS <input checked="" type="checkbox"/> <b>Found NO WATER IN TANKS</b>			
VIOLATIONS <input type="checkbox"/>			
NOTICE: ALL VIOLATIONS MUST BE CORRECTED WITHIN <input type="checkbox"/> DAYS. <small>Notify this office when corrections have been made.</small>			
by <b>Phyllis Gonzalez</b> Owner or Operator			



# Issues - Writing Out Reports

- Analyzed - Time used – Completing Forms
- Our Findings
  - Looking up equipment for each location – 10 to 15 minutes
  - Prepping the forms prior to inspections – 5 to 10 minutes
  - Writing out violations on site – 5 to 10 minutes
  - Total time averaged – 20 to 35 minutes

# Issues – Field Inspections

- No Standardized Inspections
- Type of Inspection Varied For Each Inspector
- Time To Complete Each Inspection Varied
- Knowledge Base Varied For Each Inspector
- No Consistency

# Development - Field Inspections

- How to Standardizing Field Inspections?
- What do Inspectors Inspect?
- How do they determine what Adds Value?
- What needs to be Inspected?
- How to structure the Inspection Form?

# Development - Field Violation

- Analyzed – Inefficiencies
- Our Findings
  - No Consistency Between Inspectors
  - Time Lines Were Different
  - Infractions Were Seldom Written the Same

Dept of Labor & Employment – Division of Oil & Public Safety  
 633 17<sup>th</sup> St., Suite 4500, Denver CO 80202  
 Phone 303-318-6505/6507 – Fax 303-318-6518 – E-mail oil\_public\_safety@state.co.us – Web http://opa.cdle.state.co.us/

CERTIFICATE OF INSPECTION – FIELD VIOLATION REPORT

Routine Inspection  Special Inspection - ID #

Fac. ID# 2374 Facility name Diamond Shamrock #1117 County Arapahoe  
 Street Address 15303 E Quincy City Aurora Zip 80015  
 Inspector Kech Holcomb Inspector Phone (303) 883-1247 Date Of Inspection 3 - 6 - 08

During an inspection of this facility, the following marked items were found to be out of compliance with the laws and regulations promulgated under Colorado Revised Statutes, Title 8, Articles 20 and 20.5. The owner or operator must correct the violation(s) within the period specified, indicate the date the violation was corrected, sign and return this completed report to the address above. Failure to correct the violation(s) may lead to criminal and civil penalties not to exceed five thousand dollars (\$5,000) per tank for each day of violation. Any requests for extension must be made in writing to the division within 5 working days of the date of inspection.

Violation Code	Description of Violation	Location	Days To Correct	Date Corrected
①	Remove Water from Sub Containment Manway (STP)	Midgrade	5	
②	Remove dirt and debris/liquid from Spill Containment buckets	411 3	5	
③	Repair damaged Vapor recovery Risers / seat area	Rog Mid		
	Rog - Valve Stambout (Cap off)			
	MID - Rubber Seat area damaged (Cap off)			

The Owner or Operator signing below certifies, under civil and criminal penalties for making a false submission to the State Of Colorado, that the Owner or Operator has corrected these violation(s) in accordance with Division of Oil and Public Safety requirements.

Owner/Operator Signature \_\_\_\_\_ Date 1 / 1  
 Owner/Operator Printed Name \_\_\_\_\_

INSPECTOR NOTES/COMMENTS:

Received by: NAME Rog PHONE # 303, 680 7829

1004

# Development - Field Violations

- How to Standardized Field Violations?
- What are the Most Common Violations?
- How Many Days are Needed for Each Violation?
- Which Regulation or Code does it Reference?
- How to Structure the Field Violation Form?

# Development - Solutions

- Standardize Field Inspections & Field Violations
- Improve Forms
- Improve Workflow
- Increase Productivity
- Reduce Time Per Inspection

# Enhancement – Pre-printed Tank Equipment

**RELEASE PREVENTION INFORMATION**

* Spill Prevention (Y, N, NA)	yes	OPW 1-2100 10 gallon							
Tank filled by transfers 25 gals or less (Y, N)	NA								
* Spill bucket functional (Y, N)	yes								
* Spill bucket empty (Y, N)	yes								
* Overfill Prevention (Y, N, NA)	yes								
Method (BF, FV, AL, UNK)	FV	OPW 6L50							
* Shutoff device operational (Y, N, UNK)	UNK								
* Alarm operational (Y, N, UNK)	NA								
* Alarm aud/vis to delivery driver (Y, N, UNK)	NA								
* Corrosion Protection (Y, N)	yes								
Tank: (code, UNK)	FV/NA								
Piping: (code, UNK, NA)	FRP - Artery								
Piping Conn-Disp: (code, UNK, NA)	Clx - Cont in Environ Box								
Piping Conn-Tank: (code, UNK, NA)	Clx - Cont in FRP Box								
* IC Rectifier operational (Y, N, UNK, NA)	NA								
* IC Inspection log kept & OK (Y, N, NA)									
* 3-Yr. CP testing performed & OK (Y, N, NA)									
* CP testing w/in 6 mths of repair (Y, N, NA)									
* Tk/Line TT w/in 30 days of repair (Y, N, NA)									
Significant Operational Compliance (Y, N)									

NOTE: Tanks with any individual item that has an \* and is marked 'N' do not meet OPS

New Form

**CERTIFICATE OF INSPECTION - SIGNIFICANT OPERATIONAL COMPLIANCE REPORT FOR UNDERGROUND STORAGE TANK SYSTEMS**

CO Dept of Labor Employment – Division of Oil Public Safety  
633 17th St., Ste. 500, Denver, CO 80202  
Phone 303-318-8506 – Fax 303-318-8488 – E-mail oilpublicsafety@state.co.us – Web http://ops.cdle.state.co.us


Fac Type Retail	Fac Cat Retail Gas Station	<input type="checkbox"/> Un-Attended	<input type="checkbox"/> Signage	Insp Due 9/2/2009	Insp. Date
Fac ID 2374	Facility Name DIAMOND SHAMROCK 1117				County ARAPAHOE
Street Address 15303 E QUINCY AVE			City AURORA		Zip 80015
Inspector Robert Schlegel			Inspector Phone # 303-378-6812		Last Insp 3/6/2008
RD Contact NANCY COEN			Owner Contact Name		
RD Co. Name VALERO ENERGY CORPORATION			Owner Name DIAMOND SHAMROCK STATIONS INC		
RD Address 5590 HAVANA ST UNIT B			Owner Street Address ONE VALERO WAY		
RD City, St, Zip DENVER CO 80239			Owner City, St, Zip SAN ANTONIO, TX 78249		
RD Phone # 303-373-6044		RD Fax # 303-307-9401		Owner Phone # 1-800-333-3377	
RD Information <input type="checkbox"/> has <input type="checkbox"/> has not changed.			Owner Information <input type="checkbox"/> has <input type="checkbox"/> has not changed.		
Dispenser Brand Desc: Gilbarco		Dispenser Brand Other		Total Pumps: 24	

Tank System Information			
COSTIS Tank Tag #	2374-1	2374-2	2374-3
Tank Type	UST	UST	UST
Status	A / IU	A / IU	A / IU
Installation Date	2/23/1990	2/23/1990	2/23/1990
Product	RUL	MUL	PUL
Capacity	12000	12000	12000
Water Amount (in)			
Tank Material	ST	ST	ST
Tank Wall Type	S	S	S
Sticker Plate (Y/N)			
Piping Type	UG	UG	UG
Piping System	PR	PR	PR
Piping Material	FRP	FRP	FRP
Piping Wall Type	S	S	S
TC tank level (in)			
TC tank OK (Y/N)			

Old Form


# Enhancement - Field Inspection

- Area – Spill Containment
- Parts – Overfill Valves
- Question – Is the overfill device damaged, installed improperly or bypassed?

 <b>Department of Labor &amp; Employment – Division of Oil &amp; Public Safety</b> 833 17 <sup>th</sup> St., Suite #500, Denver CO 80202 - Phone 303-318-8505/8506 – Fax 303-318-8488 E-mail <a href="mailto:oil_publicsafety@state.co.us">oil_publicsafety@state.co.us</a> – Web <a href="http://ops.cdle.state.co.us/">http://ops.cdle.state.co.us/</a>				# Of Tanks _____ Quarter _____				
<b>UNDERGROUND STORAGE TANK – INSPECTION CHECK LIST</b>								
Fac ID#:		Facility Name:		County:				
Street Address:				City:	Zip:			
Inspector:			Inspector #:	Date of Inspection:				
Vio	Area	Parts	Code	Spill Containment Bucket - Violations	No - Vio	Comments- Location	Days	SR
<input type="checkbox"/>	Spill Containment Bucket	Fill Lid Identification	FLI	Is the cover fill lid unpainted and is the product code sign missing?	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>		Spill Bucket	SB	Is there water, fuel, debris in the spill bucket (if you can't see the bottom- write it)?	<input type="checkbox"/> N <input type="checkbox"/> N/A		5	
<input type="checkbox"/>			SBD	Is the spill containment bucket or equipment damaged?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>			SBSR	Has the damage resulted in a suspected impact to the soil?	<input type="checkbox"/> N <input type="checkbox"/> N/A		1	X
<input type="checkbox"/>		Fill Pipe	FP	Does the fill pipe have missing or damaged equipment?	<input type="checkbox"/> N <input type="checkbox"/> N/A		10	
<input type="checkbox"/>			FPI	Is the product tag missing or illegible at the fuel point?	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>		Overfill Device	OFD	Is the overfill device missing, damaged, installed improperly, or bypassed?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>		Drop Tube Device	DTD	Is the drop tube missing or damaged?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>		Coaxial Fill Pipe	CFP	If a coaxial fill pipe is used, is an overfill prevention valve or alarm out of place, missing, and/or not operational?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	

# Enhancement - Field Violations

- Part – Overfill Device
- Code - OFD
- Violation – Install, replace, or repair the missing, damaged, improperly installed or bypassed overfill device(s).

 Department of Labor & Employment – Division of Oil & Public Safety 633 17 <sup>th</sup> St., Suite #600, Denver CO 80202 - Phone 303-318-8505/8506 – Fax 303-318-8488 E-mail <a href="mailto:oil_public_safety@state.co.us">oil_public_safety@state.co.us</a> – Web <a href="http://ops.cdle.state.co.us/">http://ops.cdle.state.co.us/</a>				# Of Tanks _____ Quarter _____				
UNDERGROUND STORAGE TANK – FIELD VIOLATION REPORT								
Fac ID#:		Facility Name:		County:				
Street Address:				City:	Zip:			
Inspector:			Inspector #:		Date of Inspection:			
Vio	Code-Regulation	Parts	Code	Spill Containment Bucket - Violations	No - Vio	Comments- Location	Days	Date
<input type="checkbox"/>	NIST 130-2008 - 4.3.2	Fill Lid Identification	FLI	Properly identify product fill lid(s) on the tank(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30-2008 - 21.8.6	Spill Bucket	SB	Remove the water, fuel or debris from the spill bucket(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	NFPA 30-2008 - 21.8.6		SBD	Replace or repair the damaged spill containment bucket(s) and/or equipment.	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 4-1		SBSR	Call in a suspected release within 24 hours for the spill bucket(s) area. <b>303-318-8547</b>	<input type="checkbox"/> N <input type="checkbox"/> N/A		1	
<input type="checkbox"/>	NFPA 30-2008 - 21.8.6	Fill Pipe	FP	Replace or repair the damaged fill pipe(s) and/or equipment.	<input type="checkbox"/> N <input type="checkbox"/> N/A		10	
<input type="checkbox"/>	NFPA 30A-2008 - 5.2.5		FPI	Properly identify the product tag on the fill riser pipe(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30-2008 - 21.7.1.5	Overfill Device	OFD	Install, replace, or repair the missing, damaged, improperly installed, or bypassed overfill device(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>	NFPA 30-2008 - 21.8.6	Drop Tube Device	DTD	Replace or repair the missing or damaged drop tube(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>	NFPA 30-2008 - 21.7.1.5	Coaxial Fill Pipe	CFP	Install, repair or replace the missing or damaged overfill prevention valve and/or alarm.	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	

# Enhancement - Violations

- Q&A Format – Check Box

- Codes – NFPA etc.

- Colorado Regulations

- Colorado Statues

- Correction Times

Department of Labor & Employment – Division of Oil & Public Safety 853 17 <sup>th</sup> St., Suite #500, Denver CO 80202 - Phone 303-318-8549/8506 - Fax 303-318-8488 E-mail: oil.public.safety@state.co.us - Web: http://dops.state.co.us/							# Of Pumps _____ Quarter _____	
Fac ID#: _____							County: _____	
Street Address: _____			Facility Name: _____		City: _____		Zip: _____	
Inspector: _____			Inspector #: _____		Date of Inspection: _____			
Vio	Code-Regulation	Parts	Code	Dispenser Hardware - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NFPA 30A-2003 - 6.9.3	Nozzles	NZ	Replace or repair with pressure sensitive nozzle(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	C.R.S. 8-20-228		NZL	Replace or repair leaking or incorrect nozzle(s) with proper type.	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
<input type="checkbox"/>	C.R.S. 8-20-228	Swivels	SWL	Replace or repair leaking or seeping swivel(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
<input type="checkbox"/>	NFPA 30A-2009- 6.5.1	Product Hoses	PHT	Replace incorrect product hose(s) with the correct length and type of hose(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	C.R.S. 8-20-228		PHW	Replace worn or cracked hose(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	C.R.S. 8-20-228		PHL	Repair or replace leaking product hose(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
<input type="checkbox"/>	NFPA 30A-2008- 6.2	Break-away Device	BD	Install, repair or replace the missing, leaking or damaged (break-away device(s)).	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
Vio	Code-Regulation	Parts	Code	Dispenser Display - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NIST HB 44-2007- 3.30 - 5.1.5.2	DD	DD	Replace or repair the gallon/cash/price per unit displays on pump(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NIST HB 44-2007- 3.30 - 5.1.5.2	MR	MR	Replace or repair the mechanical gallon/cash/price per unit wheels on pump(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NIST HB 44-2007- 3.30 - 5.1.6.7	DR	DR	Correct display readout and receipt so that the price per gallon, volume sold, and total sales amounts match.	<input type="checkbox"/> <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	C.R.S. 8-20-216	Price Sign	PS	Correct the dispenser display readout(s) and the posted price sign(s) (price per gallon and total amounts) to match.	<input type="checkbox"/> <input type="checkbox"/> N/A		1	
Vio	Code-Regulation	Parts	Code	Dispenser Cabinet - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NFPA 30-2003 - 27.3.2	Above the Shear Valve	SVLA	Replace or repair the leaking meter, blender assembly or piping above the shear valve(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
<input type="checkbox"/>	NIST HB 44-2007- 3.30 - 6.2.2		CS	Identify, repair, and recalibrate the meter calibrator. (Must be performed by state certified contractor.)	<input type="checkbox"/> <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	NFPA 30A-2008 - 6.3.4	Below the Shear Valve	DM	Properly mount the dispenser(s) to the dispenser island.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 6.3.9		SVM	Replace or install dispenser shear valve mount(s) to the dispenser island.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30-2008 - 27.3.2		SVLB	Replace or repair the leaking trip arm seal, casts, plugs, replacement shear points, or piping below the shear valve(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
Vio	Code-Regulation	Parts	Code	Dispenser UDC - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	C.R.S. 8-20-229		UDCW	Remove the water or debris in the under dispenser containment (UDC) sump area(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 2.2.8(a)(2)	Under Dispenser Containments	UDCF	Remove the fuel from the UDC sump area(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 2.2.8(a)(2)		UDCSR	Call in a suspected release within 24 hours for the UDC area(s). 303-318-8547.	<input type="checkbox"/> <input type="checkbox"/> N/A		1	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 2.2.8(a)(2)		UDCHT	Hydro Test the UDC sump and precision test any secondary piping connected to the sump.	<input type="checkbox"/> <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	NFPA 30A-2008 - 6.3.1	Flex Connectors	UDFC	Replace or repair the damaged flex connector in the UDC area(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30-2008- 7.3.1	Electrical	UDCE	Replace or repair the damaged UDC high voltage electrical junction box/cover(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		Off Sale	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 2.4.4(g)		UDCS	Position the sensor(s) at the bottom of the sump in the upright position.	<input type="checkbox"/> <input type="checkbox"/> N/A		10	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 2.4.4(g)	Interstitial Monitoring	UDC	Replace or repair the damaged UDC sump(s) and/or entry boots and secure any loose or missing entry boot clamps.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 6.2.3	No Containment	UDCN C	Replace or repair the components in the dispenser area that are in contact with the soil and/or add Cathodic Protection.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
Vio	Code-Regulation	Parts	Code	Signage - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NIST 130-2008 - 3.1.2		OCT	Install or replace incorrect, damaged or missing octane signs with proper signage for the octane postings.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NIST 130-2008 - 3.3.1		DIE	Install or replace proper signage for the 15 ppm or 500 ppm diesel sulfur.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 9.2.5.4		NS	Install or replace proper signage for the No Smoking postings.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NIST 130-2008 - 3.1.1		ETH	Install or replace proper signage for the Ethanol content (contains up to 10% Ethanol) listings.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NIST 130-2008 - 3.1.2		DFPIS	Install or replace proper signage for the fuel product(s).	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 9.2.5.4		HW	Install or replace proper signage for the containers and health warnings.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 9.4.4		OI	Install proper attended operating instruction signage.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 9.2.2		UOI	Install or replace proper signage for the unattended operating instructions.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 9.5.3		UEI	Install or replace proper signage for the unattended emergency instructions.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
Vio	Code-Regulation	Parts	Code	ATG - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NFPA 30-2008 - 21.7.1.3.1		ATG	Replace or repair Automatic Tank Gauge (ATG) components to ensure ATG is clear of all alarm(s) and is operational.	<input type="checkbox"/> <input type="checkbox"/> N/A		1	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 4.1	ATG Console	ATGSR	Call in a suspected release within 24 hours for the ATG. 303.318.8547.	<input type="checkbox"/> <input type="checkbox"/> N/A		1	
Vio	Code-Regulation	Parts	Code	Audible Alarm - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NFPA 30-2008 - 21.7.1.5.2	Audible Alarm Console	AAC	Replace or repair the audible alarm equipment so the alarm sounds and can be heard when an overfill occurs.	<input type="checkbox"/> <input type="checkbox"/> N/A		10	
Vio	Code-Regulation	Parts	Code	Cathodic Protection - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NFPA 30A-2008 - 23.5.4	Impressed Rectifier	ICS	Replace or repair the impressed current system and/or rectifier.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
Vio	Code-Regulation	Parts	Code	Safety Equipment - Violations	No - Vio	Comments-Location	Days	Date
<input type="checkbox"/>	NFPA 30A-2008 - 9.2.6.2	Fire Extinguisher	FE	Inspect and/or relocate the fire extinguisher.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFPA 30A-2008 - 9.2.5.2		FEM	Install or recharge the fire extinguisher.	<input type="checkbox"/> <input type="checkbox"/> N/A		1	
<input type="checkbox"/>	NFPA 30A-2008 - 6.7	Emergency Stop Button	ESB	Install or repair an emergency stop button.	<input type="checkbox"/> <input type="checkbox"/> N/A		30	
<input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/> N/A			

The Owner or Operator signing below certifies, under civil and criminal penalties for making a false submission to the State of Colorado, that the Owner or Operator has corrected these violation(s) in accordance with the Division of Oil and Public Safety requirements. Any violation not corrected in the specified time frame must be granted an extension by OPE.

Printed Name: \_\_\_\_\_ Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_


# Enhancement - Inspection and Violations Forms


- Creation of 6 New Forms
- Test driving New Forms
- New forms replaced existing forms
- Receiving Feedback from Inspectors
- Layout of the Forms

# Enhancements - Inspection and Violations Forms

- Questions asked on Inspections Related to Field Violations
- First Copy is the Inspection –Copies 2-4 are the Field Violations
- Reduction from 6 Forms to 3 for all Inspections and Field Violations (UST, AST and Ancillary Equipment)
- Standardized Inspections and Field Violations

# Enhancement - Inspection and Violations Forms

 <b>Department of Labor &amp; Employment – Division of Oil &amp; Public Safety</b> 633 17 <sup>th</sup> St., Suite #500, Denver CO 80202 - Phone 303-318-8505/8506 – Fax 303-318-8488 E-mail <a href="mailto:oil_public_safety@state.co.us">oil_public_safety@state.co.us</a> – Web <a href="http://ops.odle.state.co.us/">http://ops.odle.state.co.us/</a>				# Of Tanks _____ Quarter _____				
<b>UNDERGROUND STORAGE TANK – INSPECTION CHECK LIST</b>								
Fac ID#:		Facility Name:		County:				
Street Address:			City:		Zip:			
Inspector:		Inspector #:		Date of Inspection:				
Vio	Area	Parts	Code	Spill Containment Bucket - Violations	No - Vio	Comments- Location	Days	SR
<input type="checkbox"/>	Spill Containment Bucket	Fill Lid Identification	FLI	Is the cover fill lid unpainted and is the product code sign missing?	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>		Spill Bucket	SB	Is there water, fuel, debris in the spill bucket (if you can't see the bottom- write it)?	<input type="checkbox"/> N <input type="checkbox"/> N/A		5	
<input type="checkbox"/>			SBD	Is the spill containment bucket or equipment damaged?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>			SBSR	Has the damage resulted in a suspected impact to the soil?	<input type="checkbox"/> N <input type="checkbox"/> N/A		1	X
<input type="checkbox"/>		Fill Pipe	FP	Does the fill pipe have missing or damaged equipment?	<input type="checkbox"/> N <input type="checkbox"/> N/A		10	
<input type="checkbox"/>			FPI	Is the product tag missing or illegible at the fuel point?	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>		Overfill Device	OFD	Is the overfill device missing, damaged, installed improperly, or bypassed?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>		Drop Tube Device	DTD	Is the drop tube missing or damaged?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>		Coaxial Fill Pipe	CFP	If a coaxial fill pipe is used, is an overfill prevention valve or alarm out of place, missing, and/or not operational?	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	

 <b>Department of Labor &amp; Employment – Division of Oil &amp; Public Safety</b> 633 17 <sup>th</sup> St., Suite #500, Denver CO 80202 - Phone 303-318-8505/8506 – Fax 303-318-8488 E-mail <a href="mailto:oil_public_safety@state.co.us">oil_public_safety@state.co.us</a> – Web <a href="http://ops.odle.state.co.us/">http://ops.odle.state.co.us/</a>				# Of Tanks _____ Quarter _____				
<b>UNDERGROUND STORAGE TANK – FIELD VIOLATION REPORT</b>								
Fac ID#:		Facility Name:		County:				
Street Address:			City:		Zip:			
Inspector:		Inspector #:		Date of Inspection:				
Vio	Code-Regulation	Parts	Code	Spill Containment Bucket - Violations	No - Vio	Comments- Location	Days	Date
<input type="checkbox"/>	NIST 130-2008 - 4.3.2	Fill Lid Identification	FLI	Properly identify product fill lid(s) on the tank(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFFPA 30-2008 - 21.8.6	Spill Bucket	SB	Remove the water, fuel or debris from the spill bucket(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		5	
<input type="checkbox"/>	NFFPA 30-2008 - 21.8.6		SBD	Replace or repair the damaged spill containment bucket(s) and/or equipment.	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>	7 C.C.R. 1101-14 - 4-1		SBSR	Call in a suspected release within 24 hours for the spill bucket(s) area. <b>303-318-8547</b>	<input type="checkbox"/> N <input type="checkbox"/> N/A		1	
<input type="checkbox"/>	NFFPA 30-2008 - 21.8.6	Fill Pipe	FP	Replace or repair the damaged fill pipe(s) and/or equipment.	<input type="checkbox"/> N <input type="checkbox"/> N/A		10	
<input type="checkbox"/>	NFFPA 30A-2008 - 5.2.5		FPI	Properly identify the product tag on the fill riser pipe(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		30	
<input type="checkbox"/>	NFFPA 30-2008 - 21.7.1.5	Overfill Device	OFD	Install, replace, or repair the missing, damaged, improperly installed, or bypassed overfill device(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>	NFFPA 30-2008 - 21.8.6	Drop Tube Device	DTD	Replace or repair the missing or damaged drop tube(s).	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	
<input type="checkbox"/>	NFFPA 30-2008 - 21.7.1.5	Coaxial Fill Pipe	CFP	Install, repair or replace the missing or damaged overfill prevention valve and/or alarm.	<input type="checkbox"/> N <input type="checkbox"/> N/A		DP	

# Enhancements - Request for Records

- Submittal of Records Annually
- Schedule Created by OPS
- Includes Release Detection & Release Prevention
- Full Operational Compliance

# Enhancements - Request for Records Form

- New Mandate Effective 2010
- New Format Developed
- Record Requests will now Sent From OPS's Office
- Reduction of Work for Inspectors

Dept. of Labor & Employment - Div. of Oil & Public Safety - Oil Inspection Section  
835 17<sup>th</sup> St., Suite #500, Denver CO 80202  
Phone 303/318-8506 - Fax 303/318-8488 - E-mail [oilpublicsafety@state.co.us](mailto:oilpublicsafety@state.co.us) - Web <http://oil.cde.state.co.us>

**REQUEST FOR RECORDS** 14885

Fac ID# 2374	Facility name Diamond Shamrock #117	County Arapahoe
Street address 15303 E Quincy	City Aurora	Zip 80015
Inspector's name Rich Holcomb	Inspector cell phone (303) 8831247	Inspection date 3-6-08

<b>Release detection records: UNDERGROUND TANKS. release detection method used. Submit records for each tank.</b>	
Monthly monitoring: Automatic Tank Gauge (ATG)	• Last 12 months of reports (one "pass" report per month for each tank) • Most recent failure alarm history (for past 12 months, if possible)
<input checked="" type="checkbox"/> Monthly monitoring: Statistical Inventory Reconciliation (SIR)	• Last 12 months of monthly reports
Monthly monitoring: Vapor or Groundwater monitoring	• Last 12 months of monthly reports
Monthly monitoring: Secondary containment with Interstitial Monitoring	• Monthly logs or ATG failure alarm report for last 12 months
Inventory control:	• Last 12 months of daily and monthly reconciliation records • Most recent precision tank tests
Manual tank gauging	• Last 12 months of monthly reconciliation records • Most recent precision tank test (tanks 1,001-2,000 gals only)
<b>Release detection records: ABOVEGROUND TANKS. release detection method used. Submit records for each tank.</b>	
Ulage	• Last 12 months of ulage records
Monthly visual inspections	• Last 12 months of monthly visual inspection records
Interstitial leak detector (tanks with secondary containment)	• Last 12 months of records verifying interstitial leak detector is operational
SPCC plan	• Cover page identifying facility name & address and signature page with professional engineer's stamp
<b>Release detection records: UNDERGROUND LINES. release detection method used. Submit records for each line.</b>	
<input checked="" type="checkbox"/> Included in Statistical Inventory Reconciliation (SIR)	• No additional records required.
Annual precision (0.1 gallons-per-hour) test (pressurized lines)	• Most recent precision line test OR 0.2 gph monthly OR 0.1 gph annually by ATG
3-year precision (0.1 gallons-per-hour) test (suction lines with foot valve)	• Most recent precision line tests
Monthly monitoring: Secondary containment with sumps	• Monthly logs or ATG sensor failure alarm report for last 12 months
<b>Release detection records: AUTOMATIC LINE LEAK DETECTORS. pertinent row. Submit records for each line.</b>	
<input checked="" type="checkbox"/> Annual leak detector operations test	• Most recent leak detector operations test OR 2 gph monthly OR 0.1 gph annually by ATG
<b>Corrosion protection records. pertinent row(s). Submit requested records for each tank and line system.</b>	
<input checked="" type="checkbox"/> Impressed current or galvanic 3-year system test, including test of flex connectors or swing joints	• Most recent test - OR • N/A - test system installed less than 3 years ago on [date]
Impressed current records verifying system is operational	• Last 6 months of bi-monthly rectifier records
Internal tank lining inspection	• Most recent inspection report - OR • N/A - Tank lined less than 10 years ago on [date]
<input checked="" type="checkbox"/> Field Violation Report	• Completed and signed report
Meter Calibration Report	• Completed and signed report
Other:	

Return this completed form and all requested records to Bev Snodgrass (303-318-8506), within 30 days of inspection date. If you believe any requested record does not pertain to your system, explain why not. If you do not provide these records or request an extension by the due date, you will be in violation of the record-keeping provision of Colorado's Storage Tank Regulations 7 C.C.R. 1101-14 §2-3-5 as well as of the actual requirement(s) for which you have not documented compliance. Further enforcement action will include monetary penalties of up to \$5,000.00 per tank per day of violation as provided for by CRS 8-20.5-107.

Received by: NAME Rga PHONE # (303) 6807899

O:\Oil Inspection Section\Forms\FRM\_records\_request\_0907-2008.doc

# Enhancements - Owner/Operator Envelopes

- Do Owner/Operators Know what is Required
- All Inspection Documentation is Placed in a Orange Envelope
- Envelope is Marked with where the Documents are to be Sent
- Envelope is Marked with when the Documents are Due

# Enhancements - Envelopes



Division of Oil & Public Safety (OPS)  
 633 17th Street, Suite 500  
 Denver CO 80202  
 Phone: 303-318-8506/8505  
 Fax: 303-318-8488

**\*\*\* ATTENTION \*\*\***

OPS has completed an Inspection on \_\_\_\_\_ and the documentation requested on the enclosed forms must be submitted to our office within the timeframe indicated below.

**\*\*\*PLEASE FORWARD THIS ENVELOPE TO YOUR COMPLIANCE MANAGER\*\*\***

**YOUR RESPONSE IS NEEDED**

Field Violations: (to be corrected within)		Records Requested: (to be submitted within)	
<input type="checkbox"/> 24 Hours	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 2 Days	<input type="checkbox"/> 7 Days
<input type="checkbox"/> 10 Days	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 10 Days	<input type="checkbox"/> 30 Days
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
<b>OPS INSPECTOR</b>			
<input type="checkbox"/> Ralph Acerno	303-378-4009	<input type="checkbox"/> Chris Dufex	303-378-6817
<input type="checkbox"/> Rich Holcomb	303-883-1247	<input type="checkbox"/> Steve Holmes	303-570-8356
<input type="checkbox"/> Wayne Reinert	303-883-8323	<input type="checkbox"/> Jack Sarver	303-883-5760
<input type="checkbox"/> Chuck Simmons	303-883-8542	<input type="checkbox"/> Scott Simmons	303-378-1103
		<input type="checkbox"/> Bill Hickman	303-378-5090
		<input type="checkbox"/> Dan Likes	303-378-8322
		<input type="checkbox"/> Robert Schlegel	303-378-6812

# Enhancements - Delivery Prohibition

- Effective Date – August 1, 2008
- OPS Authority – Stop Deliveries
- Causes for Delivery Prohibition
  - Failure to Comply with Records Request
  - Equipment not Installed or is Not Functional
  - Imminent Threat to Human Health or Environment



# Summary

RALPH ACIERNO  
State of Colorado  
Division of Oil and Public Safety  
633 17<sup>th</sup> Street, Suite 500  
Denver, CO 80202  
303-378-4009

