

Facility Name _____

Monthly Spill & Leak Log Sheet

Month/Year _____

Physical Address _____



Coverage Number _____

Instructions: A list of spills and leaks of toxic or hazardous pollutants that have occurred at the facility shall be documented on the Monthly Spill and Leak Log Sheet that is provided in the Industrial Stormwater Forms Package. A separate form shall be completed for each month that the facility is covered under this general permit. If no spills have occurred, the form shall be completed by checking the available box and signing it as indicated. Coverage recipients may use an alternate form to record this information, so long as it includes all of the information on the above referenced form and it is updated monthly. The completed forms shall be filed on-site with the SWPPP and made available to MDEQ personnel for inspection upon request. [Industrial Stormwater General Permit ACT5 T-3 (4)]

Date of Spill	Material Spilled	Quantity Spilled <small>(specify units)</small>	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean-up	Date Reported to MDEQ <small>(If significant)</small>
Corrective Action(s) Taken							
Date of Spill	Material Spilled	Quantity Spilled <small>(specify units)</small>	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean-up	Date Reported to MDEQ <small>(If significant)</small>
Corrective Action(s) Taken							
Date of Spill	Material Spilled	Quantity Spilled <small>(specify units)</small>	Area that Spill Occurred	Did the Spill Result in a Discharge?	Injury / Property Damage?	Person(s) Involved In Clean-up	Date Reported to MDEQ <small>(If significant)</small>
Corrective Action(s) Taken							
<input type="checkbox"/> No spills have occurred this month.	<i>"I certify under penalty of law that this report is true, accurate, and complete, to the best of my knowledge and belief."</i>						
Inspector's Name - Printed				Inspector's Signature			Date