



IMMEDIATE CORRECTIVE ACTIONS (ICA) REPORT FORM

(Due within twenty days of starting any immediate corrective actions)

OWNER/OPERATOR AND FACILITY DATA

FACILITY INFORMATION:

COMPANY: _____
 ADDRESS: _____
 CITY: _____
 COUNTY: _____
 ZIP CODE: _____
 LAT/LONG: _____
 FACILITY ID #: _____

UST OWNER INFORMATION:

COMPANY: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP CODE: _____
 CONTACT PERSON: _____
 PHONE: _____
 OWNER OPERATOR

IMMEDIATE CORRECTIVE ACTION ACTIVITIES

Date & time of release: _____

Address & locations of all affected buildings, sewers, surface water bodies: _____

Overview of activities leading towards discovery of free product: _____

Type & amount of product released: _____

UNDERGROUND STORAGE TANK (UST) SYSTEM DATA

Tank #	Date Installed	Capacity	Const. Material	Tank Status	Date Removed

*STATUS= OOS<90 – Out of Service < 90 days OOS>90 – Out of Service > 90 days RE - Replaced R - Removed
 CIU - Currently In Use NA - Not Applicable CIS - Change in Service CIP - Closed in Place*

Description of completed ICA activities: _____

Description of planned ICA activities: _____

The amount and disposition of any materials generated (e.g., soil and liquids): _____


MISCELLANEOUS DATA

THE FOLLOWING ITEMS MUST BE ATTACHED:

ADDITIONAL INFORMATION WHICH IS REQUIRED BY OAC 1301:7-9-13 OR ADDITIONAL INFORMATION WHICH CLARIFIES THE INVESTIGATION ACTIVITIES SHALL BE SUBMITTED AS APPENDICIES TO THIS REPORT.

FIGURES:

FIGURE 1 - TOPOGRAPHIC MAP
FIGURE 2 - SITE MAP

 Immediate Corrective Action Form **must** be signed by the UST owner/operator. The owner/operator is responsible for ensuring all data is accurate, and the form is legible and complete.

OWNER / OPERATOR SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____



FORM PREPARED BY:

NAME: _____
COMPANY: _____
ADDRESS: _____
PHONE #: _____
EMAIL: _____