**Corrective Action Report**

(Complete this report if any of the corrective action triggering conditions occurs in your facility.)

|  |  |  |  |  |  |  |  |  |  |  |
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| **Section A – Initial Report (Part 5.3.3 of OKR05)**  (Complete this section within **24 hours** of discovering the condition that triggered corrective action listed in **Part 5.1 or Part 5.2**) | | | | | | | | | | |
| **Facility Name:** | | | | | | **DEQ Authorization No. OKR05**\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Name & Title of the Individual:** | |  | | | | | | **Today’s Date:** | |  |
| **What conditions triggered the need for corrective action** *(check the box that applies)***:**  Spills, leaks or unauthorized discharge occurred  A prohibited discharge is occurring or has occurred or a discharge violates a numeric effluent limits  A stormwater control is not effective enough to meet applicable water quality standards or control measure was never installed  DEQ requires corrective action as a result of permit violations found during an DEQ inspection | | | | | | | | | | |
| **For Spills or Leaks** | | | | | | | | | | |
| **Describe the incident:** | | | | | | | | | | |
| **Material Released:** |  | | **Amount:** | |  | | **Location:** | |  | |
| **Reason for Spill/Leak:** | | | | | | | | | | |
| **Date & Time of the Incident:** | | | | **Discharge to waters of State:** Yes  No | | | | | | |
| **Describe *Immediate* Actions to Minimize/Prevent Discharge of Pollutants:** | | | | | | | | | | |

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| **Section B – Corrective Action Progress (Part 5.3.3 of OKR05)**  (Complete this section no later than 14 **calendar days** after discovering of any condition listed in **Part 5.1 or Part 5.2**) | | | | | |
| **Section B.1 – Cause of Problem And Summary of Corrective Action** | | | | | |
| **Cause(s) of Problem** | **Summary of the Corrective Action taken to Resolve the Problem** | | | | **Date & Time** |
| 1. | 1. | | | |  |
| 2. | 2. | | | |  |
| **Section B.2 – Stormwater Control Modifications and SWP3 Modification** | | | | | |
| **List of Stormwater Control Modification(s) Needed to Correct Problem** | | **Date of Completion** | **SWP3 Update Necessary?** | **SWP3 Modifications Notes** | |
| 1. | |  | Yes No, If yes, provide date SWP3 modified: |  | |
| 2. | |  | Yes No, If yes, provide date SWP3 modified: |  | |

**Section C – Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | **Title:** |  | | |
| **Signature:** | |  | | | **Date:** |  |