

# MDE - Facility Worksheet

Facility ID #: \_\_\_\_\_  
 Store Number/Name: \_\_\_\_\_  
 Site Phone Number: \_\_\_\_\_  
 Last Facility Inspection: \_\_\_\_\_  
 \_\_\_\_\_  
 Class A or B Operator: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Primary Emergency Response: \_\_\_\_\_  
 Spill Reponse: \_\_\_\_\_  
 Petroleum Equipment Contractor: \_\_\_\_\_  
 Nearest Medical Facility: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Driving time/Distance: \_\_\_\_\_

System Info:	Tank 001	Tank 002	Tank 003	Tank 004	Tank 005
Product:					
Capacity:					
Year Installed:					
Tank Release Detection:					
Line Release Detection (Continuous):					
Line Release Detection (Monthly/Yearly):					
Spill Prevention:					
Overfill Prevention:					
CP - Tank:					
CP - Line End at Dispensers:					
CP - Line End at Dispensers:					
High Risk Ground Water Area:					
Post 2005 Systems - Tank Interstitial Monitoring:					
Pre 2005 Systems - Line Interstitial Monitoring for pressurized:					

Site Notes: \_\_\_\_\_

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