

Monthly Impressed Current Log

(Must be Maintained Monthly for Total Compliance)

Facility #: _____

(1) FACILITY - name and address where tanks are located:

Name: _____

Street Address: _____

City: _____ County: _____

	Operator Name	Volts	Amps	Hours	Power Light on?	System Running Properly?
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Impressed Current Log **MUST BE** recorded once per month. The system **MUST BE** inspected yearly by a licensed contractor. Any deficiencies **MUST BE** repaired or replaced immediately.