



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form 62-761.900(6)
Form Title: Incident Notification Form
Effective Date: MMYYYY January 2017
Incorporated in Rule 62-761.405, F.A.C.

Incident Notification Form

Complete all applicable blanks

Facility ID Number (if registered): _____

Date of Form Completion: _____

Facility Name: _____

Date of Discovery of Incident: _____

Telephone Number: _____

County: _____

Facility Owner or Operator: _____

Mailing Address: _____

Location of Incident (facility street address): _____

Monitoring method or activity that indicates an incident: (Check all that apply)

Visual Observation
Primary integrity test
Interstitial integrity test
Containment integrity test

Electronic sensors, probes or cables
Interstitial monitoring
Closure integrity evaluation
Tracer or helium testing

Closure
Line leak detectors
Automatic tank gauging
Other (specify): _____

Type of regulated substance stored in the storage system: (Check all that apply)

Gasoline
Diesel
Heating oil
Kerosene
Aviation gas

Jet fuel
Used/waste oil
New motor/lube oil
Pesticide
Grades 5 & 6 residual oils

Mineral acid (ASTs)
Ammonia compound Chlorine compound
Biofuel blends
Unknown
Other (specify): _____

Hazardous substance (USTs) – write name or Chemical Abstract Service (CAS) #

Incident involves or originated from: (Check all that apply)

A positive response of release detection device:

1. Visual observation
2. Alarm
3. Vacuum or pressure change
4. MLLD restricting flow
5. ELLD/other device shutting power off to pump
6. Liquid>1 inch in out-of-service tank (UST only)

A failed integrity test:

1. Double-walled tank
2. Double-walled piping
3. Containment sump
4. Spill containment system
5. Double bottom AST

Or:

1. Odors in the vicinity
2. Loss > 100 gallons on impermeable impervious surface
3. Loss > 500 gallons in AST dike field
4. Unusual operating conditions

Other (specify): _____

Cause of the incident, if known: (Check all that apply)

Improper installation
Material failure (crack, split, etc.)
Material incompatibility (Documentation required)
Faulty probe or sensor

Spill/Overfill >100 gallons on impervious surface
Spill/Overfill >500 gallons in AST dike field
Corrosion
Weather

Human error
Vandalism or theft
Unknown
Other (specify): _____

Actions taken in response to the incident:

Comments (e.g., provide additional information of the cause of the incident, names of those who responded):

Agencies notified (as applicable):

Fire Department County Program _____

District Office _____

State Watch Office
800-320-0519

National Response Center
800-424-8802

To the best of my knowledge and belief all information submitted on this form is true, accurate, and complete.

Printed name of Owner, Operator or Authorized Representative

Signature of Owner, Operator and Authorized Representative