



# 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	Electronic sensors, probes or cables	Closure
Primary integrity test	Interstitial monitoring	Line leak detectors
Interstitial integrity test	Closure integrity evaluation	Automatic tank gauging
Containment integrity test	Tracer or helium testing	Other (specify): _____

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

Gasoline	Jet fuel	Mineral acid (ASTs)
Diesel	Used/waste oil	Ammonia compound Chlorine compound
Heating oil	New motor/lube oil	Biofuel blends
Kerosene	Pesticide	Unknown
Aviation gas	Grades 5 & 6 residual oils	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	Spill/Overfill > 100 gallons on impervious surface	Human error
Material failure (crack, split, etc.)	Spill/Overfill > 500 gallons in AST dike field	Vandalism or theft
Material incompatibility ( <u>Documentation required</u> )	Corrosion	Unknown
Faulty probe or sensor	Weather	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