



Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form 62-762.411(4) ~~62-762.901(6)~~

Form Title: Incident Notification Form

Effective Date: MMYYYY ~~January 2017~~

Incorporated in Rule 62-762.411, 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:

A failed integrity test:

Or:

- | | | |
|---|--|--|
| ☐ 1. Visual observation | ☐ 1. Double-walled tank | ☐ 1. Odors in the vicinity |
| ☐ 2. Alarm | ☐ 2. Double-walled piping | ☐ 2. Loss > 100 gallons on impermeable |
| ☐ 3. Vacuum or pressure change | ☐ 3. Containment sump | ☐ impervious surface |
| ☐ 4. MLLD restricting flow | ☐ 4. Spill containment system | ☐ 3. Loss > 500 gallons in AST dike field |
| ☐ 5. ELLD/other device shutting power off to pump | ☐ 5. Double bottom AST | ☐ 4. Unusual operating conditions |
| ☐ 6. Liquid > 1 inch in out-of-service tank (UST only) | | ☐ 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 (Documentation required) | ☐ 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