



# Department of Environmental Protection

2600 Blair Stone Road ♦ Tallahassee, Florida 32399-2400

DEP Form 62-762.901(6)  
Form Title: Incident Notification Form  
Effective Date: 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)

- |   |                                 |   |
|---|---------------------------------|---|
| <u>A positive response of release detection device:</u> | <u>A failed integrity test:</u> | <u>Or:</u>                                  |
| 1. Visual observation                                   | 1. Double-walled tank           | 1. Odors in the vicinity                    |
| 2. Alarm  | 2. Double-walled piping         | 2. Loss > 100 gallons on impervious surface |
| 3. Vacuum or pressure change                            | 3. Containment sump             | 3. Loss > 500 gallons in AST dike field     |
| 4. MLLD restricting flow                                | 4. Spill containment system     | 4. Unusual operating conditions             |
| 5. ELLD/other device shutting power off to pump         | 5. Double bottom AST            | Other (specify): _____                      |
| 6. Liquid > 1 inch in out-of-service tank (UST only)    |                                 |   |

**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              | Corrosion   | Unknown                |
| Faulty probe or sensor                | Weather   | Other (specify): _____ |

**Actions taken in response to the incident:**

**Comments:**

**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