

**Nevada Division of Environmental Protection  
Red Tag Protocol Form**

Facility ID No. _____	Facility Name: _____
Address: _____	
Contact Present On Site?      Yes      No	If yes then fill out the following:
Contact Name: _____	Contact Phone Number: _____

Date: _____	Time of Event: _____
Inspector: _____	Witness: _____
Purpose of Visit?      Application      Reapplication      Removal	

**The following table identifies the most current tank and red tag tracking information:**

Tank No.	Capacity	Product	Tank Location	Red Tag No.	Blue Seal No. 1	Blue Seal No. 2	Product Level

Method Used to Determine Product Level? \_\_\_\_\_ (If ATG attach printout to Form)

Summary of Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_