

ENTERED

CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 01/08/18 Received Time: 1:05PM Received By: HW Lead: DL

Incident Date: 1/08/18 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 18-01-08 - 01

COMPLAINANT / REPORTING PARTY:

Name: CeCe RP is from Facility Anonymous

Organization: CCC Clean Water Program

Primary Phone Number: 32296 Secondary Phone Number: 925-212-1196

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Residential Area CUPA Facility I.D.: _____

Phone Number: _____

Address: 467 Lisa Ann St Unit: _____

City: Bay Point State: CA Zip Code: 94565

Location Description: _____

INITIAL INCIDENT DESCRIPTION: REFERRAL FROM CCC CLEAN WATER PROGRAM. PER CECE, A VM WAS LEFT NOTIFYING CLEAN WATER PROGRAM OF AN ILLICIT DISCHARGE OF OIL INTO THE STORMDRAIN. CALLER CAN BE REACHED AT 415-722-3727

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion	<input type="checkbox"/> Fatality (one or more)	<input type="checkbox"/> Tank Truck	<input checked="" type="checkbox"/> Storm Drain/Creek
<input type="checkbox"/> Spill or Release	<input type="checkbox"/> > 24 hrs. Hospital, 3 or more people	<input type="checkbox"/> Railroad	<input type="checkbox"/> Drug Lab
<input type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 13:20 Time Arrived On Scene: 13:45 Time Departed From Scene: 14:15

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable): CLU/ERER Number: _____

STORMWATER STATUS (if applicable): Actual Discharge Potential Discharge



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement					
Air District					
State OES					
City of Pittsburg		O			

REPORT:

Per Resident, Sunshine,
2 houses away from her house is a house that caught on fire and is in the process of being cleaned out. This resident noticed oil and other items left out and she attempted to shelter them from the weather/rain. In the process, some of the oil has spilled onto the ground.
She mentioned that the City of Pittsburg representative requested the items be disposed of within 2 weeks and the oil be cleaned up and that the city had just left minutes before CCHS-HMP arrived. She had cleaned up as much as she could prior to our arrival and didn't know what to do with the residue left over.
CCHS-HMP provided pads that absorb hydrocarbon and not water. The pads were applied and absorbed much of the residue. The pads were left to absorb more if possible. The pads will be disposed of by this resident, with the used oil she recovered, via the garbage company used oil program.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

Report Prepared by: MPD