



CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): 000 C I N CASE NUMBER: 170621-01

Received Date: 6/21/17 Received Time: 1307 Received By: ED Lead: ED

Incident Date: 6/21/17 Incident Time: 12:30 Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: Con Fire Dispatch RP is from Facility Anonymous

Organization: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: 1390 Willow Pass Road Unit: 6th Floor

City: Concord State: _____ Zip Code: _____

Location Description: Office Bld. 6th floor

INITIAL INCIDENT DESCRIPTION: 2 individuals, 4 hours apart, sent to ER for dizziness and other symptoms, sit in adjacent cubicle

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 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 checked="" type="checkbox"/> Other: <u>Medical</u>

Time Enroute to Scene: 13:25 Time Arrived On Scene: 13:35 Time Departed From Scene: 14:01

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable): **STORMWATER STATUS (if applicable):**

CLU/ERER Number: _____ Actual Discharge Potential Discharge



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	Can Fire	0	Engine 6	925-260-5921	7-103118
Law Enforcement					
Air District					
State OES					

REPORT:

2 individuals in office complex sent to ER, 4 hours apart, due to dizziness, unresponsiveness and other symptoms. Individuals work back-to-back in cubicle area under AC vent. Investigated for air quality onsite with no findings. Concluded that medical was unrelated to office environment (CO zero, benzene zero, O₂ normal). Office space reopened for occupation

- No further action needed

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

Report Prepared by: ED