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HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
Martinez, California
94553-2233
Phone (925) 335-3200
Fax (925) 646-2073



CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 16-11-09-~~1~~-02

Received Date: 11/09/16 Received Time: 7:28 Received By: TH Lead: Todd Hickman

Incident Date: 11/09/16 Incident Time: 7:28 Assigned to: TH/DWL Assigned Date: 11/09/16

COMPLAINANT / REPORTING PARTY:

Name: Dispatch RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 925 646-2441 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Pittsburg Marina Municipal CUPA Facility I.D.: 770115

Phone Number: 925-439-4958

Address: CA 51-E Marina Blvd Unit: _____

City: Pittsburg State: CA Zip Code: 94565

Location Description: _____

INITIAL INCIDENT DESCRIPTION: Sheen on water at Marina

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	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring	<input type="checkbox"/> > 5,000 lbs.	<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: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

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:

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement					
Air District					
State OES					
	Pittsburg Marina			925-437-4958	

REPORT:

CCHS HMP received Request from Costa Fire at 7:29pm for Sheen on water at Pittsburg Marina. Upon Arrival at scene, CCHS HMP did observe small amount of sheen on water. Sheen was untraceable at time of observation back to its source. Sheen was also uncontrollable due to its amount and how it spread. No technical operations were performed. CCHS HMP was released from scene.

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

Report Prepared by: Burl



Hazardous Materials Spill Report: Cal OES Control #:16-6814
Warning Center to: ccchazmat

11/09/2016 08:04 PM

Please confirm receipt, Thank You, CSWC 916-845-8911

Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 11/09/2016 | RECEIVED BY Cal OES: Kristie Jones-Holstrom | Cal
OES CNTRL #:16-6814
TIME: 1948 | RECEIVED BY OSPR: | NRC#:1163706

1.a. PERSON NOTIFYING Cal OES

1. NAME: XXX | 2. AGENCY: NRC
3. PHONE #: 1-800-424-8802 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: Benjamin Blair | 2. AGENCY:
3. PHONE #: 408-309-0163 | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e.
PIPELINE / f. Vessel Over => 300 tons

1. Oil, unknown type / = / unknown / Sheen / PETROLEUM / / No / No

2.

3.

g. DESCRIPTION: Per the NRC Report: "Unknown sheen siting. Exact source of the sheen is unknown at this time."

NRC reports odor description as diesel fuel. No sheen size is reported.

h. CONTAINED: Unknown | i. WATER INVOLVED: Yes

j. WATERWAY: San Joaquin River | k. DRINKING WATER IMPACTED: No

l. KNOWN IMPACT: Unknown

3.a. INCIDENT LOCATION: 3 Bay Side Dr, slip Q4

b. CITY: Pittsburg | c. COUNTY: Contra Costa County | d. ZIP:
94565

4. INCIDENT DESCRIPTION:

a. DATE: 11/9/2016 | b. TIME(Military): 1939 | c. SITE: Waterways

| d. CAUSE: Unknown

e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h.

CLEANUP BY: Unknown

e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

a. NAME: unknown | b. AGENCY:

c. PHONE#: | d. EXT:

e. MAIL ADDRESS:

f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:

a. ON SCENE: Fire Dept. | b. OTHER ON SCENE:
c. OTHER NOTIFIED: USCG
d. ADMIN. AGENCY: Contra Costa County Health Services Department
e. SEC. AGENCY:
f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

AA/CUPA, DFG-OSPR, DTSC, RWQCB, US EPA, USFWS, COASTAL COM, CDPH-D.O.,
LANDS, PARKS & REC, USCG, Co/WP, Co/Hlth, Co/E-Hlth

CONFIDENTIAL REMARKS:

Created by Warning Center on 11/9/2016 7:48:31 PM Last
Modified by Warning Center on 11/9/2016 8:04:31 PM

California State Warning Center
Governor's Office Emergency Services
Phone: (916) 845-8911
Warning.Center@oes.ca.gov

Link to Spill Report:

https://urldefense.proofpoint.com/v2/url?u=http-3A_w3.calema.ca.gov_operation_al_mal haz.nsf_SpillAllDocs_ED799C8F840864A2882580670014EBF0-3FOpenDocument&d=DQIBAg&c=RpR9LiQNIoGO8A8CMgA1NQ&r=S0js0A081QNgB4a-k_X9SD1TTubB3usfrG7WkczC2Lg&m=qvmLHJraEOatCdrsx2JqXT3g8FFijOiACHaif30dHDs&s=-zWGeHBI-nP5fOHiaJ7jjGE6g0m04De3g-B2lWRhKdM&e=



Hazardous Materials Spill Report: Cal OES Control #:16-6814
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11/09/2016 08:19 PM

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a. NAME: unknown | b. AGENCY:

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e. MAIL ADDRESS:

f. CITY: | g. STATE: CA | h. ZIP:

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PARKS, LANDS, PARKS & REC, USCG, Co/WP, Co/Hlth, Co/E-Hlth

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