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CONTRA COSTA
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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 12/05/16 Received Time: 1:50 PM Received By: HW Lead: TA

Incident Date: 12/05/16 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 16-12-05 - 01

COMPLAINANT / REPORTING PARTY:

Name: TRACY RP is from Facility Anonymous

Organization: CONCORD PD DISPATCH

Primary Phone Number: 925-671-3241 Secondary Phone Number: _____

Email: _____

Address: _____ *Off. Blakely (510) 691-8291*
Concord PD cell phone

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: WILLOW PASS RD & KINNEY BLVD Unit: _____

City: CONCORD State: CA Zip Code: 94520

Location Description: NEAR CONCORD NAVAL WEAPONS STATION

INITIAL INCIDENT DESCRIPTION: OFFICER HAS 2 ABANDONED MILK JUG CONTAINERS WITH UNKNOWN ORANGE SUBSTANCE. CONTENTS HAVE SPILLED. THERE IS NO ODOR.

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

REPORT:

Picked up 1 trash bag with used automotive fluid (brake & transmission) and placed in 5 gallon bucket. Also consolidated 2.5 gallon + 1 gallon used cooling oil into 5 gallon. Marked both with hazardous waste label for disposal. Also picked up a bag of municipal waste (papers) for disposal as community service

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

Report Prepared by: SA