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CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 12/06/16 Received Time: 2:35 PM Received By: HW Lead: SD/DV

Incident Date: _____ Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 16-12-06 -- 02

COMPLAINANT / REPORTING PARTY:

Name: Jeremy Marsh RP is from Facility Anonymous

Organization: Federal Fire Department

Primary Phone Number: 707-590-0934 Secondary Phone Number: _____

Email: Jeremiah.D.Marsh.civ@mail.mil

Address: 410 Norman Ave.

City: Concord State: CA Zip Code: 94520

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: Port Chicago Highway North of Hwy 4 Unit: _____

City: Concord State: _____ Zip Code: _____

Location Description: Creek off Port Chicago Highway north of Hwy 4

INITIAL INCIDENT DESCRIPTION: dumping in creek off Port Chicago Hwy near Military Ocean Terminal

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 type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input checked="" type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input type="checkbox"/> Other:

Time Enroute to Scene: 3:10 PM Time Arrived On Scene: 3:19 PM Time Departed From Scene: 4:10 PM

REFERRED TO OTHER AGENCY:

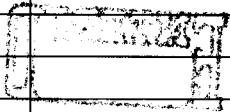
DTSC STATE FUNDING (if applicable): CLU/ERER Number: _____

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:

Jeremy Marsh of the Federal Fire Department contacted Contra Costa County Hazardous Materials Programs (CCHS HMP) to report a spill of oil in a creek along Port Chicago Highway, north of Highway 4 near the Military Ocean Terminal. Mr. Marsh reported 10-15 gallons of oil appeared to have been spilled on the water and requested assistance with clean up.

CCHS HMP D. Vazquez, J. Pham, and S. Dwight responded to the scene and observed a small amount of what appeared to be sheen on the surface of the water. No active leak or source was observed so CCHS HMP conducted cleanup operations. CCHS HMP donned Level D PPE and placed absorbant pads on the sheen.

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

Report Prepared by: S. Dwight