



# CONTRA COSTA HEALTH SERVICES

## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 12/27/16 Received Time: 943 Received By: LF Lead: LF

Incident Date: 12/27/16 Incident Time: 943 Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 161227-01

### COMPLAINANT / REPORTING PARTY:

Name: \_\_\_\_\_  RP is from Facility  Anonymous

Organization: East Bay Regional Park

Primary Phone Number: 510 495 4426 Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FACILITY / LOCATION OF INCIDENT:

Name: Dave Flores - EB CUPA Facility I.D.: \_\_\_\_\_

Phone Number: 510-495-4426

Address: 351st San Pablo Dam Rd Unit: \_\_\_\_\_

City: (6531) El Sobrante State: CA Zip Code: 94803

Location Description: \_\_\_\_\_

### INITIAL INCIDENT DESCRIPTION:

Paint cans - back of overflow lot - entrance to SP Dam Park - Abandoned at park

### 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: 10:36 Time Arrived On Scene: 11:00 Time Departed From Scene: 12:00

### 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					

**REPORT:**

10:30 XB & AA take HM3 to scene  
 11am HM3 on scene.  
 3-1gal containers stucco sealer pH ~ 7  
 1-5gal bucket paint/water pH ~ 8  
 approx 20- 1gal paint & sealer containers  
 11- 931ml containers  
 2- 8oz containers  
 and 1-12 lb bucket of joint compound.  
 12:00 depart scene  
 12:30 arrive at office.  
 AA & FZ further processed containers for disposal  
 FZ to take waste to HHW.

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

Report Prepared by: Amonds