



**COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM**

Type (Circle One):  C  I  N

CASE NUMBER: 19-04-27 - 01

Received Date: 04/27/19 Received Time: 5:25 AM Received By: SD Lead: SD

Incident Date: Incident Time: 5:25 AM 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: Treatro St @ School St Unit:  
 City: Pittsburg State: CA Zip Code:  
 Location Description:

**INITIAL INCIDENT DESCRIPTION:**  
 5 1 gallon containers of green liquid with person exposed and sent to ER

**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 checked="" 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 type="checkbox"/> Other:

Time Enroute to Scene: 5:45 AM Time Arrived On Scene: 6:10 AM Time Departed From Scene: 6:30 AM

**REFERRED TO OTHER AGENCY:**



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input type="checkbox"/> Actual Discharge <input type="checkbox"/> Potential Discharge
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**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	Con Fire	O			
Law Enforcement					
Air District					
State OES					

**REPORT:**

Con Fire requested assistance with responding to 5 1 gallon containers in a public area at Treatro St @ School St in Pittsburg, CA. Reporting party stated they were overcome by the chemical and self transported to the ER. The liquid burned when spilled on the ground. PD reported to dispatch that the reporting party may have been a transient with previous PD encounters related to substance abuse.

CCHSHMP dispatched HMS Springer, Umemoto, LeCount, Friedman, Duncan, Pham and Dwight to respond. HMS Friedman and Springer arrived on scene at 6:10 AM and were unable to locate the reported hazardous materials. Con Fire Station 87 personnel also responded to the scene and were unable to locate the hazardous materials. The incident was therefore closed. Springer and Friedman departed the scene at 6:30 AM.

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

Report Prepared by: S. Dwight