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CONTRA COSTA
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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 210120-01

Received Date: 01/20/21 Received Time: 10:10 AM Received By: HW Lead: ED

Incident Date: 01/20/21 Incident Time: Assigned to: AA Assigned Date: 1/20/21

COMPLAINANT / REPORTING PARTY:

Name: GLEN RP is from Facility Anonymous

Organization: EBRP Cal OES # (if applicable)

Primary Phone Number: 510-881-1833 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: POINT ISABEL CUPA Facility I.D.:

Phone Number:

Address: 2701 ISABEL ST Unit:

City: RICHMOND State: CA Zip Code: 94804

Location Description: NEAR THE REAR OF THE RESTROOMS.

INITIAL INCIDENT DESCRIPTION:

RANGER, ALEX WEBBER (510-773-4312), REPORTS SUSPICIOUS 5 GALLON BUCKETS ABANDONED

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 > 5,000 lbs.	<input type="checkbox"/> On Water	<input checked="" 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: 8:11 AM Time Arrived On Scene: 8:42 AM Time Departed From Scene: 9:36 AM

REFERRED TO OTHER AGENCY:



• Contra Costa Behavioral Health Services • Contra Costa Emergency Medical Services • Contra Costa Environmental Health & Hazardous Materials Programs •
 • Contra Costa Health, Housing & Homeless Services • Contra Costa Health Plan • Contra Costa Public Health • Contra Costa Regional Medical Center & Health Centers •

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:

1/20/21:

HW spoke to Candice at 510-690-6512. They can meet tomorrow. There are 2 buckets not leaking.

3:30pm Notified them that pick up is expected tomorrow 1/21 around 8:30-8:45am. No apparent restriction regarding pickup since they are outside.

1/21/21:

AA & SD go to evaluate and pick up waste. 2-5gallon buckets with secured lids but some oil contamination on top, appears to be used oil. Chlor-D-Tect was negative. West County HHW did not answer phone call, so brought back to yard for bulking. Created Bill of Lading and Haz Waste Labels.

Upon bulking some dried/older paint was found in bottom portion of buckets partially mixed in the oil as well as a bilayer on the full bucket. Additional testing suggests the bottom layer is water (pH 6, non oxidizer, miscible with water, negative acid test, HazMat ID identifies as 100% water, liquid is translucent with a yellow tint likely due to water soluble portions of the oil/paint). Oily Debris drum created to manage oil covered materials from incident (ex: buckets).

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

Report Prepared by: AA