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# CONTRA COSTA HAZARDOUS MATERIALS PROGRAMS

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## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

CASE NUMBER: 200822 - 01

Received Date: 08/22/20 Received Time: 2134 Received By: DWL Lead: DWL

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

### COMPLAINANT / REPORTING PARTY:

Name: Engine 34  RP is from Facility  Anonymous  
Organization: SRFPD Cal OES # (if applicable)  
Primary Phone Number: Secondary Phone Number:  
Email:  
Address:  
City: State: Zip Code:

### FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:  
Phone Number:  
Address: White Tail Lane and Woodbourough Way Unit:  
City: San Ramon State: CA Zip Code: 94583  
Location Description: Corner of White Tail Lane and Woodbourough Way

### INITIAL INCIDENT DESCRIPTION:

1 gallon of hydrochloric acid on sidewalk, not currently leaking.

### 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 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: 2225

Time Arrived On Scene: 2300

Time Departed From Scene: 2330

REFERRED TO OTHER AGENCY: None



• 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:**

CCHS HMP received a page from county Sheriff. CCHS HMP contacted sheriff as was asked to call SRFPD for a possible 1 gallon hydrochloric acid container. Upon speaking with SRFPD, CCHS HMP dispatched to pickup the 1 gallon hydrochloric acid container. SRFPD had seen the container and confirmed its size and that it was not leaking. Upon arrival no other persons were at the scene. CCHS HMP over-packed the 1 gallon container of HCL in a 5 gallon poly container. CCHS HMP filled out a bill of lading and transported the over-packed HCL to our waste storage area.

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

Report Prepared by: DWL