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 HEALTH SERVICES DIRECTOR
 RANDALL L. SAWYER
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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: 210515-01

Received Date: 05/15/21 Received Time: 5:59PM Received By: NU Lead: NU
 Incident Date: 5/15/2021 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:
 Name: KEVIN, DISPATCHER RP is from Facility Anonymus
 Organization: CON FIRE DISPATCH Cal OES # (if applicable)
 Primary Phone Number: 925-941-3330 Secondary Phone Number:
 Email:
 Address:
 City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:
 Name: CUPA Facility I.D.:
 Phone Number:
 Address: 1800 MARINA VISTA AVE Unit:
 City: MARTINEZ State: CA Zip Code: 94553
 Location Description: NORTH SIDE OF ROAD, 200 YARDS EAST OF MILLER RD

INITIAL INCIDENT DESCRIPTION:
 VEHICLE ACCIDENT INTO PIPELINE, UNKNOWN RELEASE

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: 6:30PM Time Arrived On Scene: Time Departed From Scene:

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	CONFIRE	O	DISPATCH	925-941-3330	
Law Enforcement					
Air District					
State OES					

REPORT:

5/15/2021 - At approximately 5:59PM Con Fire notified CC Health Hazmat that a response was needed for a vehicle accident that struck pipelines. At 6:35PM Con Fire notified CC Health Hazmat that the contents of the pipeline was just steam and requested for us to stand down. CC Hazmat canceled before arriving at the scene.

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

Report Prepared by: Nick Umemoto