ATTACHMENT C
30-DAY FOLLOW-UP NOTIFICATION REPORT FORM
CONTRA COSTA HEALTH SERVICES HAZARDOUS
MATERIALS PROGRAMS

INSTRUCTIONS: A hardcopy and an electronic copy of
this report is to be submitted for all Public Health Advisory
– Level 2 and Public Protective Actions Required – Level 3
incidents or when requested by CCHSHMP. See
Attachment C-1 for suggestions regarding the type of
information to be included in the report. Attach additional
sheets as necessary. This form is also to be used for update
reports after the initial 30-day report has been submitted.
Forward the completed form to:

ATTENTION:
Hazardous Materials Programs Director
Contra Costa Health Services Hazardous
Materials Programs
4585 Pacheco Boulevard, Suite 100
Martinez, CA 94553

INCIDENT DATE: 7-11-2023.
INCIDENT TIME: 08:52.
FACILITY: Martinez Refining Company LLC

PERSON TO CONTACT FOR ADDITIONAL INFORMATION
Michael Marlowe
Phone number (925) 313-3705

PROVIDE ANY ADDITIONAL INFORMATION THAT WAS NOT INCLUDED
IN THE 72-HOUR REPORT WHEN THE 72-HOUR REPORT WAS SUBMITTED,
INCLUDING MATERIAL RELEASED AND ESTIMATED OR KNOWN
QUANTITIES, COMMUNITY IMPACT, INJURIES, ETC.:

Date of Spill, Time of Spill, and Duration:
• No additional information – Investigation Incomplete.

• Cause of Spill
  • No additional information – Investigation Incomplete.

II. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? :_____ Yes ___X____ No
If the answer is no, when do you expect completion of the Investigation?

10/31/2023

If the answer is yes, complete the following:

**SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:**

NA

**SUMMARIZE PREVENTATIVE MEASURES TO BE TAKEN TO PREVENT RECURRENCE INCLUDING MILESTONE AND COMPLETION DATES FOR IMPLEMENTATION:**

NA

**STATE AND DESCRIBE THE ROOT-CAUSE(S) OF THE INCIDENT:**

NA