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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N CASE NUMBER: 220607-02

Received Date: 06/07/22 Received Time: 9:24 AM Received By: AA Lead: AA

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

COMPLAINANT / REPORTING PARTY:
 Name: Officer Brackle RP is from Facility Anonymous
 Organization: Contra Costa Sheriff Cal OES # (if applicable)
 Primary Phone Number: 925-768-7434 Secondary Phone Number:
 Email:
 Address:
 City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:
 Name: CUPA Facility I.D.:
 Phone Number:
 Address: 25 PARKER AVE Unit:
 City: RODEO State: CA Zip Code:
 Location Description:

INITIAL INCIDENT DESCRIPTION:
 There are 3 large compressed gas cylinders, one has a label of acetylene that were abandoned on the sidewalk just outside the property from the local transients. The business owner has confirmed it's not theirs.

INCIDENT TYPE / DESCRIPTION: 0 1 2 3
 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: 10:03 Time Arrived On Scene: 10:20 Time Departed From Scene: 10:40

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <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					
Law Enforcement	Contra Costa Sheriff	O	Officer Brackle	925-768-7434	N/A
Air District					
State OES					

REPORT:

Officer confirmed there were no evidence of leaking but that the cylinders were largely unlabeled, without a pressure gauge, and rusty.

CCHSHMP arrived on scene, verified two cylinders were empty and one acetylene tank had a little bit left. All cylinders were removed from the scene and transported to East Bay Welding Gases for return to the manufacturer.

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

Report Prepared by: AA