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 ACTING DIRECTOR OF HAZARDOUS MATERIALS PROGRAMS



CONTRA COSTA  
 HAZARDOUS  
 MATERIALS PROGRAMS

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 ccchazmat@cchealth.org  
 www.cchealth.org/hazmat/

**COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM**

Type (Circle One):  C  I  N CASE NUMBER: 230116-02

Received Date: 01/16/23 Received Time: 11:00 AM Received By: JP Lead: JP

Incident Date: 1/16/23 Incident Time: 11:00 AM Assigned to: Assigned Date:

**COMPLAINANT / REPORTING PARTY:**  
 Name: HUNG (JOHN) PHAM  RP is from Facility  Anonymous  
 Organization: CCHSHMP Cal OES # (if applicable) 23-0513  
 Primary Phone Number: 925-655-3200 Secondary Phone Number:  
 Email:  
 Address:  
 City: State: Zip Code:

**FACILITY / LOCATION OF INCIDENT:**  
 Name: CUPA Facility I.D.:  
 Phone Number:  
 Address: Unit:  
 City: BYRON State: CA Zip Code: 94514  
 Location Description: ON CAMINO DIBALO RD AND W MAIN ST

**INITIAL INCIDENT DESCRIPTION:**  
 CCHSHMP OBSERVED RED COLORED 10'X10' SHEEN ON THE SIDE OF THE ROAD. APPLIED ABSORBENTS AND CONDUCTED CLEAN UP.

**INCIDENT TYPE / DESCRIPTION:**      
 Community Warning System Level (Circle Highest Level): N/A 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset	<input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank	<input checked="" type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input type="checkbox"/> Other:

Time Enroute to Scene: 11:00 AM Time Arrived On Scene: 11:00 AM Time Departed From Scene: 3:04 PM

**REFERRED TO OTHER AGENCY:**



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input checked="" 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	CONFIRE	O	STEVEN MORRISON		
Law Enforcement	CHP	O	E. GUTIERREZ		
Air District					
State OES		N			23-0513
	Contra Costa Public Works	O			

**REPORT:**

At 11:00 AM, Contra Costa Health Services Hazardous Materials Programs (CCHSHMP) was responding to a nearby incident and noted that there was a red colored materials stained on Camino Diablo Rd and W Main St. CCHSHMP observed a 10'x10' sheen area dispersing from the stain area. There was a storm drain approximately 5 feet away from the stain and sheen area. CCHSHMP did not know when the release occurred or the source of the release.

CCHSHMP mitigated and conducted the cleanup using dry method to prevent further impact to the storm system. CCHSHMP picked up about 3x5 gallons of contaminated absorbent/debris containers. CCHSHMP transported the containers to our storage bay.

CCHSHMP departed from scene about 3:04 PM.

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

Report Prepared by: JP

**[EXTERNAL] Hazardous Materials Spill Report: Cal OES Control #:23-0513**

Warning Center <Warning.Center@oes.ca.gov>

Mon 2023-01-16 1:52 PM

To: ccchazmat <ccchazmat@cchealth.org>

**This Message Is From an External Sender**

This message came from outside your organization.

PLEASE CONFIRM RECEIPT WITH AGENCY NAME VIA EMAIL OR CALL 916-845-8911.

Governor's Office of Emergency Services

Hazardous Materials Spill Report

DATE: 01/16/2023 | RECEIVED BY Cal OES: Fuchinh Xiong | Cal OES CNTRL #:23-0513

TIME: 1341 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

- 1. NAME: John Pham | 2. AGENCY: Contra Costa Health Services
- 3. PHONE #: 925-655-3219 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

- 1. NAME: | 2. AGENCY:
- 3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

- a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e. PIPELINE / f. Vessel Over => 300 tons
- 1. Red Colored Sheen / = / 10ft x 10ft / Sheen / PETROLEUM / / No / No

2.

3.

g. DESCRIPTION: Reporting party states that they saw a red colored sheen on the road. Reporting party applied absorbents and conducted clean up.

h. CONTAINED: Stopped | i. WATER INVOLVED: Yes

j. WATERWAY: Storm Drain | k. DRINKING WATER IMPACTED: No

l. MARITIME VESSEL: No | m. KNOWN IMPACT: None

3.a. INCIDENT LOCATION: Camino Diablo Road, and Intersection of Byron Highway

b. CITY: Byron | c. COUNTY: Contra Costa County | d. ZIP:

4. INCIDENT DESCRIPTION:

- a. DATE: 1/16/2023 | b. TIME(Military): 1100 | c. SITE: Road | d. CAUSE: Unknown
- e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h. CLEANUP BY: Reporting Party
- e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

- a. NAME: Unknown | b. AGENCY:
  - c. PHONE#: | d. EXT:
  - e. MAIL ADDRESS: Unknown
  - f. CITY: | g. STATE: CA | h. ZIP:
- 

6. NOTIFICATION INFORMATION:

- a. ON SCENE: | b. OTHER ON SCENE:
- c. OTHER NOTIFIED:
- d. ADMIN. AGENCY: Contra Costa County Health Services Department
- e. SEC. AGENCY:
- f. ADDITIONAL COUNTY: | g. ADMIN. AGENCY:
- h. NOTIFICATION LIST: Cal GEM: | RWQCB Unit: 5B

AA/CUPA, DTSC, RWQCB, US EPA, USFWS, DFW-OSPR, LANDS, PUC, Co/WP, Co/Hlth, Co/E-Hlth

CONFIDENTIAL REMARKS:

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Created by Warning Center on 1/16/2023 1:41:34 PM

Last Modified by Warning Center on 1/16/2023 1:50:09 PM

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California State Warning Center  
Governor's Office Emergency Services  
Phone: (916) 845-8911  
Warning.Center@oes.ca.gov

Link to Spill Report: <http://w3.calema.ca.gov/operational/mal haz.nsf/SpillAllDocs/B4B25527AF11F08888258939007729AD?OpenDocument>  
[w3.calema.ca.gov]