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 HEALTH SERVICES DIRECTOR  
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CONTRA COSTA  
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**COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM**

Type (Circle One):  C  I  N CASE NUMBER: 230116-03  
 Received Date: 01/16/23 Received Time: 3:08 PM Received By: JP Lead: JP  
 Incident Date: 1/16/23 Incident Time: 3:05 PM Assigned to: Assigned Date:

**COMPLAINANT / REPORTING PARTY:**  
 Name: \_\_\_\_\_  RP is from Facility  Anonymous  
 Organization: CCCFPD Cal OES # (if applicable) \_\_\_\_\_  
 Primary Phone Number: 925-941-3330 Secondary Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FACILITY / LOCATION OF INCIDENT:**  
 Name: PG&E CHRISTIE SUBSTATION CUPA Facility I.D.: 772422  
 Phone Number: \_\_\_\_\_  
 Address: 1031 CHRISTIE RD Unit: \_\_\_\_\_  
 City: MARTINEZ State: CA Zip Code: 94553  
 Location Description:

**INITIAL INCIDENT DESCRIPTION:**  
 Fire/explosion at PG&E Substation

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

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input checked="" 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: 3:08 PM Time Arrived On Scene: Time Departed From Scene:

**REFERRED TO OTHER AGENCY:**



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <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					
Air District					
State OES					

**REPORT:**

At 3:08 PM, Contra Costa County Fire Protection District (CONFIRE) requested Contra Costa Health Services Hazardous Materials Programs (CCHSHMP) to respond to the fire/explosion at PG&E substation in Martinez.

At 3:30 PM, CCHSHMP contacted CONFIRE about the incident. CONFIRE canceled the request.

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

Report Prepared by: JP