

ANNA M. ROTH, RN, MS, MPH
 HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
 DEPUTY HEALTH DIRECTOR

MATTHIAS S. KAUFMANN
 DIRECTOR OF HAZARDOUS MATERIALS PROGRAMS



CONTRA COSTA
 HAZARDOUS
 MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
 Martinez, California 94553

Ph: (925) 655-3200
 Fax: (925) 646-2073

cchazmat@cchealth.org
 www.cchealth.org/hazmat/

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 08/31/21 Received Time: 9:25 AM Received By: HW Lead: SH

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

CASE NUMBER: **210831 - 01**

COMPLAINANT / REPORTING PARTY:

Name: STEPHANIE RP is from Facility Anonymous

Organization: EAST BAY REGIONAL PARKS Cal OES # (if applicable) _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: DELTA DE ANZA TRAIL Unit: _____

City: PITTSBURG State: CA Zip Code: 94565

Location Description: APROX. 300' FROM ABROSE PARK ENTRANCE. C/S BAUIEY RD.

INITIAL INCIDENT DESCRIPTION:

RANGER BARTONI (925-325-1835) DISCOVERED A 5 GALLON BUCKET OF USED OIL ABANDONED. BUCKET IS NOT LEAKING, AND HAS A LID. AREA HAS BEEN TAPED OFF. IF BARTONI IS UNAVAILABLE, CONTACT SUPERVISOR, CARLOS LARE-MASTERS 510-862-6926

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 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	<input type="checkbox"/> On Water	<input checked="" type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring	<input type="checkbox"/> > 5,000 lbs.	<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: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

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					
Air District					
State OES					

REPORT:

HMS Heller initiated response at approximately 1145. Arrived on scene at 1210, walked to described location and was unable to locate abandoned waste. HMS Heller searched well beyond the described boundary and was unable to locate the waste. Seeking additional assistance with locating the abandoned waste I contacted Ranger Bartoni at 1225, Ranger Bartoni did not pick up his phone and HMS Heller left a message. I searched for the abandoned waste and was still unable to locate it. I contacted supervisor Carlos Lare-Masters who did not answer the phone and I left a message. Given that the container was described as a 5 gallon bucket with a lid that was not leaking HMS Heller departed the scene without waste recovery. Ranger Bartoni responded to message at 1328 and said that he would look to see if the abandoned waste was still there. Ranger Bartoni called back at 1334 to say that located the waste and provided a better description of the abandoned waste location. HMS Heller returned to the scene at 1430 and was able to locate the waste however the oil/water mixture was not in the container described, the waste was in an open top container that was leaking. The waste was not recoverable without vehicle access. HMS Heller called the reporting party Ranger Bartoni to request assistance with opening gates to allow for waste removal. Ranger Bartoni provided access and the abandoned oil, the oil was transferred to a suitable container for transportation and disposal. The oil did not test for PCBs.

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

Report Prepared by: **SH**