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

Type (Circle One):  C  I  N

**CASE NUMBER:** 200325 - 01

Received Date: 03/25/20 Received Time: 17:45 Received By: MD Lead: MD  
 Incident Date: 03/25/20 Incident Time: 17:45 Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

**COMPLAINANT / REPORTING PARTY:**  
 Name: UYEN  RP is from Facility  Anonymous  
 Organization: CONTRA COSTA REGIONAL MEDICAL CENTER Cal OES # (if applicable) \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FACILITY / LOCATION OF INCIDENT:**  
 Name: CONTRA COSTA REGIONAL MEDICAL CENTER CUPA Facility I.D.: 07-000-730677  
 Phone Number: \_\_\_\_\_  
 Address: 2500 ALHAMBRA AVE Unit: \_\_\_\_\_  
 City: MARTINEZ State: CA Zip Code: 94553  
 Location Description: ROOM 4B02

**INITIAL INCIDENT DESCRIPTION:**  
 CHEMO SPILL

**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 checked="" 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: 18:35 Time Arrived On Scene: 19:00 Time Departed From Scene: 19:50

**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 17:45 CCHSHMP RECEIVED A PAGE FROM A CHEMO SPILL CAUSED BY A PATIENT REMOVING THEIR IV WITHOUT INFORMING A NURSE

AT 19:00 CCHSHMP ARRIVED ON SCENE TO CLEAN UP CHEMO SPILL

AT 19:15 CCHSHMP MADE ENTRY INTO ROOM 4B02 TO DEACTIVATE AND CLEAN THE CHEMO SPILL

AT 19:35 CCHSHMP DEEMED THE CHEMO RELEASED IN ROOM 4B02 TO BE DEACTIVATED AND CLEANED

AT 19:50 CCHSHMP DEPARTED SCENE

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

Report Prepared by: MD