

ANNA M. ROTH, RN, MS, MPH
 HEALTH SERVICES DIRECTOR
 RANDALL L. SAWYER
 DEPUTY HEALTH DIRECTOR
 MATTHEW S. KAUFMANN
 ACTING 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
 ccchazmat@cchealth.org
 www.cchealth.org/hazmat/

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 08/15/20 Received Time: 10:30 PM Received By: MJD Lead: MJD
 Incident Date: 8/15/20 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 200815-01

COMPLAINANT / REPORTING PARTY:
 Name: _____ RP is from Facility Anonymous
 Organization: ECCFPD 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: 2194 TAYLOR RD Unit: _____
 City: BETHEL ISLAND State: CA Zip Code: _____
 Location Description: _____

INITIAL INCIDENT DESCRIPTION:
 AFTER ROADSIDE FIRE WAS EXTINGUISHED, AN UNKNOWN SUBSTANCE REACTED WITH WATER TO CREATE A BRIGHT BLUE LIQUID AND OFF-GAS.

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"/> 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 type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input checked="" type="checkbox"/> Other: <u>Potential Release</u>

Time Enroute to Scene: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

REFERRED TO OTHER AGENCY:



• Contra Costa Behavioral Health Services • Contra Costa Emergency Medical Services • Contra Costa Environmental Health & Hazardous Materials Programs •
 • Contra Costa Health, Housing & Homeless Services • Contra Costa Health Plan • Contra Costa Public Health • Contra Costa Regional Medical Center & Health Centers •

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:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	EAST CONTRA COSTA FIRE DISTRICT	O	CHIEF STEVE AUBERT		
Law Enforcement					
Air District					
State OES					

REPORT:

@22:30 A PAGE WAS SENT OUT REQUESTING THE AIDE OF CCHSHMP IRT.
 @22:35 CCHSHMP CONTACT DISPATCH AND WAS GIVEN THE NUMBER TO CONTACT CAPTAIN RYAN PESONEN. CCHSHMP CONTACTED CPT. PESONEN AND WAS TOLD THAT THEY RESPONDED TO A ROADSIDE FIRE. AFTER PUTTING THE FIRE OUT, THEY BEGAN TO ADD ADDITIONAL WATER TO THE LIKELY STARTING POINT WHEN THEY NOTICED A BRIGHT BLUE LIQUID FORMING WHERE THE WATER WAS BEING APPLIED AND THUS DECIDED TO CONTACT CCHSHMP SINCE THEY DIDN'T KNOW WHAT THE CAUSE OF THE CHEMICAL REACTION WAS TO CREATE THE BRIGHT BLUE LIQUID. CCHSHMP WAS THEREFORE DEPLOYED.
 @23:22 HM1 DEPARTED OFFICE FOR SCENE.
 @23:35 HM3 DEPARTED OFFICE FOR SCENE.
 @23:34 ONE MEMBER OF TEAM ARRIVED ON SCENE VIA PERSONAL VEHICLE AND GOT EYES ON THE SCENE.
 @23:55 HM1 ARRIVED ON SCENE AND BEGAN TO INVESTIGATE THE REPORTED RELEASE.
 @00:05 HM3 ARRIVED ON SCENE.
 @00:10 CCHSHMP IRT CONDUCTED A PH AND OXIDIZER TEST OF THE UNKNOWN BLUE LIQUID. IT WAS DETERMINED THAT THE SUBSTANCE HAD A PH OF 7 AND WAS NOT AN OXIDIZER.
 @00:15 CCHSHMP IRT AND FIRE INSPECTOR CHIEF STEVE AUBERT BEGAN TO LOOK FOR THE CAUSE OF THE BRIGHT BLUE COLOR AND LATER DETERMINED THAT THE BLUE LIQUID WAS MOST LIKELY DYE COMING OFF OF THE ROPE AND TARP THAT WAS BURNED IN THE FIRE.
 @01:20 CCHSHMP IRT DEPARTED THE SCENE.
 @02:00 CCHSHMP IRT RETURNED TO THE OFFICE.

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

Report Prepared by: MD