ANNA M. ROTH, RN, MS, MPH Health Services Director RANDALL L. SAWYER CHIEF ENVIRONMENTAL HEALTH & HAZMAT OFFICER



CONTRA COSTA HAZARDOUS MATERIALS PROGRAMS

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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N		CASE NU	JMBER: 191206 — 02					
Received Date: 12/06/19	Received Time: 3:20 PM	_ Received By: AM	Lead: MJD					
Incident Date: 12/6/19	Incident Time:	_ Assigned to:	Assigned Date:					
COMPLAINANT / REPORTIN	NG PARTY:							
Name: DAVE DUET ■ RP is from Facility □ Anonymous								
Organization: CCCRMC			Cal OES # (if applicable)					
Primary Phone Number: 925-550-2299 Secondary Phone Number:								
Address:								
City:		State:	Zip Code:					
FACILITY / LOCATION OF INCIDENT:								
Name: CCCRMC CUPA Facility I.D.: 730677								
Phone Number:								
Address: 2500 ALHAMBR	A AVE							
City: MARTINEZ		State:_ ^{CA}	Zip Code: 94553					
Location Description: OR4								
INITIAL INCIDENT DESCRIPTION:								
FORMALIN SPILL - REQUESTING ASSISTANCE								
INCIDENT TYPE / DESCRIPTION:								
Community Warning System Level (Circle Highest Level): N/A 0 1 2 3								
FACILITY	ISO / MCAR	TRANSPORTATION						
□ Fire or Explosion	□ Fatality (one or more)	□ Tank Truck	□ Storm Drain/Creek					
Spill or Release Startup or Shutdown	□ > 24 hrs. Hospital, 3 or	□ Railroad □ On Water	□ Drug Lab□ Disposal/Abandonment					
□ Startup or Shutdown □ Flaring	more people □ Flammable Vapor Cloud	□ On Water □ Pipeline	□ Disposal/Abandonment □ Odor Complaint					
Upset	> 5,000 lbs.	□ Fuel Tank	□ Other:					
Time Enroute to Scene: Time Arrived On Scene:			Time Departed From Scene:					
REFERRED TO OTHER AGENCY:								
NEI ENNED 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 •

CTODMWATER CTATUS (if applicable)								
DTSC STATE FUNDING (if applicable): CLU/ERER Number:			STORMWATER STATUS (if applicable): □ Actual Discharge □ Potential Discharge					
Actual Discharge								
AGENCIES ON SCENE OR NOTIFIED:								
Agency Type	<u>Agency</u>	O/N	Contact Person	Phone Number	Case Number			
Fire Department								
Law Enforcement								
Air District								
State OES								
REPORT:								
AT 1520 HOURS CCHSHMP RECEIVED A CALL REQUESTING ASSISTANCE WITH A FORMALIN SPILL AT CCCRMC.								
AT 1530 HOURS CCHSHMP DEPARTED OFFICE.								
AT 1545 HOURS CCHSHMP ARRIVED ON SCENE. DAVE DUET, MANAGER OF MAINTENANCE EXPLAINED THAT APPROXIMATELY 500 ML OF FORMALIN WAS SPLIT IN OR4, STAFF ATTEMPTED TO HELP BY ADDING ABSORBENT TO THE SPILL BEFORE EVACUATING THE OR. TYCHEM AND APR WERE DEEMED TO BE THE APPROPRIATE PPE FOR THIS ENTRY.								
AT 1606 HOURS AS AND DV MADE ENTRY WITH DWL AND MJD AS BACKUP.								
AT 1625 HOURS ENTRY TEAM EXITED OR4. ENTRY TEAM TOLD THE FACILITY THAT THE OR STILL NEEDS TO BE STERILIZED/CLEANED AS THOUGH A SMALL SPILL OCCURRED (WHICH THE FACILITY IS ABLE TO DO), BUT THE MAJORITY OF THE SPILL HAS BEEN CLEANED.								
AT 1635 HOURS CCHSHMP DEPARTED SCENE.								
AT 1650 HOURS CCHSHMP ARRIVED BACK AT THE OFFICE.								
NO FURTHER ACTION REQUIRED.								
Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan Report Prepared by:								