

# CONTRA COSTA HEALTH SERVICES

## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 04/25/18 Received Time: 12:00 PM Received By: AM Lead: SH

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 18-04-25 - 01

### COMPLAINANT / REPORTING PARTY:

Name: \_\_\_\_\_  RP is from Facility  Anonymous

Organization: CON FIRE

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FACILITY / LOCATION OF INCIDENT:

Name: \_\_\_\_\_ CUPA Facility I.D.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: 300 Cumberland St Unit: \_\_\_\_\_

City: Pittsburg State: CA Zip Code: 94565

Location Description: \_\_\_\_\_

### INITIAL INCIDENT DESCRIPTION:

Someone drilled into a fuel tank, unknown amount of fuel spilled to ground

### 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 > 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: \_\_\_\_\_ Time Arrived On Scene: \_\_\_\_\_ Time Departed From Scene: \_\_\_\_\_

### REFERRED TO OTHER AGENCY:

### DTSC STATE FUNDING (if applicable):

CLU/ERER Number: \_\_\_\_\_

### STORMWATER STATUS (if applicable):

Actual Discharge  Potential Discharge



**AGENCIES ON SCENE OR NOTIFIED:**

<b><u>Agency Type</u></b>	<b><u>Agency</u></b>	<b><u>O/N</u></b>	<b><u>Contact Person</u></b>	<b><u>Phone Number</u></b>	<b><u>Case Number</u></b>
Fire Department					
Law Enforcement					
Air District					
State OES					

**REPORT:**

CCCHSD HMP Specialists Heller and Hickman responded to the parking lot of the EJ Phair brewing company to assist with the clean up and removal of spilled fuel from vandalized vehicle.

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

Report Prepared by: SH