

ENTERED

CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 08/31/18 Received Time: 12:51 Received By: LF Lead: LF

Incident Date: 8/31/18 Incident Time: 12:33 Assigned to: IW, MH, LF Assigned Date: 8/31/18

CASE NUMBER: 180831...-01

COMPLAINANT / REPORTING PARTY:

Name: Lacey Friedman RP is from Facility Anonymous

Organization: CCCHSD

Primary Phone Number: 335-3200 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: street gutter on Pacheco blvd CUPA Facility I.D.: _____

Phone Number: _____

Address: 4333 Pacheco Blvd Unit: _____

City: martinez State: CA Zip Code: 94553

Location Description: gutter in front of address

INITIAL INCIDENT DESCRIPTION: one broken leaking car battery abandoned in gutter

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 checked="" 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: 1:07 Time Arrived On Scene: 1:15 Time Departed From Scene: 2:00

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable): **STORMWATER STATUS (if applicable):**

CLU/ERER Number: _____ Actual Discharge Potential Discharge



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	CON FIRE		Capt Chris Hummel	925(941) 3487 and 925-383-5059	
Law Enforcement					
Air District					
State OES					
STATE - DTSC					

REPORT:

CCCHSD HazMat HM1 observed battery disposed of in gutter on street leaking acid. While onscene PD arrived and uprighted battery splashing acid on his clothes/body. HM1 placed cones around waste and then contacted Con Fire Disptach. ConFire HM 21 arrived to site and requested CCCHSD to assist. HM1 on-scene to observe HM 21 neutralize and pack battery and absorbent waste. HM1 then transported waste to Central Sanitary for disposal.

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

Report Prepared by: LACEY FRIEDMAN
