

ENTERED

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 18-9-15-07

Received Date: 9/15 Received Time: 12:17 Received By: KA Lead: KA

Incident Date: 9/15 Incident Time: Assigned to: KA Assigned Date: 9/15

COMPLAINANT / REPORTING PARTY:

Name: Contra Costa Fire Ken Lew RP is from Facility Anonymous

Organization: Contra Costa Fire

Primary Phone Number: 925-383-5108 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: 423 Beatrice Drive Unit:

City: Pleasant Hill State: CA Zip Code: 94523

Location Description:

INITIAL INCIDENT DESCRIPTION:

4 QT Motor spilled onto Asphalt

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 checked="" 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): <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	Con Fire		Ken Lew	383-5108	
Law Enforcement					
Air District					
State OES					

REPORT:

4 QT oil spilled near a residence onto the asphalt.
 No storm drains impacted.
 12:17 Con Fire Requests Equity Haz mat for clean up assistance.
 12:50 KA on site. Met Confine on site.
 1:03 HM3 on site. Assisted Con Fire with clean up.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan
 Report Prepared by: KA



[EXTERNAL] Hazardous Materials Spill Report: Cal OES Control #:18-6243
Warning Center to: cchazmat

09/15/2018 02:52 PM

Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 09/15/2018 | RECEIVED BY Cal OES: Justin Christiansen | Cal
OES CNTRL #:18-6243
TIME: 1446 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

1. NAME: Karine Abramians | 2. AGENCY: Contra Costa County
Coupa
3. PHONE #: 818-439-3232 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: | 2. AGENCY:
3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e.
PIPELINE / f. Vessel Over => 300 tons

1. Motor Oil / = / 4 / Qt.(s) / PETROLEUM / / No / No

2.

3.

g. DESCRIPTION: RP states: The material was spilled near a residence
onto the asphalt. No storm drains were impacted. Clean up has been
completed. The cause of the release is unknown .

h. CONTAINED: Stopped | i. WATER INVOLVED: No

j. WATERWAY: | k. DRINKING WATER IMPACTED: No

l. KNOWN IMPACT: None

3.a. INCIDENT LOCATION: 423 Beatrice Drive

b. CITY: Pleasant Hill | c. COUNTY: Contra Costa County | d. ZIP:
94523

4. INCIDENT DESCRIPTION:

a. DATE: 9/15/2018 | b. TIME(Military): 1220 | c. SITE: Residence
| d. CAUSE: Unknown

e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h.

CLEANUP BY: Contra Costa County Coupa

e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

a. NAME: Unknown | b. AGENCY:

c. PHONE#: | d. EXT:

e. MAIL ADDRESS: Unknown

f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:

a. ON SCENE: | b. OTHER ON SCENE:
c. OTHER NOTIFIED:
d. ADMIN. AGENCY: Contra Costa County Health Services Department
e. SEC. AGENCY:
f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

AA/CUPA, DTSC, RWQCB, US EPA, USFWS

CONFIDENTIAL REMARKS:

Created by Warning Center on 9/15/2018 2:46:30 PM Last
Modified by Warning Center on 9/15/2018 2:51:15 PM

California State Warning Center
Governor's Office Emergency Services
Phone: (916) 845-8911
Warning.Center@oes.ca.gov

Link to Spill Report:

https://urldefense.proofpoint.com/v2/url?u=http-3A_w3.calema.ca.gov_operation_al_malhaz.nsf_SpillAllDocs_CF8F0BC6BB5492C88825830900779D52-3FOpenDocument&d=DwIBAg&c=RpR9LiQNIoGO8A8CMgA1NQ&r=S0jS0A081QNgB4a-k_X9SD1TTubB3usfrG7WkczC2Lg&m=b8MK_5JS3U7B2SP6neMK1SwUvt4AwjOixFW97ibVNc8&s=07xXQ_alf_o8fSA0EyXdbRUqZWe8xopmJwiKpv2r_0&e=