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CONTRA COSTA
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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 17-02-01 - 02

Received Date: 02/01/17 Received Time: 3:00 PM Received By: AM Lead: AS

Incident Date: Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: MATT RP is from Facility Anonymous

Organization: GENERAL SERVICES

Primary Phone Number: (925)326-8939 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: DRIFTWOOD DR Unit:

City: BAY POINT State: CA Zip Code: 94565

Location Description: C/S: PORT CHICAGO HWY

INITIAL INCIDENT DESCRIPTION: DOWN DRIFTWOOD ON LEFT SIDE; 20/1 GAL PAINT CANS, SEALED & ONE BLOCK DOWN ON RIGHT SIDE, 1-55 GAL DRUM W/O 1/3 FULL, SEALED.

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: 0800 Time Arrived On Scene: 8:30 Time Departed From Scene: 9:15

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:

<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					
Law Enforcement					
Air District					
State OES					

REPORT:

Picked up 55-gal Drum with water/oil mix about 10 gal.

Picked up 22 paint cans and transferred to Delta Disbld HHW.

Site Safety Plan - Level D watch for cars

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

Report Prepared by: Adm