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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: 17-02-21 - 02

Received Date: 02/21/17 Received Time: 1:49 PM Received By: AM Lead: JP

Incident Date: 2/21/2017 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: RP is from Facility Anonymous

Organization:

Primary Phone Number: Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number: (925)326-8939

Address: PORT CHICAGO HWY Unit:

City: BAY POINT State: CA Zip Code: 94565

Location Description: ON PORT CHICAGO HWY BETWEEN DRIFTWOOD DRIVE AND NICHOLS RD

INITIAL INCIDENT DESCRIPTION: ABANDONMENT ON SIDE OF ROAD: APPROX 10-15 1 QT CONTAINERS OF OIL. NONE LEAKING

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: 14:16 Time Arrived On Scene: 14:42 Time Departed From Scene: 15:06

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:

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

REPORT:

On February 21, 2017, CCHSHMP departed the bay at approximately 14:16. CCHSHMP was on scene at approximately 14:42. CCHSHMP observed 5x 1quart (qt) containers of paint waste, 1x1 gallon container of paint waste, 1x1 qt container of premix grout, 5x1 gallon containers of used oil, 1x1 gallon container of used antifreeze, 1x5 gallon container of used oil, and 1x1 gallon container of unknown clear liquid. CCHSHMP picked up the containers and departed at 15:06. CCHSHMP arrived at the bay at 15:56. CCHSHMP took composite samples from used oil containers and used Chlor-D Tect test kit to used to determine quantitative chlorine levels in used oil. The chlorine levels were confirmed less than 1,000 ppm. CCHSHMP used Ahura to confirm the used antifreeze container. The Ahura confirmed that the orange/red liquid was an antifreeze.

On February 23, 2017, CCHSHMP analyzed the unknown clear orange/greenish liquid container. The liquid was tested using pH paper and Oxidizer paper. The pH of the liquid was analyzed to be around 7. The Oxidizer test resulted to be negative. HazmatID elite confirmed the liquid to be water. CCHSHMP visually inspected and smelled the liquid. CCHSHMP assumed the liquid might be urine.

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

Report Prepared by: JP