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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

Received Date: 06/19/17 Received Time: 09:27 Received By: HW Lead: TA

Incident Date: 06/19/17 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 17-06-19-01

COMPLAINANT / REPORTING PARTY:

Name: Lisa Simmons RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 510-329-1998 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: CUMMINGS SKWY Unit: _____

City: CROCKETT State: CA Zip Code: _____

Location Description: 500 FT S OF INTERSECTION AT CROCKETT BLVD & CUMMINGS SKYWAY

INITIAL INCIDENT DESCRIPTION: TWO OPEN 1 GAL CONTAINERS OF OIL ABANDONED.

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: 09:51 Time Arrived On Scene: 10:19 Time Departed From Scene: 10:30

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:

open, unmarked

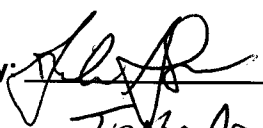
TA and VP picked up 2 1-gallon plastic containers with waste oil. The 2 containers were in an open cardboard box and sat on top of a black plastic trash bag. Prior to pick-up, TA and VP observed safety procedure when responding at the side of a road.

Chlor-D-Test was not conducted until TA and VP returned to the office. Composite sample of oil from both containers was determined to have <1000 ppm chlorinated compounds.

Waste oil from the open containers were consolidated in 1-5 gallon plastic bucket, which was properly labeled. The oily debris, including a used oil filter and the soiled cardboard box where the containers were in. The oily debris was consolidated with a 55-gallon drum from "170501-03".

Bill of Lading ~~and~~ Invoice Request Form, and Photos are attached to this report.

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

Report Prepared by:  6/19/17
Trisha Asuncion