



CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 6/23/17 Received Time: 3:13 Received By: LF Lead: LF

Incident Date: 6/23/17 Incident Time: _____ Assigned to: LF, DL Assigned Date: 6/23/17

CASE NUMBER: 170623 - 03

COMPLAINANT / REPORTING PARTY:

Name: Sheriff - Deputy Livingston RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 646244 Secondary Phone Number: 510-3457540

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Roadside Unincorporated CUPA Facility I.D.: _____

Phone Number: _____

Address: McEwan Rd under Hwy 4 Unit: _____

City: Martinez State: CA Zip Code: 94553

Location Description: _____

INITIAL INCIDENT DESCRIPTION: Abandoned unknown drum - corrosive

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	<input type="checkbox"/> On Water	<input checked="" type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring	<input type="checkbox"/> > 5,000 lbs.	<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: 3:13 Time Arrived On Scene: 3:20 Time Departed From Scene: 3:38

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	con Fire		ⓐ 252	notifier	made
Law Enforcement					
Air District					
State OES					

REPORT:

Picked up 1-30 gal poly of corrosive liquid. Sheriff wanted on site.

Both HM1 + HM4 rolled. no RP

Transported on bill of lading back to office

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

Report Prepared by:

