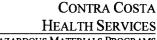
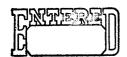
WILLIAM B. WALKER, M.D. HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER CHIEF ENVIRONMENTAL HEALTH AND HAZARDOUS MATERIALS OFFICER



HAZARDOUS MATERIALS PROGRAMS

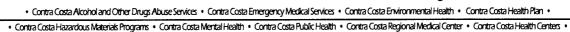
4585 Pacheco Boulevard, Suite 100 Martinez, California 94553-2233 Phone (925) 335-3200 Fax (925) 646-2073





## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

|  | LAINT, INCIDENT, AND   | TOTILIDATION RELIGIO   |                                      |  |  |  |
|--|--|------------------------|--------------------------------------|--|--|--|
| Type (Circle One): C I N   | - 1. 2   |                        | R: 170623 -03                        |  |  |  |
| Received Date:   | Received Time: 313   | Received By:           | Lead:                                |  |  |  |
| Incident Date: U/2// Incident Time: Assigned to: LF, DL Assigned Date: U/23//      |  |                        |                                      |  |  |  |
| COMPLAINANT / REPORTING PARTY:   |  |                        |                                      |  |  |  |
| Name: Shoriff - Deputy Livingston RP is from Facility Anonymous                    |  |                        |                                      |  |  |  |
| Organization:  |  |                        |                                      |  |  |  |
| Primary Phone Number: 646244 Secondary Phone Number: 570-345-7540                  |  |                        |                                      |  |  |  |
| Email:   |  |                        |                                      |  |  |  |
| Address:   |  |                        |                                      |  |  |  |
| City:  |  | State: Zip C           | Code:                                |  |  |  |
| FACILITY / LOCATION OF INCIDENT:   |  |                        |                                      |  |  |  |
| Name: Kozorou  | Name: Rosadis de Unier por ated CUPA Facility I.D.:  Phone Number: McEwan Rd Under Huy Lj  Address: McLewan Rd Unit: |                        |                                      |  |  |  |
| Phone Number: M (  | · Fuan Rd unde   | 1 Hur. 1 i             |                                      |  |  |  |
| Address: Mc Xeli   | in ha  | Unit                   |                                      |  |  |  |
| Address: Mandel  | en na<br>2   | Onit                   | 9uss3                                |  |  |  |
| City: 11 Control   |  | State: <u>VY</u> Zip C | ode:                                 |  |  |  |
| Location Description:  |  |                        |                                      |  |  |  |
| INITIAL INCIDENT DESCRIPTION: Abandoned un Known orum - Cornsul                    |  |                        |                                      |  |  |  |
| INCIDENT TYPE / DESCRIP  | TION:  | <b>@</b>               | 0000                                 |  |  |  |
| Commu  | <br>inity Warning System Level (C  |                        |                                      |  |  |  |
| FACILITY   | ISO / MCAR   | TRANSPORTATION         | MISCELLANEOUS                        |  |  |  |
| □ Fire or Explosion  | □ Fatality (one or more)   |                        | □ Storm Drain/Creek                  |  |  |  |
| □ Spill or Release   | □ > 24 hrs. Hospital, 3 or   |                        | □ Drug Lab                           |  |  |  |
| □ Startup or Shutdown  | more people  | □ On Water □ Pipeline  | Disposal/Abandonment  Odor Complaint |  |  |  |
| ☐ Flaring☐ Upset   | □ Flammable Vapor Cloud > 5,000 lbs.   | □ Fuel Tank            | □ Other:                             |  |  |  |
| Time Enroute to Scene: 77 Time Arrived On Scene: 320 Time Departed From Scene: 338 |  |                        |                                      |  |  |  |
| REFERRED TO OTHER AGENCY:  |  |                        |                                      |  |  |  |
| KEI EKKED TO OTHEK AGENOT:   |  |                        |                                      |  |  |  |
|  |  |                        |                                      |  |  |  |
| DTSC STATE FUNDING (if a   | SC STATE FUNDING (if applicable): STORMWATER STATUS (if applicable):   |                        | (if applicable):                     |  |  |  |
| CLU/ERER Number:   |  |                        | Potential Discharge                  |  |  |  |
|  |  | □ Actual Discharge     |                                      |  |  |  |



## **AGENCIES ON SCENE OR NOTIFIED:**

| Agency Type     | Agency   | O/N | Contact Person | Phone Number | Case Number |
|-----------------|----------|-----|----------------|--------------|-------------|
| Fire Department | con Fire |     | 10 252 V       | Afrato       | nade        |
| Law Enforcement |          |     |                | 3            |             |
| Air District    |          |     |                |              |             |
| State OES       |          |     |                |              |             |
|                 |          |     |                |              |             |
|                 |          |     |                |              |             |
|                 |          |     |                |              |             |
|                 |          |     |                |              |             |

| REPORT:   |
|---|
| Picked up 1-30 gal policy of consume liquid. Shorth warted on site. |
| BOHN HMI + HMY Rolled. NO RD  |
| Transported on bill of lading back to office                        |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

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

Report Prepared by