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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 17-07-13 - 02

Received Date: 07/13/17 Received Time: 13:48 Received By: XB Lead: XB

Incident Date: 7/13/17 Incident Time: 13:48 Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: Liz RP is from Facility Anonymous

Organization: Aloha Pediatric Dentistry

Primary Phone Number: (925) 253-8190 Secondary Phone Number:

Email:

Address: 3 Altarinda Road #210

City: Orinda State: CA Zip Code: 94563

FACILITY / LOCATION OF INCIDENT:

Name: Aloha Pediatric Dentistry CUPA Facility I.D.:

Phone Number: (925) 253-8190

Address: 3 Altarinda Road #210 Unit:

City: Orinda State: CA Zip Code: 94563

Location Description:

INITIAL INCIDENT DESCRIPTION: Odors imitating from dental equipment

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 type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input checked="" type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: Time Arrived On Scene: 14:58 Time Departed From Scene: 15:19

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	Orinda/Moraga Fire	O			7-117205
Law Enforcement					
Air District					
State OES					
STATE - DTSC					

REPORT:

At 13:48, CCHSHMP received a page from Contra Costa Fire District (Fire) about odor complaints in Orinda. CCHSHMP, called the fire dispatch to offer assistance. The dispatched replied that Fire was checking it out and if they found something would call back. Call back was never received.

About 14:00, Facility called CCHSHMP with complaints that odors were imitating from dental equipment. Facility explained that the fire department had come gone. When asked what the fire department found, facility staff said they took some measurements with their meters and cleared the area, but odors were still present. Because odors were still present, at 14:12, CCHSHMP notified Fire and dispatched HM1 with Xavier Bryant, Maria Duazo, and David LeCount and Tod Hickman in his personal vehicle to the scene.

CCHSHMP arrived on scene about 14:58. From observations and discussions with facility staff, it was determined that the odors were coming from chemicals either open or spilled in the same room as the air compressor the facility used for the dental equipment's air supply. The air filter was scheduled to be changed out the next day. Facility was advised not to store chemical (especially volatile one) in the room. Once the residual chemicals that are still in the line make their way out, the odors should go away. The facility was instructed to call us back if the odors haven't gone away in a few days.

CCHSHMP departed the scene about 15:19.

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

Report Prepared by: Xavier Bryant