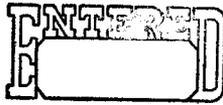


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER



CONTRA COSTA HEALTH SERVICES

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
Martinez, California
94553-2233
Phone (925) 335-3200
Fax (925) 648-2073

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N
CASE NUMBER: 17-09-01 -01
Received Date: 9/1/17 Received Time: 8:54AM Received By: NU Lead: NU
Incident Date: _____ Incident Time: _____ Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: Con Fire RP is from Facility Anonymous
Organization: _____
Primary Phone Number: 925-941-3330 Secondary Phone Number: _____
Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Juan Crespi Middle School CUPA Facility I.D.: 774561
Phone Number: (510) 231-1447
Address: 1121 Allview Ave. Unit: _____
City: El Sobrante State: CA Zip Code: 94803
Location Description: _____

INITIAL INCIDENT DESCRIPTION: Natural gas smell, school evacuated

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 checked="" 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: 9:14AM Time Arrived On Scene: 9:50AM Time Departed From Scene: 10:53AM

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable):

CLU/ERER Number: _____

STORMWATER STATUS (if applicable):

Actual Discharge Potential Discharge



