



CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 10/12/17 Received Time: 6:55 PM Received By: AM Lead: SD

Incident Date: _____ Incident Time: _____ Assigned to: MD Assigned Date: 10/13/17

CASE NUMBER: 17-10-12 - 02

COMPLAINANT / REPORTING PARTY:

Name: CHRIS RP is from Facility Anonymous

Organization: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: 567 PEBBLE DR Unit: _____

City: EL SOBRANTE State: CA Zip Code: _____

Location Description: SIDEWALK

INITIAL INCIDENT DESCRIPTION: 6 GALS OIL ABANDONED AND LEAKING ON SIDEWALK

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: 1300 Time Arrived On Scene: 1330 Time Departed From Scene: 1400

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:

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement					
Air District					
State OES					

REPORT:

CCHS HMP received a voicemail at 6:55 pm on 10/12/17 stating that there were 6 gallons of oil leaking on the sidewalk at 567 Pebble Drive in El Sobrante, CA.

HMS Dwight conducted reconnaissance at 567 Pebble Drive in El Sobrante at 9:15 AM on 10/13/17 and confirmed 7 containers of what appeared to be oil. Containers did not have lids and some were leaking. Some liquid had leaked down the sidewalk approximately 10 feet.

HMS Duazo, Bryant, and Springer tested the oil for chlorinated contaminants, picked up the waste oil and containers in HM3 and brought it to the CCHS HMP hazardous waste storage area for disposal.

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

Report Prepared by: SD/MPD