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CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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ENTERED

CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 12/14/17 Received Time: 14:55 Received By: JP Lead: JP

Incident Date: 12/14/17 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 171214 - 03

COMPLAINANT / REPORTING PARTY:

Name: COMM-1 RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 925-646-2441 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: Poinsettia Ave Unit: _____

City: Bay Point State: CA Zip Code: 94565

Location Description: On Poinsettia Ave and Suisun Ave

INITIAL INCIDENT DESCRIPTION: Leaking fluid from a white mobile home/vehicle to road

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 type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 15:20 Time Arrived On Scene: 15:54 Time Departed From Scene: 16:01

REFERRED TO OTHER AGENCY: Contra Costa County Public Works

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	Sheriff	O			
Air District					
State OES					

REPORT:

At approximately 14:55, Sheriff dispatch requested CCHSHMP to respond to a leaking fluid from a white mobile home/vehicle parked along Poinsettia Ave in Bay Point. Sheriff dispatch stated that a 5 gallons container was placed underneath the leak. Hazmat 4 (Hazmat Specialists 1213 and 1220) departed the bay at approximately 15:20. Hazmat Specialist 1211 was on scene at approximately 15:40. Hazmat 4 was on scene at approximately 15:54. Hazmat Specialists discovered that the white mobile home/vehicle had been moved. No leaking fluid was observed. Hazmat Specialist investigated the storm drains nearby the incident location. Hazmat Specialists concluded that no hazardous materials fluid from the white mobile home/vehicle was released in the storm drains. Hazmat Specialist observed debris/trash and petroleum stains near, on and in several storm drains. Hazmat 4 and Hazmat Specialist 1211 departed the scene at approximately 16:01.

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

Report Prepared by: JP