

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR
RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS
4585 Pacheco Boulevard, Suite 100
Martinez, California
94553-2233
Phone (925) 335-3200
Fax (925) 646-2073

ENTERED

CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 12/24/17 Received Time: 9:44 Received By: JP Lead: JP

Incident Date: 12/24/17 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 171224-01

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: Superior Health Care CUPA Facility I.D.: _____

Phone Number: 925-969-9699

Address: 241 N Buchanan Cir Unit: 13

City: Pacheco State: CA Zip Code: 94553

Location Description: in the front parking lot of Superior Health Care office

INITIAL INCIDENT DESCRIPTION:

Leaking gasoline from a gas tank of a white van

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: 10:41 Time Arrived On Scene: 10:45 Time Departed From Scene: 11:45

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	Sheriff	O	Jeff Kellogg	510-345-8650	
Air District					
State OES		N			17-90-07

REPORT:

At approximately 9:44, Sheriff dispatch requested CCHSHMP to respond to a leaking gasoline from a gas tank of a white van with license plate number 8N35727 parked in the front parking lot of Superior Health Care office. The white van belongs to Superior Health Care. The gas tank of the van was broken into and caused the release. It was estimated at approximately less than 1 gallon of gasoline released onto the parking lot. Hazmat 3 (Hazmat Specialists 1212 and 1217) departed the bay at approximately 10:41. Hazmat 3 was on scene at approximately 10:45. Hazmat Specialists placed absorbent on the spill area and placed gasoline contaminated debris into a 5 gallon plastic container. Hazmat Specialists discovered and removed gasoline contaminated rags in the dumpster nearby. Hazmat Specialist placed the gasoline contaminated rags into the 5 gallon plastic container. Hazmat 3 departed the scene at approximately 11:45. Hazmat Specialist 1212 notified State OES.

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

Report Prepared by: JP



Hazardous Materials Spill Report: Cal OES Control #:17-9070
Warning Center to: hung.pham

12/24/2017 11:54 AM

Warning Center	Hazardous Materials Spill Report: Cal OES Control #:17-9070
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Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 12/24/2017 | RECEIVED BY Cal OES: Kristie Jones-Holstrom | Cal
OES CNTRL #:17-9070
TIME: 1147 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

1. NAME: John Pham | 2. AGENCY: Contra Costa County Hazmat,
3. PHONE #: 925-335-3200 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: | 2. AGENCY:
3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e.
PIPELINE / f. Vessel Over => 300 tons
1. Gasoline / < / 1 / Gal(s) / PETROLEUM / / No / No

2.

3.

g. DESCRIPTION: Caller states unknown person broke into a van's gas tank, causing the release of material to pavement. No waterways impacted. Reporting party performed clean up.

h. CONTAINED: Yes | i. WATER INVOLVED: Yes
j. WATERWAY: none | k. DRINKING WATER IMPACTED: No
l. KNOWN IMPACT: None

3.a. INCIDENT LOCATION: 241 North Buchanan Circle, Suite 13
b. CITY: Pacheco | c. COUNTY: Contra Costa County | d. ZIP: 94553

4. INCIDENT DESCRIPTION:

a. DATE: 12/24/2017 | b. TIME(Military): 0900 | c. SITE: Merchant/Business | d. CAUSE: Other Reason for Other: vandalism
e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h.

CLEANUP BY: Reporting Party

e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

a. NAME: Unknown | b. AGENCY:
c. PHONE#: | d. EXT:
e. MAIL ADDRESS:
f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:

a. ON SCENE: Co Health, Sheriff Ofc. | b. OTHER ON SCENE:
c. OTHER NOTIFIED:
d. ADMIN. AGENCY: Contra Costa County Health Services Department
e. SEC. AGENCY:
f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

AA/CUPA, DTSC, RWQCB, US EPA, USFWS

CONFIDENTIAL REMARKS:

Created by Warning Center on 12/24/2017 11:47:20 AM
Modified by Warning Center on 12/24/2017 11:54:13 AM

Last

California State Warning Center
Governor's Office Emergency Services
Phone: (916) 845-8911
Warning.Center@oes.ca.gov

Link to Spill Report:

https://urldefense.proofpoint.com/v2/url?u=http-3A__w3.calema.ca.gov_operation_al_malhaz.nsf_SpillAllDocs_1B1428EF547E2F6E88258200006CB438-3FOpenDocument&d=DwIBAg&c=RpR9LiQNIoG08A8CMgAlNq&r=TXtfy313LMOLhTFPsVCvqGVgTcy0C4NRLkTT7bOXeIU&m=2dphzYzWgWTzjqwGLpdCMV7fGHNOuUU8USKq5uNctJQ&s=YT8xX632FU-8bvnt3W_0zR-IsAFB7B1qePhMRaHgmUA&e=