

ENTERED

CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 160104-01

Received Date: 1/4/2016 Received Time: 8am Received By: AM Lead: AA

Incident Date: 1/2/2016 Incident Time: 10:24am Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: Winston RP is from Facility Anonymous

Organization: Household Hazardous Waste / Central San

Primary Phone Number: 925-335-7770 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: approx 5493 Imhoff Dr. Unit: _____

City: Martinez State: CA Zip Code: 94553

Location Description: North side of the road near the Railroad tracks

INITIAL INCIDENT DESCRIPTION:

110gal tank on Imhoff N. side of Road West of the RR tracks.

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: 1:20 Time Arrived On Scene: 1:30 Time Departed From Scene: 2:00

REFERRED TO OTHER AGENCY:

Environmental Health

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					
Law Enforcement					
Air District					
State OES					
Health	Environmental Health				

REPORT:

1/4 8:45am AA drove by to check tank was safely placed not leaking

68249 pers. vehicle

1:20 AA SM, MD enroute to haz cat / identify lig

1:40 lig consistent w/ sewage

smells / looks like sewage

pH neutral

negative for oxidizer

not flammable / combustible

CCHMP put a non hazardous label on tank & contacted Environmental Health.

Environmental Health will take care of it.

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

Report Prepared by: AA