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Hazardous Materials Programs

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**ENTERED**  
CONTRA COSTA  
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): (1) N CASE NUMBER: 160106 -04  
Received Date: 1/6/16 Received Time: 3:52 P Received By: AM Lead: ED  
Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Assigned to: MARIA Assigned Date: 01/06/2016

COMPLAINANT / REPORTING PARTY:

Name: Supervisor Glover's Office  RP is from Facility  Anonymous  
Organization: \_\_\_\_\_  
Primary Phone Number: 925 427 8138 Secondary Phone Number: \_\_\_\_\_  
Email: ad-di@nobaos.coventry.us  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FACILITY / LOCATION OF INCIDENT:

Name: \_\_\_\_\_ CUPA Facility I.D.: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: Nichols Rd Unit: \_\_\_\_\_  
City: Bay point State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Location Description: \_\_\_\_\_

INITIAL INCIDENT DESCRIPTION:

Leaking trucks on street - see attached complaint. - Abandoned containers

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

Time Enroute to Scene: 1000 Time Arrived On Scene: 1020 Time Departed From Scene: 1120

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:**

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

**REPORT:**

6/12/2016 - MD/AS IN HM4 DROVE OUT TO NICHOLS RD TO INVESTIGATE  
 ISSUE OF TRUCK MAINTENANCE ON SIDE OF ROAD. THOUGH  
 MANY BIG RIG TRUCKS WERE PARKED ON BOTH SIDES  
 OF THE ROAD AS YOU DRIVE TOWARDS THE DATA,  
 THERE WAS NO EVIDENCE OF STAINING OR LEAKING  
 OF VEHICLE FLUIDS/OIL ON GROUND OBSERVED.

WE PICKED UP AN EMPTY CONTAINER FURTHER DOWN NICHOLS  
 RD BECAUSE IT HAD NO LID AND APPEARED TO HAVE ONLY  
 RESIDUE.

CONTINUING TO PORT CHICAGO HWY EAST OF DRIFTWOOD  
 TO LOOK FOR ABANDONED CONTAINERS OF LIQUIDS, THERE  
 WAS DEBRIS ON THE SIDE OF THE ROAD IN VARIOUS  
 PORTIONS OF THE ROAD, THERE WERE NO CONTAINERS  
 OF LIQUIDS OBSERVED TO RESPOND TO.

*NO FURTHER ACTION*

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

Report Prepared by: MD