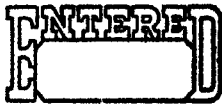


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 03/31/16 Received Time: 10:38 Received By: AM Lead: AS

Incident Date: _____ Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 16-03-31 — 01

COMPLAINANT / REPORTING PARTY:

Name: STEPHANIE RP is from Facility Anonymous

Organization: EBRPD

Primary Phone Number: (510)881-1833 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: PT ISABEL PARK CUPA Facility I.D.: _____

Phone Number: _____

Address: RYDIN RD, END OF Unit: _____

City: RICHMOND State: _____ Zip Code: _____

Location Description: _____

INITIAL INCIDENT DESCRIPTION:

5 GALLON CONTAINER OF PAINT? NOT LEAKING

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: 11:00 Time Arrived On Scene: 11:30 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					
Air District					
State OES					

REPORT:

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

Report Prepared by: _____