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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

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Type (Circle One): C I N		CASE NUMBE	iR: 06-06-24 — 03			
Received Date: 06/24/16	Received Time: 0933	Received By: HW	Lead: LF			
Incident Date: 6/24/2016	Incident Time: 0910	Assigned to: CT	Assigned Date: 6/24/2016			
COMPLAINANT / REPORTIN	IG PARTY:					
Name: JERRY CASEY		≅ RP is fro	om Facility □ Anonymous			
Organization: CONTRA CC	OSTA REGIONAL MEDICAL	L CENTER				
Primary Phone Number: 925	5-383-7811 Sec	condary Phone Number: 92	25-370-5100			
Email: JERRY.CASEY@H						
Address: 2500 ALHAMBRA						
city: MARTINEZ		State: CA Zip (Code: 94553			
FACILITY / LOCATION OF IN	ICIDENT:					
Name: CONTRA COSTA R	EGIONAL MEDICAL CENT	ER CUPA Faci	lity I.D.: 730677			
Phone Number: 925-370-51	100					
Address: 2500 ALHAMBRA	A AVENUE	Unit:				
City: MARTINEZ		State: CA Zip C	ode: ⁹⁴⁵⁵³			
Location Description: COU	NTY HOSPITAL					
INITIAL INCIDENT DESCRIPTION: GAS LIKE ODOR COMPLAINT ON FOURTH FLOOR. NO EVACUATIONS						
INCIDENT TYPE / DESCRIPT	rion:		0000			
Commu	nity Warning System Level (C					
FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS			
 □ Fire or Explosion □ Spill or Release □ Startup or Shutdown □ Flaring □ Upset 	 □ Fatality (one or more) □ > 24 hrs. Hospital, 3 or more people □ Flammable Vapor Cloud > 5,000 lbs. 	 □ Tank Truck □ Railroad □ On Water □ Pipeline □ Fuel Tank 	□ Storm Drain/Creek □ Drug Lab □ Disposal/Abandonment ⋈ Odor Complaint □ Other:			
Time Enroute to Scene: 1013 Time Arrived On Scene: 1021 Time Departed From Scene: 1052						
REFERRED TO OTHER AGENCY: N/A						
DTSC STATE FUNDING (if a	pplicable):	STORMWATER STATUS (if applicable):				
CLU/ERER Number:		□ Actual Discharge □ Potential Discharge				
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AGENCIES ON SCENE OR NOTIFIED:

Agency Type	<u>Agency</u>	<u>O/N</u>	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement					
Air District					
State OES					
					1

REPORT:

AT APPROXIMATELY 0933 HRS JERRY CASEY, FACILITIES MAINTENANCE SUPERVISOR, CONTRA COSTA REGIONAL MEDICAL CENTER CONTACTED CCHS-HMP REGARDING AN UNKNOWN ODOR COMPLAINT.

MR. CASEY STATED THAT AT APPROXIMATELY 0910 HOURS HOSPITAL EMPLOYEES COMPLAINED TO BUILDING MAINTENANCE THAT AN AREA ON THE FOURTH FLOOR SMELLED OF NATURAL GAS. MR. CASEY STATED THAT HE ARRIVED ON THE FOURTH FLOOR AND NOTED THAT THE ODOR WAS STRONG AND NOT DISSIPATING. MR. CASEY CHECKED THE NEAR BY DRAIN/SINK "PEA" TRAPS AND DETERMINED THAT THEY WERE NOT THE CAUSE OF THE ODOR.

CONTRA COSTA HEALTH SERVICES HAZARDOUS MATERIALS PROGRAMS (CCHS-HMP) HAZARDOUS MATERIALS SPECIALIST (HMS) FRIEDMAN ADVISED MR. CASEY TO SECURE THE AREA FROM UNNECESSARY FOOT TRAFFIC, VENTILATE THE AREA IF SAFE TO DO SO, INVESTIGATE THE ONGOING CONSTRUCTION ACTIVITIES FOR CHEMICAL USE, AND INSPECT THE ROOF AIR INTAKES.

AT 1013 HRS CCHS-HMP VEHICLE HM1 (HMS FRIEDMAN / HMS TOUGERON) AND HMS HICKMAN (FROM PERSONAL VEHICLE) RESPONDED TO LOCATION.

HM1 ARRIVED ON-SCENE AT 1021 HRS.

HMS FRIEDMAN / HMS TOUGERON MET WITH CONTRA COSTA REGIONAL MEDICAL CENTER STAFF

- 1) TIMOTHY THOMPSON-COOK, CHIEF OPERATING OFFICER
- 2) JERRY CASEY, FACILITIES MAINTENANCE SUPERVISOR
- 3) TIMOTHY FRIEND, ASSISTANT FACILITIES MANGER
- 4) TOM RODGERS, FACILITIES SERVICES ELECTRICIAN

UPON ARRIVAL MR. CASEY AND MR. FRIEND STATED THAT THEY IDENTIFIED THE ODOR AS A FOOD PRODUCT (DURIAN FRUIT COOKIES). ODORS ORIGINATED FROM A TRASH CAN LOCATED IN ROOM 4B09 (FACILITY MAINTENANCE ROOM NUMBER 4307). UPON REMOVING THE FOOD PRODUCT FROM THE TRASH CAN AND PLACING THE FOOD PRODUCT IN A PLASTIC BAG THE ODOR WAS DIMINISHED/ELIMINATED. HVAC SYSTEM IS CURRENTLY CONFIGURED TO USE OUTSIDE AIR (NO RECIRCULATION).

HMS FRIEDMAN / HMS TOUGERON SURVEYED THE FOURTH FLOOR HALLWAY, UTILITY ROOM, AND ROOM 4809 USING THE QRAE FOUR GAS METER AND MX6 PID. NO READINGS WERE OBSERVED ABOVE BACKGROUND.

MR. RODGERS AND MR. FRIEND STATED THAT THE ODOR FROM THE FOOD PRODUCT WAS THE SAME ODOR AS INITIALLY IDENTIFIED ON THE FOURTH FLOOR AT 0910 HRS .

HM1 (HMS FRIEDMAN / HMS TOUGERON) AND HMS HICKMAN DEPARTED THE SCENE AT 1052 HRS.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan		TOUGERON	~
Report Prepared by	v: `	C. TOUGERON	X