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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: 9/3/16 Received Time: 431 Received By: LF Lead: LF

Incident Date: 9/3/16 Incident Time: 431 Assigned to: LF Assigned Date: 9/3/16

CASE NUMBER: 160903-02

COMPLAINANT / REPORTING PARTY:

Name: Sheriff Cam / Con Fire RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 646-2441 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Hospice Parking Lot CUPA Facility I.D.: _____

Phone Number: _____

Address: 5320 Clayton Rd Unit: _____

City: Concord State: CA Zip Code: 94520

Location Description: side parking lot of hospice
(unattended)

INITIAL INCIDENT DESCRIPTION:

VAN in private parking lot leaking gas. - owner cannot be found. - unattended

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 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 checked="" type="checkbox"/> Other: <u>Vehicle Fuel spill</u>

Time Enroute to Scene: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

REFERRED TO OTHER AGENCY: Concord PD to Tow Truck

DTSC STATE FUNDING (if applicable):

CLU/ERER Number: _____

STORMWATER STATUS (if applicable):

Actual Discharge Potential Discharge



Peak prevented

AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	Con Fire Station 8		Cpt Claudio Penuas	958 941 3300	
Law Enforcement	Concord PD		multiple officers	#16-13544	
Air District					
State OES					

REPORT:

Vehicle leaking in Hbspace Parking lot. Store personnel reported leak. Con Fire responded and contacted Hrz Mat via Sheriff. Once on-site determined that vehicle leak could not be reached as under a low profile vehicle (unattended). Neither property owners could be found (not van and not Hbspace). Absorbent was put down, PD contacted tow company as vehicle caused a hazard. Hrz MAT assisted tow truck driver with clean-up as vehicle was raised onto tow truck and gave some absorbent / equipment to assist with any additional leaks during 3-4 mi transport to tow yard.

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

Report Prepared by: Lacey Friedman