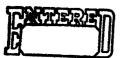
WILLIAM B. WALKER, M.D. HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER CHIEF ENVIRONMENTAL HEALTH AND HAZARDOUS MATERIALS OFFICER

CONTRA COSTA HEALTH SERVICES

HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100 Martinez, California 94553-2233 Phone (925) 335-3200 Fax (925) 648-2073





COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N		CASE NUMBER: 16-12-05 — 01						
Received Date: 12/05/16	Received Time: 1:50 PM	L						
Incident Date: 12/05/16	Incident Time:	Assigned to:	Assigned Date:					
COMPLAINANT / REPORTING Name: TRACY	IG PARTY:	□ RP is fro	om Facility ☐ Anonymous					
Organization: CONCORD PD DISPATCH Primary Phone Number: 925-671-3241 Secondary Phone Number:								
Primary Phone Number: 925-671-3241 Secondary Phone Number:								
Email:	3 2 2 2	- Of Blakely	(50) 691-829/					
City: State: Zip Code:								
FACILITY / LOCATION OF INCIDENT: Name: CUPA Facility I.D.:								
Phone Number:Unit:Unit:								
City: CONCORD State: CA Zip Code: 94520 Location Description: NEAR CONCORD NAVAL WEAPONS STATION								
INITIAL INCIDENT DESCRIPTION: OFFICER HAS 2 ABANDONED MILK JUG CONTAINERS WITH UNKNOWN ORANGE SUBSTANCE. CONTENTS HAVE SPILLED. THERE IS NO ODOR.								
INCIDENT TYPE / DESCRIPTION:								
Community Warning System Level (Circle Highest Level): N/A 0 1 2 3								
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:	Time Arrived On Sce	ne: Time De	parted From Scene:					
REFERRED TO OTHER AGENCY:								
DTSC STATE FUNDING (if a	pplicable):	STORMWATER STATUS (if applicable):						
CLU/ERER Number:		□ Actual Discharge □ Potential Discharge						



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	<u>Agency</u>	O/N	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement					
Air District				w	
State OES					Section of the sectio
					e e e e e e e e e e e e e e e e e e e

REPORT:

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tri bo	to 5 gal	her. Marked	l both vith a bag of com: by se	, her ve	ote label
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(dyers)	for de	sposul as a	est d:mo	ા લ	

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

Report Prepared by: