

**ATTACHMENT C
30-DAY FOLLOW-UP NOTIFICATION REPORT FORM
CONTRA COSTA HEALTH SERVICES HAZARDOUS
MATERIALS PROGRAMS**

INSTRUCTIONS: A hardcopy and an electronic copy of this report is to be submitted for all Public Health Advisory – Level 2 and Public Protective Actions Required – Level 3 incidents or when requested by CCHSHMP. See Attachment C-1 for suggestions regarding the type of information to be included in the report. Attach additional sheets as necessary. This form is also to be used for update reports after the initial 30-day report has been submitted. Forward the completed form to:

ATTENTION:
Hazardous Materials Programs Director
Contra Costa Health Services Hazardous
Materials Programs 4585 Pacheco Boulevard,
Suite 100
Martinez, CA 94553

INCIDENT DATE: 10/06/2023
INCIDENT TIME: 11:31 AM
FACILITY: Martinez Refining Company LLC

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

Michael Marlowe
Phone number (925) 313-3705

**PROVIDE ANY ADDITIONAL INFORMATION THAT WAS NOT INCLUDED
IN THE 72-HOUR REPORT WHEN THE 72-HOUR REPORT WAS SUBMITTED,
INCLUDING MATERIAL RELEASED AND ESTIMATED OR KNOWN
QUANTITIES, COMMUNITY IMPACT, INJURIES, ETC.:**

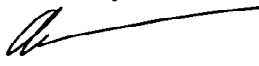
Date of Spill, Time of Spill, and Duration:

- No new information other than what was provided in the 72-hour report.
- Cause of Spill
 - Incident investigation incomplete.

II. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? : Yes No

For CCHSHMP Use Only:

Received By: 
Date Received: 11/6/23
Incident Number: 23-10-06-01
Copied To: _____
Event Classification Level: 1

INCIDENT DATE: 10/06/2023
INCIDENT TIME: 11:31 AM
FACILITY: Martinez Refining Company LLC
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If the answer is no, when do you expect completion of the Investigation?

12/31/2023

If the answer is yes, complete the following:

SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:

NA

SUMMARIZE PREVENTATIVE MEASURES TO BE TAKEN TO PREVENT RECURRENCE INCLUDING MILESTONE AND COMPLETION DATES FOR IMPLEMENTATION:

NA

STATE AND DESCRIBE THE ROOT-CAUSE(S) OF THE INCIDENT:

NA