


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

For CCHSHMP Use Only:
Received By: 
Date Received: <u>11/30/23</u>
Incident Number: <u>23032301</u>
Copied To: _____
Event Classification Level: <u>1</u>

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: 3/23/2023
INCIDENT TIME: 11:45 AM
FACILITY: Phillips 66 Richmond Terminal

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

Michael Morrison Phone number (510) 412-7606

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.:

Ethanol was not detected in any of the samples collected during the Groundwater Sampling Event on September 26 and October 2, attached is a copy of the test results.

Phillips 66 plans to have the suspected leaking pipe piece cutout and ready for shipment to a lab to determine the root cause of the incident by mid-December.

30-DAY REPORT, PAGE 2
INCIDENT DATE: 3/23/2023
FACILITY: Phillips 66 Richmond Terminal

I. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? _____ Yes X No
If the answer is no, when do you expect completion of the Investigation?

As soon as a permanent repair is completed, and the root cause of the incident is determined.

If the answer is yes, complete the following:

SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:

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

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