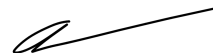


**72 HOUR FOLLOW-UP NOTIFICATION REPORT FORM
CONTRA COSTA HEALTH SERVICES HAZARDOUS MATERIALS
PROGRAMS**

For CCHSHMP Use Only:

Received By: 
Date Received: 12/4/23
Incident Number: 23112903
Copied To: _____
Event Classification Level: 1

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 B-1 for suggestions regarding the type of information to be included in the report. Attach additional sheets as necessary. 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: 11/29/2023
INCIDENT TIME: 04:18 PM
FACILITY: Martinez Refining Company LLC

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

Michael Marlowe Phone number (925) 313-3705

I. SUMMARY OF EVENT:

Air Compressor tripped which resulted in the loss of pressure in the instrument air system, this resulted in multiple unit upsets in the complex and associated flaring.

II. AGENCIES NOTIFIED, INCLUDING TIME OF NOTIFICATION:

CCCHSD – 16:32 – CWS Level 1 entered
CCCHSHMP – Devra Lewis / 16:38 and 17:45 & 18:00/ Adam Springer – 17:33
BAAQMD - McKenzie Bell – 17:14 / 19:41 / Jeremy Kimball – 17:18

III. AGENCIES RESPONDING, INCLUDING CONTACT NAMES AND PHONE NUMBERS:

BAAQMD - McKenzie Bell / Kevin Cordes
(415) 793-6649

IV. EMERGENCY RESPONSE ACTIONS:

Returned compressor to service and responded to various unit shutdowns to stabilize equipment.

72-HOUR REPORT, PAGE 2

INCIDENT DATE: 11/29/2023

FACILITY: Martinez Refining Company LLC

V. IDENTITY OF MATERIAL RELEASED AND ESTIMATED OR KNOWN QUANTITIES:

SO₂ > 500 lbs

VI. METEOROLOGICAL CONDITIONS AT TIME OF EVENT including wind speed, direction, and temperature:

WS – 5mph / SE

VII. DESCRIPTION OF INJURIES:

None

VIII. COMMUNITY IMPACT including number of off-site complaints, air sampling data during event, etc.:

Received community calls regarding noise and visibility of flare.

IX. INCIDENT INVESTIGATION RESULTS

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

If the answer is no, submit a 30 day final or interim report.

If the answer is yes, complete the following:

X. SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:

Investigation incomplete

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

Investigation incomplete