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: 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.:

The laboratory report for the metallurgical testing of the leaked Ethanol pipe was received and being reviewed.

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 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: