

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

For CCHHMP Use Only:

Received By: AS
Date Received: 08/29/24
Incident Number: 24082502
Event Classification Level: 2

INSTRUCTIONS: 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 CCHHMP. See Attachment B-1 for suggestions regarding the type of information included in the report. Attach additional sheets as necessary. Forward the completed form to:

ATTENTION:
Hazardous Materials Programs Director
Contra Costa Health Hazardous Materials Programs
4585 Pacheco Boulevard, Suite 100
Martinez, CA 94553
ccchazmat@cchealth.org

INCIDENT DATE: _____
INCIDENT TIME: _____
FACILITY: _____

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

_____ Phone number _____

I. SUMMARY OF EVENT:

II. AGENCIES NOTIFIED, INCLUDING TIME OF NOTIFICATION:

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

IV. EMERGENCY RESPONSE ACTIONS:

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

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INCIDENT DATE: _____

FACILITY: _____

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

VII. **DESCRIPTION OF INJURIES:**

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

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:**

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

72-Hour Report Guidelines

The following list are items that may be included in the 72-Hour Report to CCHHMP following an accidental release of a hazardous material. Not all of the items below may be applicable or available at the time of submission.

- I. Summary of the Event
 - Background Information/ Events Preceding the Incident
 - Incident Summary, including timing of key events
 - Shift Logs, real-time computer/instrument logs, fenceline monitor data, etc.
- II. Emergency Notifications (include names, phone numbers and times)
 - CCHHMP
 - Time/ Level of CWS Activation
 - Other Agencies
 - Copy of State OES Emergency Release Follow-Up Notice Reporting Form
- III. Agencies Responding
 - Agency
 - Person or people responding
 - Contact person with telephone number
- IV. Emergency Response Actions
 - Mutual Aid Activated?
 - Fire Department Response?
- V. Material Involved
 - Estimated Quantities
 - CalARP Regulated Substances?
 - Safety Data Sheets
- VI. Meteorological Data (wind speed, direction, temperature, rain/sun, etc.)
- VII. Injuries (including number, type and severity)
- VIII. Community Impact
 - Community Complaints
 - Off-Site Consequence Impact Analysis (i.e., injury, property damage, etc.)
 - Sampling Data, including fence line monitors, if applicable
 - Community Monitoring Results
- IX. Incident Investigation
 - Procedure Summary
 - Will Root Cause Analysis Be Performed?
 - Investigation Team/ Contact Person(s)
 - Findings/Conclusions
 - Root Causes
 - “Safety System” Flaws
 - Corrective Action/ Preventative Measures
 - Description
 - Implementation Dates