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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 210506-03

Received Date: 05/06/20 Received Time: 2245 Received By: DV Lead: DV
 Incident Date: 5/6/2021 Incident Time: 2230 Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: CCC FPD RP is from Facility Anonymous
 Organization: Cal OES # (if applicable) NA
 Primary Phone Number: 925-933-1313 Secondary Phone Number:
 Email:
 Address:
 City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: BNSF Pittsburg Hill Yard 3 CUPA Facility I.D.:
 Phone Number:
 Address: Unit:
 City: State: Zip Code:
 Location Description:

INITIAL INCIDENT DESCRIPTION:

Tablet Command: Per BNSF Chlorine smell with 2 sick crew members

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion <input checked="" type="checkbox"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset	<input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input type="checkbox"/> Other:

Time Enroute to Scene: Time Arrived On Scene: Time Departed From Scene:

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable):

CLU/ERER Number:

STORMWATER STATUS (if applicable): Actual Discharge Potential Discharge**AGENCIES ON SCENE OR NOTIFIED:**

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	CCC FPD	O			
Law Enforcement	PD	O			
Air District					
State OES					
EMS		O			

REPORT:

On 5/6/2021 At approx 10:45 PM CCHS-HMP received a notification from Contra Costa Fire Protection District
 Message: per BNSF Chlorine smell with 2 sick crew members.

CCHS-HMP dispatched a crew member straight to scene, HM1 (Science Rig) and HM3 (box truck)

Upon arrival CCHS-HMP met to discuss the incident with the Incident Commander, Bob Atlas - Battalion Chief and Group Supervisor Chirs Hummel.

CCHS-HMP Initial Assessment: Incident Command Post was upwind, BNSF, Fire, PD, EMS on scene
 BNSF crew members that reported the odors were still on scene, did not need medical attention, no odors or visual signs of release were present from the Incident Command Post.

CCHS-HMP Hazmat Objectives / Operations: CCHS initial objectives were to plug into the ICS structure and provide technical and operational support.

Entry:

FIRE made entry to walk the rail line, recon and look for signs of a release / spill

FIRE identified a small drip sized leak coming from the bottom flange of rail car #17

Entry team air monitoring reading were between 0.3 - 0.5 ppm chlorine (NOTE: Bump test reading were 0.3 ppm chlorine)

FIRE took a sample of liquid on the ground and performed field screening test including pH, Hazmat Elite

The test came back pH neutral, the Hazmat Elite did not produce a reliable ID

The Train Consist showed rail car #17 was a Non-Haz Rail car

FIRE entry team did not ID any other signs of leaks / spills

Post Entry:

CCHS met with BNSF Brad Berry - General Foreman NorCal, to discuss mitigation of the leaking railcar. BNSF stated they would move the railcar to a secure location, contain the leak using a bucket, and contact a team to repair the leaking flange.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

Report Prepared by: DV