



COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 01/07/20 Received Time: 0810 Received By: MD Lead: MD
 Incident Date: _____ Incident Time: 0750 Assigned to: _____ Assigned Date: _____

CASE NUMBER: 200107 - 01

COMPLAINANT / REPORTING PARTY:

Name: MICHELLE/CCCYPD DISPATCHER RP is from Facility Anonymous
 Organization: _____ Cal OES # (if applicable) _____
 Primary Phone Number: _____ Secondary Phone Number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: CONTRA COSTA REGIONAL MEDICAL CENTER CUPA Facility I.D.: 730677
 Phone Number: _____
 Address: 2500 ALHAMBRA AVE Unit: _____
 City: MARTINEZ State: CA Zip Code: 94553
 Location Description: OR4

INITIAL INCIDENT DESCRIPTION:

FORMALIN SPILL

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: 08:20 Time Arrived On Scene: 08:35 Time Departed From Scene: 10:20

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input type="checkbox"/> Potential Discharge
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AGENCIES ON SCENE OR NOTIFIED:

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement					
Air District					
State OES					

REPORT:

AT 0810 CCCFPD DISPATCHED CCHSHMP TO A FORMALIN SPILL LOCATED AT CONTRA COSTA REGIONAL MEDICAL CENTER IN OPERATING ROOM 4.

AT 0820 CCHSHMP ENROUTE TO SCENE.

AT 0835 CCHSHMP ON SCENE.

AT 0840 CCHSHMP MADE CONTACT WITH HOLLY LONGUIR, OCN AND WAS TOLD THAT WHILE PREPPING FOR A PROCEDURE IN OPERATING ROOM 4 A NURSE KNOCKED OVER A HALF GALLON CONTAINER OF FORMALIN. LONGUIR HAD THE NURSE ON SCENE, KEVIN BROPHY, SHOW US THE LOCATION OF THE SPILL. THE SPILL WAS APPROXIMATELY 8 FEET LONG BY 4 FEET WIDE.

AT 0905 CCHSHMP MADE INITIAL ENTRY TO APPLY SPILL-X-FP TO THE FORMALIN ON THE GROUND. SPILL-X-FP HAS AN ACTIVE AGENT THAT NEUTRALIZES FORMALDEHYDE AND HAS A SIT TIME OF 15 MINUTES.

AT 0915 CCHSHMP COMPLETED INITIAL ENTRY.

AT 0930 CCHSHMP MADE SECONDARY ENTRY TO CLEAN UP THE NEUTRALIZED COMPOUND.

AT 0955 CCHSHMP COMPLETED SECONDARY ENTRY, DETERMINING THE SPILL TO BE CONTAINED AND NOW SAFE FOR HOSPITAL STAFF TO ENTER OPERATING ROOM TO STERILIZE.

AT 1010 CCHSHMP DEPARTED SCENE.

AT 1030 CCHSHMP ARRIVED BACK AT THE OFFICE AND BEGAN REHABBING THE RESPONSE VEHICLES.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan
 Report Prepared by: MD