

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 01/30/19 Received Time: 9:23 AM Received By: AM Lead: MJH

Incident Date: _____ Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 19-01-30 - 01

COMPLAINANT / REPORTING PARTY:

Name: RANGER BARTONI RP is from Facility Anonymous

Organization: EBRPD

Primary Phone Number: 925-325-1835 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: BAY POINT REGIONAL SHORELINE PARK CUPA Facility I.D.: _____

Phone Number: _____

Address: END ON MCAVOY RD Unit: _____

City: BAY POINT State: CA Zip Code: 94565

Location Description: TURN LEFT INTO ENTRANCE OF PARK - CONTAINER IS ROPED OFF

INITIAL INCIDENT DESCRIPTION:

ONE FIVE GALLON CONTAINER OF ABANDONED WASTE OIL, NOT LEAKING

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 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 checked="" type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input checked="" type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input type="checkbox"/> Other:

Time Enroute to Scene: 9:54 Time Arrived On Scene: 10:10 Time Departed From Scene: 10:48

REFERRED TO OTHER AGENCY:



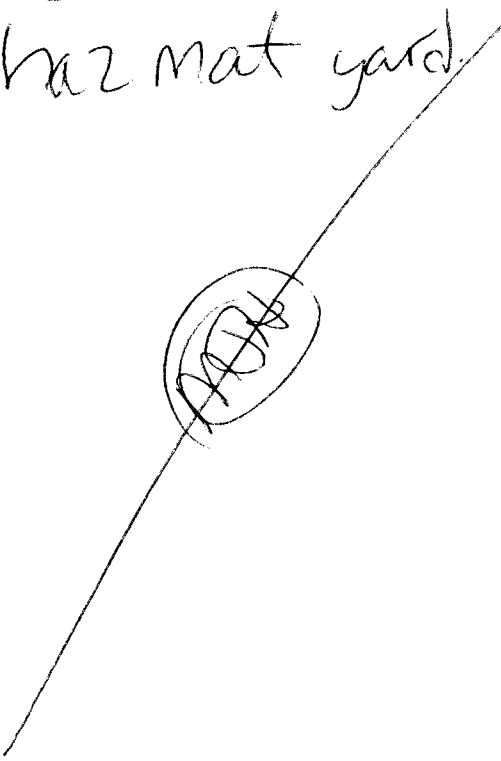
DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input checked="" type="checkbox"/> Potential Discharge
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AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement	EBRPD	0	Barfoni	925 325 1835	
Air District					
State OES					

REPORT:

Ran Cleo D Test - <1000 ppm
 Container (>5gal plastic bucket) is full of used oil
~~Box~~ Removed layer of soil w/ oil staining.
 Bulked @ haz mat yard



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

Report Prepared by: AA