



ENTERED

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 09/06/18 Received Time: 12:40PM Received By: HW Lead: AS

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

CASE NUMBER: 18-09-06 - 02

COMPLAINANT / REPORTING PARTY:

Name: MICHAEL DOWIS RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 925-698-1046 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: WILLOW PASS RD Unit: _____

City: CONCORD State: CA Zip Code: 94520

Location Description: TOP OF WILLOW PASS RD, UNDER HWY 4 OVERPASS.

INITIAL INCIDENT DESCRIPTION:

RP STATES THERE ARE THREE 5-GALLON BUCKETS OF UNKNOWN CONTENT. LIDS OF TWO OF THE BUCKETS ARE TAPED SHUT WITH DUCT TAPE. BUCKETS ARE HEAVY.

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"/> Fatality (one or more)	<input type="checkbox"/> Tank Truck	<input type="checkbox"/> Storm Drain/Creek
<input type="checkbox"/> Spill or Release	<input type="checkbox"/> > 24 hrs. Hospital, 3 or more people	<input type="checkbox"/> Railroad	<input type="checkbox"/> Drug Lab
<input type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> On Water	<input checked="" type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<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): <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	Contra Costa County	O		925-934-4422	
Law Enforcement					
Air District					
State OES					

REPORT:

13:30 Con fire Hazmat on a "Fire response and unable to respond to the incident. Con-Fire dispatch requested County Hazmat to respond.
 13:45 Arrived on scene and discovered 3-5 gal drums of waste oil Clor-D-tech was negative.
 13:57 Departing scene transporting waste back to yard for bulking operation and debris packaging in contaminated debris drum.

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

Report Prepared by: _____