

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
Martinez, California
94553-2233
Phone (925) 335-3200
Fax (925) 646-2073

CONTRA COSTA HEALTH SERVICES



COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 17 - 01 - 11 - 01

Received Date: 01/11/17 Received Time: 23:33 Received By: AA Lead: AA

Incident Date: 01/11/17 Incident Time: ~22:00 Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: Butch Combs RP is from Facility Anonymous

Organization: Dow Chemical

Primary Phone Number: 925-432-5278 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: Dow Chemical CUPA Facility I.D.: 729798

Phone Number: 925-432-5000

Address: 901 Loveridge Rd Unit:

City: Pittsburg State: CA Zip Code: 94565

Location Description:

INITIAL INCIDENT DESCRIPTION: PRV popped & reset immediately on a KOH tank.

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 checked="" type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input checked="" 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):

Actual Discharge Potential Discharge



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement					
Air District					
State OES					
US Coast Guard					

REPORT:

There was no release and no injuries. The process has been shut down to evaluate and possibly replace the PRV. (Release was reported to supervisor late)

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

Report Prepared by: AA