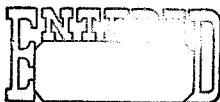


WILLIAM B. WALKER, M.D.  
HEALTH SERVICES DIRECTOR

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

Received Date: 05/03/17 Received Time: 12:48 PM Received By: AM Lead: MJH

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 17-05-03 - 01

### COMPLAINANT / REPORTING PARTY:

Name: MICHELLE  RP is from Facility  Anonymous

Organization: CON FIRE DISPATCH

Primary Phone Number: 925-931-3300 Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FACILITY / LOCATION OF INCIDENT:

Name: VILLA ALVARADO APARTMENTS CUPA Facility I.D.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: 1330 CONTRA COSTA AVE Unit: \_\_\_\_\_

City: SAN PABLO State: CA Zip Code: 94806

Location Description: OUTSIDE PARKING STALL 269/270, NEAR BUSHES

INITIAL INCIDENT DESCRIPTION: CON FIRE REQUESTING ASSISTANCE; METAL BOX CONTAINING UNKNOWN CHEMICALS

### 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 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 checked="" 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:**

<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	Con Fire - Engine 70	O	Cptn David Lindsay	(925)260-8117	
Law Enforcement					
Air District					
State OES					

**REPORT:**

Call Captain Lindsay when chemicals are picked up (530)949-8785

*Containers contained gasoline.*

*Left containers for Apartments to take to HHW*

*Site Safety Plan: Level D  
UP wind*

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

Report Prepared by: Adam