



CONTRA COSTA
 HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): ~~C~~ ~~I~~ ~~N~~ ~~O~~ ~~O~~

Received Date: 5/9/17 Received Time: 13:45 Received By: ED Lead: ED

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

CASE NUMBER: 170509 -02

COMPLAINANT / REPORTING PARTY:

Name: Margie Valdez RP is from Facility Anonymous

Organization: CC Public Works

Primary Phone Number: 925-313-7012 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: Across the street from
4750 Sandmound Blvd. Unit: _____

City: Oakley State: CA Zip Code: _____

Location Description: Abandoned boat on the side of the road

INITIAL INCIDENT DESCRIPTION: Public works requesting assistance with abandoned hazmat

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): ~~N/A~~

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 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					
Law Enforcement					
Air District					
State OES					

REPORT:

Abandoned materials located inside of boat on side of road. Public Works requesting assistance to identify materials

2 5-gallon containers of fuel/oil mixture were removed from the site by CCTS HMP

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

Report Prepared by: ED