



CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 2/19/16 Received Time: 2:48 PM Received By: LF Lead: LF

Incident Date: 2/19/16 Incident Time: 2:40 PM Assigned to: _____ Assigned Date: _____

CASE NUMBER: 160219 - 61

COMPLAINANT / REPORTING PARTY:

Name: Con Fire Jim Audus RP is from Facility Anonymous

Organization: CC Fire

Primary Phone Number: 941-3330 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Shell Catalyst CUPA Facility I.D.: 772326

Phone Number: 313-8601

Address: 10 muscoco Rd Unit: EO

City: Building A Martinez State: CA Zip Code: 94523

Location Description: Building A

INITIAL INCIDENT DESCRIPTION: Fire at shell Refinery. Soon modified to shell catalyst

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input checked="" 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: 1509 Time Arrived On Scene: 1515 Time Departed From Scene: 1543

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	Jim Audas		9312-0333		
Law Enforcement					
Air District					
State OES					

REPORT:

Initial call from Con Fire. Confusion re location of Shell Refinery or Shell Catalyst. Minutes later Con Fire Dept was called off as on-site operators mitigated issue. 72-hour report was requested due to initial confusion regarding if an incident was actually occurring and where it was occurring.

Herzmat responded to gather more information and clear up the confusion. Air monitoring done.

Spoke with Jim Flores from Shell Fire

Description attached

72-hour report was received and in file.

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

Report Prepared by: Lacey Friedman