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CONTRA COSTA  
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# CONTRA COSTA HEALTH SERVICES

## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 06/10/16 Received Time: \_\_\_\_\_ Received By: MD Lead: MD

Incident Date: 6/10/2016 Incident Time: \_\_\_\_\_ Assigned to: MD Assigned Date: 6/10/2016

CASE NUMBER: 16-06-10 - 02

### COMPLAINANT / REPORTING PARTY:

Name: DOUG  RP is from Facility  Anonymous

Organization: COSTCO #663

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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

Address: 2400 MONUMENT BOULEVARD

City: CONCORD State: CA Zip Code: 94520

### FACILITY / LOCATION OF INCIDENT:

Name: COSTCO #663 - NO RP (ADJACENT) CUPA Facility I.D.: 772907

Phone Number: 925-566-4003

Address: 2400 MONUMENT BOULEVARD Unit: \_\_\_\_\_

City: CONCORD State: CA Zip Code: 94520

Location Description: SOUTHWEST CORNER OF COSTCO PARKING LOT NEAR SW CANAL

**INITIAL INCIDENT DESCRIPTION:** RP REPORTING 12 CONTAINERS ABANDONED IN PARKING LOT NOT ACTIVELY LEAKING

### 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: 1347 Time Arrived On Scene: 1403 Time Departed From Scene: 1611

### 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:**

HM1 - MD/IW/CT  
HM3 - KA/XB/SD

1347 - HM1 AND HM3 RESPONDING  
1403 - HM1 AND HM3 ARRIVED AT SCENE

IDENTIFIED 12 PLASTIC CONTAINERS APPROXIMATELY 3 GALLONS IN SIZE NEAR A STORM DRAIN INLET

1440 - ENTRY 1 - XB/SD - MARKED CONTAINERS WITH INDIVIDUAL NUMBER. USED Q-RAE / MX6 / PH PAPER / OXIDIZER PAPER TO IDENTIFY CONTENTS. TOOK FOUR SAMPLES FROM CONTAINER 1,10, 11, AND 12 FOR AURA / HAZMAT ID / CHLOR-N-OIL <1,000 PPM PCB. (SEE ATTACHED SPREADSHEET FOR RESULTS)

1530 - ENTRY 2 - MD/IW - BULKED CONTAINERS INTO ONE 55 GALLON METAL DRUM FOR TRANSPORT.

1550 - LOADED ONE 55 GALLON METAL DRUM CONTAINING USED OIL AND WASTE COOLANT AND ONE 55 GALLON PLASTIC BAG CONTAINING 12 CONTAINERS AND LIDS INTO HM3 FOR TRANSPORT TO CCHS-HMP YARD UNDER BILL OF LADING

1611 - HM1 AND HM3 DEPARTING SCENE  
1635 - HM1 AND HM3 ARRIVE AT OFFICE

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

**Report Prepared by:** \_\_\_\_\_