



CONTRA COSTA  
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 8/3/16 Received Time: 10:00 am Received By: CL Lead: JA

Incident Date: 8/3/16 Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 160803 -01

**COMPLAINANT / REPORTING PARTY:**

Name: Michael Zuehlke (EBRP)  RP is from Facility  Anonymous

Organization: \_\_\_\_\_

Primary Phone Number: (707) 738-4337 (cell) Secondary Phone Number: \_\_\_\_\_

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

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

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

**FACILITY / LOCATION OF INCIDENT:**

Name: \_\_\_\_\_ CUPA Facility I.D.: \_\_\_\_\_

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

Address: Park Ave. - near EBRP Wildcat Canyon <sup>Alvarado</sup> Staging Area Unit: \_\_\_\_\_

City: Richmond State: CA Zip Code: \_\_\_\_\_

Location Description: \_\_\_\_\_

**INITIAL INCIDENT DESCRIPTION:** 2-3 quarts of motor oil in storm drain

**INCIDENT TYPE / DESCRIPTION:**

Community Warning System Level (Circle Highest Level): NA  0  1  2  3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion <input checked="" type="checkbox"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset	<input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank	<input checked="" type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input checked="" type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <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					
ccc Public Works		N			

**REPORT:**

ccc Public Works was contacted to see if they can assist in lifting storm drain grate. ccc Public Works was not needed in this instance.

D. Luis, S. Dwight, and S. Heller arrived at scene. They were able to remove the grate. Oiled dirt <sup>and vegetation</sup> near the drain were removed. The plastic bag found on top of the storm drain, which had residual oil, <sup>water</sup> was removed. With absorbent pads, the team tried to absorb as much oil that dripped down the drain. The oiled materials had been consolidated in a labeled 5-gallon bucket. There was ~~a~~ water flowing through the storm drain, so whatever oil that was at the bottom of storm drain may have washed away.

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

Report Prepared by:   
Trisha Ascencio