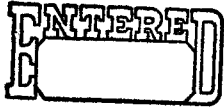


WILLIAM B. WALKER, M.D.  
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER  
CHIEF ENVIRONMENTAL HEALTH AND  
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA  
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# CONTRA COSTA HEALTH SERVICES

## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 9/13/16 Received Time: 2056 Received By: FW Lead: IW

Incident Date: 9/13/16 Incident Time: 2027 Assigned to: — Assigned Date: —

CASE NUMBER: 160913 - 03

### COMPLAINANT / REPORTING PARTY:

Name: OFFICER GABRIELLA ARNAUDO (VIA SHERIFF DISPATCH)  RP is from Facility  Anonymous

Organization: DANVILLE POLICE DEPARTMENT

Primary Phone Number: (925) 314-3731 Secondary Phone Number: \_\_\_\_\_

Email: GARNAUDO@DANVILLE.CA.GOV

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

City: DANVILLE State: CA Zip Code: 94506

### FACILITY / LOCATION OF INCIDENT:

Name: DANVILLE ARCO CUPA Facility I.D.: 772839

Phone Number: (925) 648-2555

Address: 3500 CAMINO TASSAJARA Unit: \_\_\_\_\_

City: DANVILLE State: CA Zip Code: 94506

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

INITIAL INCIDENT DESCRIPTION: EMPLOYEES OF THE GAS STATION WERE OBSERVED POURING / SPILLING DIESEL FUEL INTO A STORM DRAIN.

### 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 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 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	SRV FIRE	0	JIM SELNER	(925) 838-6622	
Law Enforcement	DANVILLE PD	0	OFFICER ARNAUDO	(925) 314-3731	
Air District					
State OES					

**REPORT: 9/13/2016**

2056 CCHS-HMP RECEIVED THE SHERIFF DISPATCH PAGE.

2058 IAN WILLIAMS OF CCHS-HMP CONTACTED DISPATCH BY PHONE, AND IS ASKED TO CONTACT OFFICER ARNAUDO OF THE DANVILLE POLICE DEPARTMENT.

2108 IAN WILLIAMS CONTACTED OFFICER ARNAUDO BY PHONE. AN EMPLOYEE OF THE GAS STATION AT 3500 CAMINO TASSAJARA, DANVILLE WAS OBSERVED SPILLING OR POURING DIESEL INTO AN ONSITE STORM DRAIN. THE QUANTITY WAS UNKNOWN - LESS THAN 5 GALLONS WAS PRESUMED. THE OFFICER WAS WITH THE EMPLOYEE AND OWNER - NEEDED ASSISTANCE.

2118 INCIDENT RESPONSE TEAM IS PAGED TO RESPOND. SS, S14, S15 AND S18 TO RESPOND.


2140 ARRIVED AT BASE TO PREP THE TRUCKS.

2145 IAN WILLIAMS NOTIFIES SRV FIRE DEPARTMENT OF INCIDENT.


2159 HM1 AND HM3 DEPART OFFICE.

2226 HM1 AND HM3 ARRIVE ON SCENE AND MET WITH OFFICER ARNAUDO AND THE OWNER OF THE FACILITY. THE SPILL INTO THE STORM DRAIN OCCURRED WHEN A FACILITY EMPLOYEE WAS ACTIVELY HAND-PUMPING SPILLED DIESEL OUT OF THE DIESEL FILL SPILL CONTAINER INTO A BUCKET. THE BUCKET WAS SUBSEQUENTLY KNOCKED OVER, AND APPROXIMATELY 1 GALLON OF LIQUID ENTERED A STORM DRAIN ONSITE. THE LIQUID WAS CAPTURED WITHIN THE DRAIN DROP OUT CONTAINMENT - THE LIQUID DID NOT FLOW DOWNGRADE.

2235 CCHS-HMP ASSISTED THE FACILITY EMPLOYEES IN BUCKETING OUT THE LIQUID AND DEBRIS CONTAINED WITHIN THE STORM DRAIN. THE EXTRACTED MATERIAL WAS PUT INSIDE A 5 GALLON BUCKET, LABELLED AND CLOSED.

CONTINUED 

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

Report Prepared by: 

**AGENCIES ON SCENE OR NOTIFIED:**

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	SRV FIRE	0	JIM SELOVER	(925) 838-6622	
Law Enforcement	DANVILLE PD	0	OFFICER ARNAUDO	(925) 314-3731	
Air District					
State OES					

**REPORT:** 9/13/2016

2255 IAN WILLIAMS OF CCHS-HMP DISCUSSED PROPER STORAGE AND DISPOSAL OF THE GENERATED WASTE, AND THE IDEA OF IMPLEMENTING COVERING THE ONSITE STORM DRAIN IN THE EVENT THAT THE DIESEL SPILL CONTAINER NEEDS TO BE EMPTIED AGAIN IN THE FUTURE. THE DISCUSSION WAS MADE THAT ABSOLUTELY NOTHING BUT RAIN WATER WAS ALLOWED TO ENTER THE STORM DRAIN SYSTEM.

2303 HM1 AND HM3 DEPARTED THE SCENE.

2330 HM1 AND HM3 ARRIVED AT BASE, AND TEAM REHABBED THE VEHICLES.

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

Report Prepared by: 