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CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 9/29/16 Received Time: 21:20 Received By: AS Lead: AS

Incident Date: 9/29/16 Incident Time: 21:20 Assigned to: — Assigned Date: —

CASE NUMBER: 16-09-27 -03

COMPLAINANT / REPORTING PARTY:

Name: Comm 1 RP is from Facility Anonymous

Organization: _____

Primary Phone Number: 925-646-2441 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Burger King CUPA Facility I.D.: _____

Phone Number: 925-432-2297

Address: 2162 Railroad Ave Unit: _____

City: Pittsburg State: CA Zip Code: _____

Location Description: Parking lot

INITIAL INCIDENT DESCRIPTION:

waste oil drum leaching into 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 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: 21:55 Time Arrived On Scene: 22:10 Time Departed From Scene: 23:12

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:

See
Attached Report

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

Report Prepared by: Adem

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	<u>Contra Costa Sheriff</u>		<u>Amanda Theodosy</u>	<u>925-646-2441</u>	
Air District					
State OES					
Private	<u>Burger king</u>		<u>Lainey Martinez</u>	<u>925-432-2297</u>	

REPORT:

9/27/16 @ 20:00 hours facility noticed drum on the property
21:20 Comm-1 call regarding waste oil spill going to storm drain
21:43 S15 on scene
22:10 HM3 on scene Identified waste oil 30 gal drum partially spilled about 10 gal of waste oil in parking lot. Over packed damaged 30 gal poly in to 55 gal drum with absorbent. Cleaned up spilled waste oil with absorbent and packed into 15 gal drum
23:12 HM3 departing scene

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

Report Prepared by: Adlem