

ATTACHMENT C**30-DAY FOLLOW-UP NOTIFICATION REPORT FORM****CONTRA COSTA HEALTH SERVICES HAZARDOUS MATERIALS PROGRAMS****For CCHSHMP Use Only:**Received By: Date Received: 11/16/23Incident Number: 23101802

Copied To: _____

Event Classification Level: 1

INSTRUCTIONS: A hardcopy and an electronic copy of this report is to be submitted for all Public Health Advisory – Level 2 and Public Protective Actions Required – Level 3 incidents or when requested by CCHSHMP. See Attachment C-1 for suggestions regarding the type of information to be included in the report. Attach additional sheets as necessary. This form is also to be used for update reports after the initial 30-day report has been submitted. Forward the completed form to:

ATTENTION:

Hazardous Materials Programs Director
Contra Costa Health Services Hazardous Materials Programs
4585 Pacheco Boulevard, Suite 100
Martinez, CA 94553

INCIDENT DATE: 10/18/2023INCIDENT TIME: 12: 37 PMFACILITY: Corteva Agriscience LLC – Pittsburg Operations**PERSON TO CONTACT FOR ADDITIONAL INFORMATION**Kirk Heath Phone number: (925) 432-5085**PROVIDE ANY ADDITIONAL INFORMATION THAT WAS NOT INCLUDED IN THE 72-HOUR REPORT WHEN THE 72-HOUR REPORT WAS SUBMITTED, INCLUDING MATERIAL RELEASED AND ESTIMATED OR KNOWN QUANTITIES, COMMUNITY IMPACT, INJURIES, ETC.:**

The loss of power triggered two separate releases of hazardous materials:

1. A mixture of chlorine, hydrogen chloride, and carbon tetrachloride was released to atmosphere from two vent stacks in the 660 Block Operation. The current estimated amounts of this release are 88 pounds chlorine, 38 pounds hydrochloric acid, and 107 pounds of carbon tetrachloride.
2. A separate perchloroethylene release occurred at a pump mechanical seal, also located in the 660 Block Operation. The current estimated amounts of this release are 2 pounds to atmosphere and 963 pounds to secondary containment.

I. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? _____ Yes X No
If the answer is no, when do you expect completion of the Investigation? 12/15/2023

If the answer is yes, complete the following:

SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:

SUMMARIZE PREVENTATIVE MEASURES TO BE TAKEN TO PREVENT RECURRENCE INCLUDING MILESTONE AND COMPLETION DATES FOR IMPLEMENTATION:

STATE AND DESCRIBE THE ROOT-CAUSE(S) OF THE INCIDENT: