

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

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
Martinez, California
94553-2233
Phone (925) 335-3200
Fax (925) 646-2073

ENTERED

CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 12/05/18 Received Time: 6:00 am Received By: LF Lead: LF

Incident Date: 12/5/18 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 18-12-05 - 01

COMPLAINANT / REPORTING PARTY:

Name: Con Fire RP is from Facility Anonymous

Organization: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: Martinez State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: 729718

Phone Number: _____

Address: HWY 680 S at Marina Vista Unit: _____

City: Martinez State: CA Zip Code: 94801

Location Description: on off ramp

INITIAL INCIDENT DESCRIPTION: Vehicle Leaking 30-40 gallons of Fuel on 680 SB freeway@Marina Vista off Ramp

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 checked="" 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 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: 0708 Time Arrived On Scene: 0720 Time Departed From Scene: 1030

REFERRED TO OTHER AGENCY: Caltans/Fish and Wildlife

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	CCFPD	O			
Law Enforcement	CHP				
Air District					
State OES					
STATE	CALTRANS	O	ISMAEL VEGA		

REPORT:

CCFPD ON SCENE REMOVING DIESEL FROM SADDLE TANKS PROVIDED THEM WITH ADDITIONAL 55 GAL DRUM AS WELL AS HOSE AND SMALL TANK STINGER FOR REMOVING DIESEL.

RECOVERED ABOUT 50 GAL OF DIESEL FROM TANKS

30-40 GAL OF DIESEL MISSING FROM TANK AND SIGNIFICANT AMOUNT WENT TO STORM DRAIN DOWN TO MARSH AREA BELOW FREEWAY. SET OUT ABSORBENT BOOM AT EACH OF THE INLETS/OUTLETS TO THE AREA IN CORDINATION WITH FISH AND WILDLIFE. FREE PRUDUCT INTHE MIDDLE OF THE WATER BELOW THE STORM DRAIN OUTLET AND PADS AND ABSORBENT BOOM WERE SET IN THE SPILL. APROXAMATLY 56' OF BOOM USED IN THE OPERATIONS

REMOVED FORM SITE 15 GAL OF ABSORBENT DEBRIS, 30 GAL DIESEL, 55 GAL DIESEL, TAKEN TO CCHSHMP. DIESEL THEN COLLECTED NEXT DAY BY OWNER

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

Report Prepared by: ADAM