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CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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ENTERED

CONTRA COSTA
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): ~~O~~ ~~X~~ C I N CASE NUMBER: 180516 - 01
Received Date: 5/16/18 Received Time: 17:59 Received By: ED Lead: ED
Incident Date: 5/16/18 Incident Time: 17:12 Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: _____ RP is from Facility Anonymous
Organization: Can Fire Dispatch
Primary Phone Number: _____ Secondary Phone Number: _____
Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____
Phone Number: _____
Address: 484 E. 17th St. Unit: _____
City: Pittsburg State: CA Zip Code: 94565
Location Description: Upstairs apartment unit

INITIAL INCIDENT DESCRIPTION: Gasoline odor prompting evacuation of apartment complex. Improperly stored gasoline in unit

INCIDENT TYPE / DESCRIPTION: Confire Request

Community Warning System Level (Circle Highest Level): X 0 1 2 3 N/A

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 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 checked="" type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 18:37 Time Arrived On Scene: 19:05 Time Departed From Scene: 19:58

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	ConFire	○	Bob Atlas (IC)	925-383-5005	18049550
Law Enforcement	Pittsburg PD	○	James Anderson	925-252-4980	18-3240
Air District					
State OES					

REPORT:

16 - 5 gallon gasoline containers residential

BAT-8 ^{Bob} Atlas 383-5005 IC on-scene
 Confire Engine 87 on-scene

~85 gallons gasoline being stored improperly in apartment complex. Odor causing respiratory distress to downstairs neighbor. Apartment building evacuated.

Joint Recon with Confire into upstairs apartment. No LEL or ppb readings
 Retrieved additional (3) 5-gallon containers of gasoline. Confiscated gasoline under authority of Fire Code 5704.3.3
 Verified identity of gasoline on scene.

Gasoline transported by to CCTSHTMP for disposal.

1915 - Safety Brief
 1920 - On air
 1930 - off air / dry decon

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

Report Prepared by: ED