



ENTERED

**COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM**

Type (Circle One):  C  I  N

CASE NUMBER: 18-08-22 -09

Received Date: 08/22/18 Received Time: 15:35 Received By: DWL Lead: DWL

Incident Date: Incident Time: Assigned to: Assigned Date:

**COMPLAINANT / REPORTING PARTY:**

Name:  RP is from Facility  Anonymous

Organization: Golden State Carpet Service

Primary Phone Number: Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

**FACILITY / LOCATION OF INCIDENT:**

Name: CUPA Facility I.D.: 702953

Phone Number:

Address: 1930 Olivera Rd Unit:

City: Concord State: CA Zip Code:

Location Description:

**INITIAL INCIDENT DESCRIPTION:**

RP states that there is abandon waste at site. The waste is unknown. Incident referred to CCFPD.

**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"/> 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 checked="" type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input type="checkbox"/> Other:

Time Enroute to Scene: 1612 Time Arrived On Scene: 1634 Time Departed From Scene: 1847

REFERRED TO OTHER AGENCY: Initially CCFPD



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input type="checkbox"/> Actual Discharge <input type="checkbox"/> Potential Discharge
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**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					
	CCFPD	O	KEN LOO		

**REPORT:**

Call initially referred to CCFPD. CCHS HMP also responded to incident per request of CCFPD. CCFPD took samples of 5 containers. Containers were identified through labels and samples. Facility kept containers and will transport them to HHW. No further action taken by CCHS HMP.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan  
 Report Prepared by: DWL