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# CONTRA COSTA HEALTH SERVICES



## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

CASE NUMBER: 17-02-02 - 03

Received Date: 02/02/17 Received Time: 13:19 Received By: AM Lead: KA

Incident Date: 2/2/2017 Incident Time: 13:11 Assigned to: Assigned Date:

### COMPLAINANT / REPORTING PARTY:

Name: Contra Costa Fire  RP is from Facility  Anonymous

Organization: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: 2590 MAPLE AVE

City: CONCORD State: CA Zip Code: \_\_\_\_\_

### FACILITY / LOCATION OF INCIDENT:

Name: \_\_\_\_\_ CUPA Facility I.D.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location Description: C/S: EAST ST & GARDEN AVE 7950 Maple Ave

INITIAL INCIDENT DESCRIPTION: HEATER WAS ABANDONED AND IS NOW SMOKING. 200 GALLON HEATER W/ NOTICIABLE VAPOR

### 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 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	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring	<input type="checkbox"/> > 5,000 lbs.	<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: 11 min Time Arrived On Scene: 1:54 Time Departed From Scene: 2:43

### 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	CON Fire		Dominic Ciotoba	941-3511	
Law Enforcement	Concord PD		DEE Alvarado	671-3333	17-1707
Air District					
State OES					

**REPORT:**

1:21 - Dispatch Con Fire Requests Haz Mat: 200 gallon Dewar of ~~REF~~ Cryogenic Helium with vapor coming out. Dewar abandoned at 2590 Maple in concord.

1:54 - Hazmat Arrives on scene

2:15 - Tank is Secured.  
Tank owner Linde picks up Tank.

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

Report Prepared by: KAJ