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CONTRA COSTA HEALTH SERVICES

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 04/24/17 Received Time: 0926 A Received By: DWL Lead: DWL

Incident Date: 04/24/17 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 17-04-24 - 02

COMPLAINANT / REPORTING PARTY:

Name: Patrick McIntire RP is from Facility Anonymous

Organization: EB Regional Park, PD

Primary Phone Number: 510-544-3093 Secondary Phone Number: 805-458-2651

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Wild Cat Canyon Regional Park CUPA Facility I.D.: _____

Phone Number: _____

Address: 5755 McBryde Ave Unit: _____

City: Richmond State: CA Zip Code: _____

Location Description: _____

INITIAL INCIDENT DESCRIPTION:

Heavy Blue plastic container 7-8 gal. with United Rental label. Pressure lever sticking out of gauge on it with black hose sticking out. Staff has container contained until hazmat is able to come. Not Leaking. No fumes.

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 > 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 checked="" type="checkbox"/> Other: Pickup

Time Enroute to Scene: 09:57 Time Arrived On Scene: 10:36 Time Departed From Scene: 13:12

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					
Law Enforcement					
Air District					
State OES					

REPORT:

CCHS HMP responded to abandonment at Wild Cat Canyon Regional Park. Upon discovery of the container, CCHS HMP called United Rentals along with hazcat the contents and determined it was a device used for shoring and likely fell of one of their vehicles. CCHS HMP got no change in CGI, PID= 3.2, pH was neutral, Oxidizer was negative, flammability was negative and thermal pH and analysis was negative. CCHS HMP returned the device to United Rentals in Martinez.

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

Report Prepared by: DWL