

ENTERED

CONTRA COSTA  
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

CASE NUMBER: 17-12-19 - 01

Received Date: 12/19/17 Received Time: 8:04 am Received By: CL Lead: AS

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

COMPLAINANT / REPORTING PARTY:

Name: Jackie  RP is from Facility  Anonymous

Organization: East Bay Regional Parks Police Department

Primary Phone Number: 510 881 1833 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: Carquinez Scenic Dr. Unit:

City: Crockett State: CA Zip Code: 94525

Location Description: 1/2 mile west of Bull Staging Area

INITIAL INCIDENT DESCRIPTION: quart of gas/paint in plastic container and 5 gallon bucket of paint was left on Carquinez Scenic Dr. found by EB Regional Parks.

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 checked="" 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: Time Arrived On Scene: 10:00 Time Departed From Scene: 10:15

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable): STORMWATER STATUS (if applicable):

CLU/ERER Number:  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					
Law Enforcement					
Air District					
State OES					

**REPORT:**

Side of Road 5gal of latex paint

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

Report Prepared by: AS