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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N CASE NUMBER: 160312 - 02

Received Date: 03/12/16 Received Time: 21:06 Received By: JP Lead: JP

Incident Date: 3/12/16 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: Comm-1 RP is from Facility Anonymous

Organization:

Primary Phone Number: 925-646-2441 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: Holiday Inn CUPA Facility I.D.:

Phone Number:

Address: 2730 N. Main Street Unit:

City: Walnut Creek State: CA Zip Code:

Location Description:

INITIAL INCIDENT DESCRIPTION: "Caustic" fume released in the Hallway from an unknown source. 6-7 people had difficulty of breathing.

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

Time Enroute to Scene: 21:23 Time Arrived On Scene: 21:35 Time Departed From Scene: 22:23

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	County Fire	O			
Law Enforcement	Walnut Creek PD	O			
Air District					
State OES					

REPORT:

On March 12, 2016

At approximately 21:06, CCHSHMP was notified a "caustic" fume released in the Hallway at the Holiday Inn in Walnut Creek. CCHSHMP was notified that 6-7 people were having difficulty of breathing due to the chemical exposure. At approximately 21:23, S6 and S18 were sent to the scene.

S6 arrived on scene at 21:35, and S18 arrived on scene at 21:38. S6 initiated contact with IC, and IC directed Hazmat to OPS. Under OPS, they coordinated the Ventilation of the building and determined any other potential sources of the irritant that caused the evacuation of the building and the symptoms the guests were experiencing. Symptoms were more related to a pepper spray or Mace type reaction, and no specific odor was noted by the victims. We determined that there was a pool chemical room on site and some very small custodial supplies. Hazmat checked pool supplies with no issues noted. The pool building was not attached to the Hotel and was a significant distance from the building.

After the building was ventilated for a while spoke with building engineer and had him update the HVAC system to bring in 50% fresh air from the outside (was currently set to 25%). Once completed Hazmat walked the building and cleared the building for occupancy.

At approximately 21:59, HM1 was enroute to scene. HM1 arrived on at 22:12. HM3 was enroute to scene at 22:13. S6 and S18 were walking through the building at 22:14.

At approximately 22:22, HM1 departed the scene. HM3 departed the scene at 22:23.

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

Report Prepared by: JP