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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 4/13/16 Received Time: 17:26 Received By: TA Lead: TA

Incident Date: 4/13/16 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 160413 -01

COMPLAINANT / REPORTING PARTY:

Name: CC Sheriff's Office (via Comm-1) RP is from Facility Anonymous
Organization: Sheriff's Dispatch

Primary Phone Number: (925) 646-2441 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Luis Lozano CUPA Facility I.D.: _____

Phone Number: (925) 207-0904

Address: 3936 Cloverbrook Av. Unit: _____

City: Oakley State: CA Zip Code: 94561

Location Description: Residence

INITIAL INCIDENT DESCRIPTION:

Two approx. 2-gallon containers abandoned in residential waste bin.

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 type="checkbox"/> Other:

Time Enroute to Scene: _____ Time Arrived On Scene: 14:10 Time Departed From Scene: 14:32

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	CC Sheriff's	0			
Air District					
State OES					

REPORT:

4/13/16 Sheriff's Dispatch paged CCTS-HMP. When I made contact, Dispatch transferred me to the Deputy at the incident location. The Deputy told me that the resident at 3936 Clearbrook Ave. had found closed, unlabeled containers containing an unknown liquid. The containers were approximated to be 2 gallons each. The liquid was observed to have a "strong chemical odor" and does not appear to be paint, oil, or an automotive fluid. I told the Deputy to tell the resident to put the containers at a side yard, a safe place and away from a living space. CCTS-HMP will visit the resident and assess the liquid prior to hauling to HFW facility (Delta Diablo).

4/14/16 ^{HMS} Ian Williams and I responded to this call. We observed 2 x 5-gallon "Home Depot" orange buckets. We left a business card at the resident's front door. We had a tailgate safety briefing prior to assessing the buckets' contents. We used the Ahern and Haz Cat. however, there was no definitive identification. ~~The~~ Based on the appearance and odor, we had determined the liquid to be urine mixed ~~to~~ with a blue-green desodorizer used in portable toilets. We disposed the liquid in an appropriate manner.

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

Report Prepared by



Treche Asuncion