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 HEALTH SERVICES DIRECTOR  
 RANDALL L. SAWYER  
 DEPUTY HEALTH DIRECTOR  
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 DIRECTOR OF HAZARDOUS MATERIALS PROGRAMS



CONTRA COSTA  
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**COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM**

Type (Circle One):  C  I  N

Received Date: 08/07/21 Received Time: 5:10 PM Received By: JP Lead: JP  
 Incident Date: 08/07/21 Incident Time: 5:00 PM Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 210807 - 01

**COMPLAINANT / REPORTING PARTY:**  
 Name: COMM-1  RP is from Facility  Anonymous  
 Organization: \_\_\_\_\_ Cal OES # (if applicable) \_\_\_\_\_  
 Primary Phone Number: 925-646-2441 Secondary Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FACILITY / LOCATION OF INCIDENT:**  
 Name: Contra Costa County Animal Services Department CUPA Facility I.D.: 773122  
 Phone Number: 925-608-8400  
 Address: 4800 Imhoff Pl Unit: \_\_\_\_\_  
 City: Martinez State: CA Zip Code: 94553  
 Location Description: at the front parking lot of Animal Services Department

**INITIAL INCIDENT DESCRIPTION:**  
 CONTRA COSTA COUNTY OFFICE OF THE SHERIFF (SHERIFF) REQUESTED ASSISTANCE WITH  
 ABANDONED KEROSENE AND CHEMICAL CONTAINERS.

**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 checked="" 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: 5:53 PM Time Arrived On Scene: 6:02 PM Time Departed From Scene: 6:25 PM

**REFERRED TO OTHER AGENCY:**



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input type="checkbox"/> Actual Discharge <input checked="" type="checkbox"/> Potential Discharge
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**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	CCCFPD	N			
Law Enforcement	SHERIFF	N			
Air District					
State OES					

**REPORT:**

AROUND 5:10 PM, SHERIFF DISPATCH CONTACTED AND REQUESTED CONTRA COSTA HEALTH SERVICES HAZARDOUS MATERIALS PROGRAM (CCHSHMP) TO RESPOND TO ABANDONED KEROSENE AND CHEMICAL CONTAINERS AT THE FRONT PARKING LOT OF ANIMAL SERVICES DEPARTMENTS.

CCHSHMP NOTIFIED CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT.

CCHSHMP ALSO CONTACTED CCCFPD-HAZMAT UNIT.

AT 5:53 PM, HM4 (JP & TA) DEPARTED THE BAY.

AT 6:02 PM, HM4 ARRIVED ON SCENE.

CCHSMP MET CONTRA COSTA COUNTY ANIMAL SERVICES DEPARTMENT STAFF WHO DISCOVERED THE ABANDONMENT AND CONTACTED SHERIFF DISPATCH.

CCHSHMP SURVEYED THE SCENE AND ABANDONED HAZARDOUS MATERIALS CONTAINERS. ALL HAZARDOUS MATERIALS CONTAINERS WERE CLOSED AND HAD GOOD VISIBLE ORIGINAL LABELS. NO RELEASE WAS OBSERVED.

CCHSHMP CONTACTED CCCFPD-HAZMAT UNIT TO INFORM THE FINDINGS. NO RESPONSE WAS NEEDED FROM CCCFPD-HAZMAT UNIT.

CCHSHMP DETERMINED THE HAZARDS BASED ON THE ORIGINAL LABELS ON THE CONTAINERS. CCHSHMP SEPARATED THE INCOMPATIBLE CONTAINERS INTO DIFFERENT 5 GALLON PLASTIC CONTAINERS. CCHSHMP PREPARED AND SECURED THE CONTAINERS FOR TRANSPORTATION.

AT 6:25 PM, HM4 DEPARTED THE SCENE.

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

Report Prepared by: JP