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CONTRA COSTA
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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 210910 -01

Received Date: 09/10/21 Received Time: 12:42 PM Received By: JP Lead: JP

Incident Date: 9/10/21 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: DISPATCH RP is from Facility Anonymous
Organization: CCCFPD Cal OES # (if applicable)
Primary Phone Number: 925-941-3330 Secondary Phone Number:
Email:
Address:
City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:
Phone Number:
Address: 332 CHARDONNAY CIR Unit:
City: CLAYTON State: CA Zip Code:
Location Description:

INITIAL INCIDENT DESCRIPTION:

REQUEST TO IDENTIFY UNKNOWN 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"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset | <input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs. | <input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank | <input type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input checked="" type="checkbox"/> Other: Identification |

Time Enroute to Scene: 1:20 PM Time Arrived On Scene: 1:30 PM Time Departed From Scene: 3:00 PM

REFERRED TO OTHER AGENCY:



| | |
|--|---|
| DTSC STATE FUNDING (if applicable): CLU/ERER Number: | STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input type="checkbox"/> 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 | Contra Costa County Fire Protection District | O | Captain Chris Bloch | 925-383-5053 | 21099390 |
| Law Enforcement | FBI | O | George Claudatos | 415-317-2356 | |
| Air District | | | | | |
| State OES | | | | | |
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REPORT:

At 12:42 PM, Contra Costa County Fire Protection District (CCCYPD) requested Contra Costa Health Services Hazardous Materials Programs (CCHSHMP) to assist with identification of unknown chemicals at a residential garage.

At 1:20 PM, AS enrouted to scene on a personal vehicle.

At 1:30 PM, As arrived on scene.

CCHSHMP met Captain Chris Bloch from CCCYPD and Mr. George Claudatos from Federal Bureau of Investigation (FBI).

At 1:32 PM, HM3 (JP&DV) enrouted to scene.

At 1:59 PM, HM3 was on scene.

This was just a volunteering search. CCHSHMP noted that most of the chemical containers had labels. CCCYPD and CCHSHMP used Hazmat ID Elite (HM21) and Ahura (HM1) equipment to identify and confirm all chemicals. Please see attachment worksheet for more details. CCHSHMP, CCCYPD and FBI discussed with the property owner about how to handle and dispose the chemical properly. No chemicals were taken.

At 3:00 PM, AS and HM3 departed the scene.

George Claudatos, FBI
gcclaudatos@fbi.gov

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

Report Prepared by: JP