



ENTERED

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

Type (Circle One):  C  I  N

Received Date: 08/23/18 Received Time: 0823 Received By: MPD Lead: MPD  
 Incident Date: 08/23/18 Incident Time: 0755 Assigned to: n/a Assigned Date: n/a

CASE NUMBER: 18-08-23 -01

**COMPLAINANT / REPORTING PARTY:**  
 Name: Dispatch  RP is from Facility  Anonymous  
 Organization: CONTRA COSTA CONSOLIDATED FPD  
 Primary Phone Number: 925-941-3330 Secondary Phone Number: 925-933-1313  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FACILITY / LOCATION OF INCIDENT:**  
 Name: MARTINEZ WATER TREATMENT PLT CUPA Facility I.D.: 771619  
 Phone Number: 925-372-3587  
 Address: 3003 PACHECO BLVD Unit: \_\_\_\_\_  
 City: MARTINEZ State: CA Zip Code: 94553  
 Location Description: GATE ON PACHECO BLVD, DRIVEWAY OFF OF REFINERY

**INITIAL INCIDENT DESCRIPTION:**  
 TOTE CONTAINER POSSIBLY OVERPRESSURED & RUPTURED. RELEASED ITS CONTENTS AND INJURED ONE EMPLOYEE

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

Time Enroute to Scene: 0840 Time Arrived On Scene: 0850 Time Departed From Scene: 11:00

**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 type="checkbox"/> Potential Discharge
--	---

**AGENCIES ON SCENE OR NOTIFIED:**

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	CCCFFPD	O	BC IMPASTATO	925-941-3330	
Law Enforcement					
Air District					
State OES	CALOES	N		800-852-7550	18-5709
Cal/OSHA	Cal/OSHA	N	UNK per facility		

**REPORT:**

TIMES ARE APPROXIMATE  
0821- PER TABLET COMMAND, ACCIDENT AT MARTINEZ WATER TREATMENT PLANT  
0823- CCCFFPD DISPATCH REQUESTS COUNTY HAZMAT TO RESPOND  
0840- HM1 DEPARTS FOR SCENE  
0850- HM1 ON SCENE  
0855- HM3 ON SCENE  
0855- INTERFACE WITH HM21 CAPTAIN SAWYER, DEVELOP STRATEGY, ASSIGN POSITIONS  
0948- ENTRY TEAM ON AIR  
0950- TEMPERATURE READING OF OTHER TOTE CONTAINERS - 70 & 72 degrees  
0952- SAMPLE TAKEN FROM DAMAGED TOTE  
0957- 3 SAMPLES TAKEN TO TECH REF - SAMPLE FROM EACH FULL TOTE AND FROM THE DAMAGE TOTE  
0958- ENTRY TEAM OUT OF HOT ZONE  
0959- ENTRY TEAM OFF AIR  
1015- TECH REF DETERMINES THE SAMPLE FROM DAMAGED TOTE WAS ACIDIC AND SULFURIC ACID CONTAINING INDICATING AMMONIUM SULFATE (SULFURIC ACID AMMONIUM SALT) WAS PRESENT IN THE TOTE AS THE SODIUM HYPOCHLORITE WAS ADDED.  
1030- HM21 & HM 3 DEPART SCENE FACILITY WAS ADVISED THAT CLEANUP OF THE SPILL NEEDED TO BE CONDUCTED AND THE TOTE CONTAINER NEEDED TO BE ASSESSED FOR PROPER DISPOSAL.  
1045- HM1 DEPARTED SCENE

SEE ATTACHED CALOES REPORT AND 72 HOUR REPORT FOR DETAILS AND DISPOSITION OF INJURY.

FACILITY CONTACTS ON SCENE: HIREM PATEL - OPERATIONS SUPERVISOR, JASON - ASSISTANT PLANT MANGER, DON SALTS.

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

Report Prepared by: **MPD**