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CONTRA COSTA HEALTH SERVICES

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HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 160518 - 01

Received Date: 5-18-16 Received Time: 8:45AM Received By: (MDH) Lead: MDH

Incident Date: 8:40 Incident Time: 8:40AM Assigned to: — Assigned Date: —

COMPLAINANT / REPORTING PARTY:

Name: Melissa J. Hagen RP is from Facility Anonymous

Organization: CCHS - HazMat

Primary Phone Number: (925) 250-7837 Secondary Phone Number: (925) 335-3236

Email: _____

Address: 4585 Pacheco Blvd.

City: Martinez State: CA Zip Code: 94553

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: Corner of Muir Rd & Pacheco Unit: —

City: Martinez State: CA Zip Code: 94553

Location Description: Vehicle accident - overturned cement pump cart.

INITIAL INCIDENT DESCRIPTION:

Overturned cement pump cart releasing oil antifreeze & hydraulic fluid.

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 checked="" 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 checked="" type="checkbox"/> Other: <u>vehicle accident</u>

Time Enroute to Scene: _____ Time Arrived On Scene: _____ Time Departed From Scene: _____

REFERRED TO OTHER AGENCY: Public works assisted (Tim/Kevin)

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	CHP		Montgomery	707	1605186600893
Air District					
State OES					
Public Works	CoCo County		Timmy Brown	313-7000	160518-01

REPORT:

5-18-2016 845 AM MTHagen observed cement pump cart overturned at Meir Rd / Pacheca Blvd (across from Monument Car Parts)

Driver was ok - cart tipped upside down & separated from truck. MTHagen observed oil, antifreeze and hydraulic fluid flowing in gutter to storm drain about 30 feet away. MTHagen immediately gathered dirt to stop flow. Asked driver to get a shovel and add more dirt to stop flow into storm drain - which he immediately did.

MTHagen check in with office - got Public Works contact number. Requested assistance from IR Team after confirming cleanup activities can begin, and company will pay Hazmat (vs calling hazmat contractor).

(*) SAFETY BRIEFING (*) Watch out for traffic. Safe work location setup.

HM4 arrived (MPD & AA). Public Works team on site - we all started placing absorbent pads + kitty litter type on spill.

Cleaned out storm drains (2). Drummed up waste (1x55g steel drum). Left oil absorbing sock on string in North drain. To retrieve 5-19-16.

Tow truck retrieved unit. HazMat departs 1130AM.

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

Report Prepared by: MTH