

770354

**ATTACHMENT C  
30-DAY FOLLOW-UP NOTIFICATION REPORT FORM  
CONTRA COSTA HEALTH SERVICES**

For CCHS Use Only:	
Received By:	<u>NU</u>
Date Received:	<u>11/2/16</u>
Incident Number:	<u>16-10-04-02</u>
Copied To:	_____
Event Classification Level:	_____

**INSTRUCTIONS:** A hardcopy and an electronic copy of this report is to be submitted for all Level 2 and 3 incidents or when requested by CCHS. See Attachment C-1 for suggestions regarding the type of information to be included in the report. Attach additional sheets as necessary. This form is to be used for update reports after the initial 30-day report has been submitted. Forward the completed form to:

ATTENTION: Randall L. Sawyer  
Chief Environmental Health and Hazardous Materials Officer  
Contra Costa Hazardous Materials Programs  
4585 Pacheco Boulevard, Suite 100  
Martinez, CA 94553

**RECEIVED**  
**NOV 02 2016**  
Contra Costa Health  
Hazardous Materials

INCIDENT DATE: 10/04/16  
INCIDENT TIME: 2:19 pm  
FACILITY: Plains Products Terminals, Martinez

**PERSON TO CONTACT FOR ADDITIONAL INFORMATION**  
John-Paul Nepote Phone number 925-372-5220

**PROVIDE ANY ADDITIONAL INFORMATION THAT WAS NOT INCLUDED IN THE 72-HOUR REPORT WHEN THE 72-HOUR REPORT WAS SUBMITTED, INCLUDING MATERIAL RELEASED AND ESTIMATED OR KNOWN QUANTITIES, COMMUNITY IMPACT, INJURIES, ETC.:**

**I. INCIDENT INVESTIGATION RESULTS**

Is the investigation of the incident complete at this time? Yes X No  
If the answer is no, when do you expect completion of the Investigation?  
12/02/16  
If the answer is yes, complete the following:

**SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:**

**SUMMARIZE PREVENTATIVE MEASURES TO BE TAKEN TO PREVENT RECURRENCE INCLUDING MILESTONE AND COMPLETION DATES FOR IMPLEMENTATION:**

**30-DAY REPORT, PAGE 2**

**INCIDENT DATE:** 10/04/16

**FACILITY:** Plains Martinez

**STATE AND DESCRIBE THE ROOT-CAUSE(S) OF THE INCIDENT:**