

WILLIAM B. WALKER, M.D.  
HEALTH SERVICES DIRECTOR  
RANDALL L. SAWYER  
CHIEF ENVIRONMENTAL HEALTH AND  
HAZARDOUS MATERIALS OFFICER



CONTRA COSTA  
HEALTH SERVICES  
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100  
Martinez, California  
94553-2233  
Phone (925) 335-3200  
Fax (925) 646-2073

NU/SP/XB/MPD  
LR/SD

CONTRA COSTA  
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 10/29/16 Received Time: 0800 Received By: TH Lead: TH

Incident Date: 10/29/16 Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 16 10 29 -01

**COMPLAINANT / REPORTING PARTY:**

Name: CC Dispatch SO  RP is from Facility  Anonymous

Organization: SO

Primary Phone Number: 646-2441 Secondary Phone Number: (510) 280-4264 *Sgt. Lardner*

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FACILITY / LOCATION OF INCIDENT:**

Name: Scott O. White CUPA Facility I.D.: N/A

Phone Number: (253) 973-1025

Address: 4400 Duffwood Ct Unit: \_\_\_\_\_

City: Discovery Bay State: CA Zip Code: 94505

Location Description: \_\_\_\_\_

**INITIAL INCIDENT DESCRIPTION:** Surfer Boat @ Private House

**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:

Time Enroute to Scene: \_\_\_\_\_ Time Arrived On Scene: \_\_\_\_\_ Time Departed From Scene: \_\_\_\_\_

**REFERRED TO OTHER AGENCY:**

**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					
Air District					
State OES					
USCG	USCG		Alex		# 1162814
Disco PD	PD		Sgt Lardano		PR # 16-15111

**REPORT:**

1989 19' Lady Craft Std Boat

- Initial surfer vessel. ~ 30 gal gas/oil in tank/bumps. some sken.
- 0010 call for Hazmat
- 0100 on scene
- 0200 Boat secure w/ booms sken contained
- 0230 ~~Report~~ scene secure
- 0310 All responders depart scene
- 0400 complete.
- 1200 TIT arrived on scene to verify security & removal plan.
- 1700 Boat Removal complete by vessel ASSIST (1800) 391-4889

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

Report Prepared by: 