

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N CASE NUMBER: 200924 - 03

Received Date: 09/24/20 Received Time: 12:06 PM Received By: LF Lead: LF

Incident Date: 9/24/20 Incident Time: 12:06 Assigned to: MD, ML Assigned Date: 9/24/20
origins

COMPLAINANT / REPORTING PARTY:
 Name: JOSE AVILA RP is from Facility Anonymous
 Organization: CCCEH Cal OES # (if applicable) _____
 Primary Phone Number: 925-608-5500 Secondary Phone Number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:
 Name: _____ CUPA Facility I.D.: _____
 Phone Number: _____
 Address: 7TH ST + Grove Street Unit: _____
 City: RICHMOND State: CA Zip Code: 94804
 Location Description: C/S: GROVE ST

INITIAL INCIDENT DESCRIPTION:
 RP STATES THERE IS A 55-GALLON DRUM LEAKING OIL AT THIS LOCATION

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

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

REFERRED TO OTHER AGENCY:



[Handwritten signature]

DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input checked="" 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					
Law Enforcement					
Air District					
State OES					

REPORT:

David LeCount and Michael Duncan responded. Drum is adjacent to private property lot that has substantial amount of debris and other hazardous materials on it including one other drum. Jose Avila said that Code Enforcement is dealing with that property.

DL and MD cleaned up oil spilled in the curb and brought waste back for later disposal.

chloroform test was negative for chloroform contamination

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

Report Prepared by: Lacey Friedman