



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

Type (Circle One):  C  I  N

Received Date: 12/06/19 Received Time: 3:20 PM Received By: AM Lead: MJD

Incident Date: 12/6/19 Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 191206 - 02

**COMPLAINANT / REPORTING PARTY:**

Name: DAVE DUET  RP is from Facility  Anonymous

Organization: CCCRMC Cal OES # (if applicable) \_\_\_\_\_

Primary Phone Number: 925-550-2299 Secondary Phone Number: \_\_\_\_\_

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

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

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

**FACILITY / LOCATION OF INCIDENT:**

Name: CCCRMC CUPA Facility I.D.: 730677

Phone Number: \_\_\_\_\_

Address: 2500 ALHAMBRA AVE Unit: \_\_\_\_\_

City: MARTINEZ State: CA Zip Code: 94553

Location Description: OR4

**INITIAL INCIDENT DESCRIPTION:**

FORMALIN SPILL - REQUESTING ASSISTANCE

**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: \_\_\_\_\_ Time Arrived On Scene: \_\_\_\_\_ Time Departed From Scene: \_\_\_\_\_

**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:**

<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:**

AT 1520 HOURS CCHSHMP RECEIVED A CALL REQUESTING ASSISTANCE WITH A FORMALIN SPILL AT CCCRCM.

AT 1530 HOURS CCHSHMP DEPARTED OFFICE.

AT 1545 HOURS CCHSHMP ARRIVED ON SCENE. DAVE DUET, MANAGER OF MAINTENANCE EXPLAINED THAT APPROXIMATELY 500 ML OF FORMALIN WAS SPILT IN OR4, STAFF ATTEMPTED TO HELP BY ADDING ABSORBENT TO THE SPILL BEFORE EVACUATING THE OR. TYCHEM AND APR WERE DEEMED TO BE THE APPROPRIATE PPE FOR THIS ENTRY.

AT 1606 HOURS AS AND DV MADE ENTRY WITH DWL AND MJD AS BACKUP.

AT 1625 HOURS ENTRY TEAM EXITED OR4. ENTRY TEAM TOLD THE FACILITY THAT THE OR STILL NEEDS TO BE STERILIZED/CLEANED AS THOUGH A SMALL SPILL OCCURRED (WHICH THE FACILITY IS ABLE TO DO), BUT THE MAJORITY OF THE SPILL HAS BEEN CLEANED.

AT 1635 HOURS CCHSHMP DEPARTED SCENE.

AT 1650 HOURS CCHSHMP ARRIVED BACK AT THE OFFICE.

NO FURTHER ACTION REQUIRED.

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

Report Prepared by: MJD