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CONTRA COSTA
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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 210719 - 02

Received Date: 07/19/21 Received Time: 13:50 Received By: AA Lead: AA

Incident Date: 7/19/21 Incident Time: 13:50 Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: RP is from Facility Anonymous

Organization: Contra Costa Fire Protection District Cal OES # (if applicable)

Primary Phone Number: Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: Contra Costa Fire Sta #69 CUPA Facility I.D.: 738343

Phone Number:

Address: 4640 Appian Way Unit:

City: El Sobrante State: CA Zip Code:

Location Description:

INITIAL INCIDENT DESCRIPTION:

Homeless person dropped off a suspicious 5 gal bucket outside of station.

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 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: 14:16

Time Arrived On Scene: 14:44

Time Departed From Scene: 15:06

REFERRED TO OTHER AGENCY:



• Contra Costa Behavioral Health Services • Contra Costa Emergency Medical Services • Contra Costa Environmental Health & Hazardous Materials Programs •
• Contra Costa Health, Housing & Homeless Services • Contra Costa Health Plan • Contra Costa Public Health • Contra Costa Regional Medical Center & Health Centers •

DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input checked="" type="checkbox"/> Potential Discharge
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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:

Homeless person dropped off a suspicious 5 gal bucket outside of station. Homeless person complained that it had been dumped in her camp, and was stinking too much, causing a headache, and didn't feel comfortable with law enforcement.

Con Fire - HazMat was notified and requested we should identify and manage the waste.

XB & AA Dispatched in HM3 to evaluate the waste and collect it.

Bucket was cautiously approached with a IBRID-MX6 PID/LEL and the MultiRAE CGI with pH strips and oxidizer paper to evaluate the headspace of the bucket. As measured by the MX6 and the MultiRAE the bucket had a flammable vapor in the head space and smelled like paint thinner - potentially due to being stored in a used paint bucket. pH was neutral and oxidizer was negative. The Ahura positively identified the flammable liquid as gasoline, with the HazMatID Elite found components of gasoline - ex: Xylene & Methylbutane/Isopentane.

Bucket was secured and returned to HazMat waste yard as a flammable liquid, where it was bulked with flammable wastes.

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

Report Prepared by: AA