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CONTRA COSTA
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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 210216 - 01

Received Date: 02/16/21 Received Time: 7:32 AM Received By: SH Lead: SH

Incident Date: 2/16/21 Incident Time: 7:04 Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: NICK PAULSEN RP is from Facility Anonymous
Organization: UPRR Cal OES # (if applicable) 21-0858
Primary Phone Number: 888-877-7267 Secondary Phone Number:
Email:
Address:
City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:
Phone Number:
Address: Unit:
City: MARTINEZ State: CA Zip Code: 94553
Location Description: MP 30.5 of the Martinez Subdivision

INITIAL INCIDENT DESCRIPTION:

RP states that employees are smelling a faint gas odor coming from tank# TILX303269. Tank is currently being held on the yard. Has not been stopped and is not contained with no waterways impacted. Crew is in-route to inspected the tank and asses the situation.

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 type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input checked="" 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:



DTSC STATE FUNDING (if applicable):
CLU/ERER Number:

STORMWATER STATUS (if applicable):
 Actual Discharge 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	Con Fire	O			
Law Enforcement					
Air District					
State OES					

REPORT:

MD and SH arrived on scene at approximately 0800. Con Fire, CCC Hazmat and UP representatives made entry and determined that a tank car had a leaky gasket. UP had a replacement seal and was able to oversee repair. During entry operations CCC Hazmat and con fire performed perimeter air monitoring and noted no fugitive emissions.

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

Report Prepared by: SH

[EXTERNAL] Hazardous Materials Spill Report: Cal OES Control #:21-0858

Warning Center <Warning.Center@oes.ca.gov>

Tue 2021-02-16 7:32 AM

To: ccchazmat <ccchazmat@cchealth.org>

PLEASE CONFIRM RECEIPT, WITH AGENCY NAME, VIA EMAIL OR PHONE AT
916-845-8911

Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 02/16/2021 | RECEIVED BY Cal OES: Diego Navarro | Cal OES
CNTRL #:21-0858

TIME: 0717 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

1. NAME: Nick Paulsen | 2. AGENCY: UPRR
3. PHONE #: 888-877-7267 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: | 2. AGENCY:
3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e.
PIPELINE / f. Vessel Over => 300 tons

1. Butane / = / Unknown / Gal(s) / RAILROAD / / No / No

2.

3.

g. DESCRIPTION: RP states that employes are smelling a faint gas odor coming from tank# TILX303269. Tank is currently being held on the yard. Has not been stopped and is not contained with no waterways impacted. Crew is in-route to inspect the tank and assess the situation.

h. CONTAINED: Not stopped | i. WATER INVOLVED: No

j. WATERWAY: | k. DRINKING WATER IMPACTED:

l. KNOWN IMPACT: None

3.a. INCIDENT LOCATION: MP 30.5 of the Martinez Subdivision

b. CITY: Martinez | c. COUNTY: Contra Costa County | d. ZIP:

4. INCIDENT DESCRIPTION:

a. DATE: 2/16/2021 | b. TIME(Military): 0704 | c. SITE: Rail Road
 | d. CAUSE: Unknown
 e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h.
 CLEANUP BY: Unknown
 e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

a. NAME: Unknown | b. AGENCY:
 c. PHONE#: | d. EXT:
 e. MAIL ADDRESS:
 f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:

a. ON SCENE: | b. OTHER ON SCENE:
 c. OTHER NOTIFIED:
 d. ADMIN. AGENCY: Contra Costa County Health Services Department
 e. SEC. AGENCY:
 f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
 h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

AA/CUPA, DTSC, RWQCB, US EPA, USFWS, AIR RESOURCES BD, PUC, Co/WP, Co/Hlth,
 Co/E-Hlth

CONFIDENTIAL REMARKS: 2021-02-16-053 NMP

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California State Warning Center
 Governor's Office Emergency Services
 Phone: (916) 845-8911
 Warning.Center@oes.ca.gov

Link to Spill Report:

<http://w3.calema.ca.gov/operational/mal haz.nsf/SpillAllDocs/D61BC186586B10528825867E0053FF83?OpenDocument>