

**ATTACHMENT C
30-DAY FOLLOW-UP NOTIFICATION REPORT
FORM**

CONTRA COSTA HEALTH SERVICES

INSTRUCTIONS: A hardcopy and an electronic copy of this report is to be submitted for all Level 2 and 3 incidents or when requested by CCHS. See Attachment C-1 for suggestions regarding the type of information to be included in the report. Attach additional sheets as necessary. This form is to be used for update reports after the initial 30-day report has been submitted. Forward the completed form to:

For CCHS Use Only:

Received By: _____
Date Received: _____
Incident Number: _____
Copied To: _____
Event Classification Level: _____

ATTENTION: Matt Kaufmann
Hazardous Materials Program Director
Contra Costa Health Services Department
4585 Pacheco Boulevard, Suite 100
Martinez, CA 94553-2229

INCIDENT DATE: May 14, 2021
INCIDENT TIME: 04:40
FACILITY: Chevron Richmond Refinery

PERSON TO CONTACT FOR ADDITIONAL INFORMATION Patricia Roberts
Phone number (510) 242-3887 (office) / (510) 890-5677 (mobile)

PROVIDE ANY ADDITIONAL INFORMATION THAT WAS NOT INCLUDED IN THE 72-HOUR REPORT WHEN THE 72-HOUR REPORT WAS SUBMITTED, INCLUDING MATERIAL RELEASED AND ESTIMATED OR KNOWN QUANTITIES, COMMUNITY IMPACT, INJURIES, ETC.:

I. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? _____ Yes ___X___ No

If the answer is no, when do you expect completion of the Investigation? A root cause investigation is nearing completion. The investigation results and preventative measures will be included in the next 30 day report out.

If the answer is yes, complete the following:

SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:

SUMMARIZE PREVENTATIVE MEASURES TO BE TAKEN TO PREVENT RECURRENCE INCLUDING MILESTONE AND COMPLETION DATES FOR IMPLEMENTATION:

30-DAY REPORT, PAGE 2

INCIDENT DATE: May 14, 2021

FACILITY: Chevron Richmond Refinery

STATE AND DESCRIBE THE ROOT-CAUSE(S) OF THE INCIDENT: