

**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

**For CCHS Use Only:**

**Received By:**

**Date Received:**

**Incident Number:**

**Copied To:**

**Event Classification Level:**

be used for update reports after the initial 30-day report has been submitted.  
Forward the completed form to:

**ATTENTION:** Randall L. Sawyer  
Hazardous Materials Programs Director  
Contra Costa Health Services  
4585 Pacheco Boulevard, Suite 100  
Martinez, CA 94553

**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? To Be Determined

If the answer is yes, complete the following:

**II. SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:**

**III. 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:**