

**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: AM
Date Received: 11/2/20
Incident Number: 19101503
Copied To: _____
Event Classification Level: 3

ATTENTION: Randall L. Sawyer
Chief Environmental Health and Hazardous Materials Officer
Contra Costa Hazardous Materials Programs
4585 Pacheco Boulevard, Suite 100
Martinez, CA 94553

RECEIVED

NOV 02 2020

Contra Costa Health
Hazardous Materials

INCIDENT DATE: October 15, 2019
INCIDENT TIME: 1348 hrs
FACILITY: Shore Terminals LLC, 90 San Pablo Ave, Crockett CA 94525

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

Todd Habets Phone number: 510-787-1076

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.:

As previously reported, the cause of the incident is unknown and is under investigation by Contra Costa County Fire Protection District with support from several agencies, including yours. Shore Terminals LLC submits this as an interim report and will continue to update this report monthly until the investigation is complete and a final report can be submitted in accordance with the Contra Costa County Hazardous Materials Incident Notification Policy.

I. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? _____ Yes No
If the answer is no, when do you expect completion of the Investigation?

The incident is under investigation by Contra Costa County Fire Protection District with support from several agencies, including yours.

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: _____

FACILITY: _____

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