

**ATTACHMENT C
30-DAY FOLLOW-UP NOTIFICATION REPORT FORM
CONTRA COSTA HEALTH SERVICES HAZARDOUS
MATERIALS PROGRAMS**

INSTRUCTIONS: A hardcopy and an electronic copy of this report is to be submitted for all Public Health Advisory – Level 2 and Public Protective Actions Required – Level 3 incidents or when requested by CCHSHMP. 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 also to be used for update reports after the initial 30-day report has been submitted. Forward the completed form to:

ATTENTION:
Hazardous Materials Programs Director
Contra Costa Health Services Hazardous
Materials Programs 4585 Pacheco Boulevard,
Suite 100
Martinez, CA 94553

INCIDENT DATE: 06/07/2023
INCIDENT TIME: 1318 hours
FACILITY: Martinez Refining
Company LLC

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

Michael Marlowe
Phone number (831) 332-2820

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.:

Date of Spill, Time of Spill, and Duration:

- No additional information at this time – investigation ongoing.

- Cause of Spill
 - No additional information at this time – investigation ongoing.

II. INCIDENT INVESTIGATION RESULTS

Is the investigation of the incident complete at this time? : Yes X No

For CCHSHMP Use Only:

Received By: 

Date Received: 7/31/23

Incident Number: 23060701

Copied To:

Event Classification Level: 1

INCIDENT DATE: 06/07/2023
INCIDENT TIME: 1318 hours
FACILITY: Martinez Refining Company LLC
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If the answer is no, when do you expect completion of the Investigation?

08/31/2023

If the answer is yes, complete the following:

SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:

NA

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

NA

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

NA