

**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  No

For CCHSHMP Use Only:	
Received By:	_____
Date Received:	08/29/23 _____
Incident Number:	23-06-07-01 _____
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?

09/30/2023

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