

**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:** 7-11-2023.  
**INCIDENT TIME:** 08:52.  
**FACILITY:** Martinez Refining Company LLC

**PERSON TO CONTACT FOR ADDITIONAL INFORMATION**

Michael Marlowe  
Phone number (925) 313-3705

**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 – Investigation Incomplete.
- Cause of Spill
  - No additional information – Investigation Incomplete.

**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: 8/29/23

Incident Number: 23-07-11-01

Copied To: \_\_\_\_\_

Event Classification Level: 1

INCIDENT DATE: 7-11-2023  
INCIDENT TIME: 08:52  
FACILITY: Martinez Refining Company LLC  
**August 30-DAY FOLLOW-UP NOTIFICATION REPORT**  
Page 2

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