

**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: _____
Date Received: _____
Incident Number: _____
Copied To: _____
Event Classification Level: _____

ATTENTION: Matt Kaufman
Hazardous Materials Program Director
Contra Costa Health Services Department
4585 Pacheco Boulevard, Suite 100
Martinez, CA 94553-2229

INCIDENT DATE: October 24, 2021

INCIDENT TIME: 8:25am

FACILITY: Chevron Richmond Refinery

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

Laura Leeds (510) 242-3887

Dear Mr. Kaufmann,

In accordance with the Contra Costa County Health Services (CCCHS) Department Hazardous Materials Incident Notification Policy, Chevron Products Company, a division of Chevron U.S.A. Inc. ("Chevron") is providing the 30 day report for the flaring that occurred on 10/24/21 during the shutdown of multiple process units after the loss of operating plants that generate power and steam, including a fire that occurred in one of the units affected by the steam loss. Per Section IX of the Hazardous Materials Incident Notification Policy, if our investigation results are incomplete, we may send an interim report.

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? No

If the answer is no, when do you expect completion of the Investigation? The final report will be available within the next few weeks.

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:

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