

**Monterey County Health Department  
Environmental Health Division  
Emergency Response Incident Report  
Proposition 65 Notification**

**MCHD # 23-077  
CM024-00221**

Incident Date: 09/16/2023		Incident Time: ~1:25 pm	
Incident Type:	<input type="checkbox"/> Hazardous Material <input type="checkbox"/> Suspected Bioterrorist Threat <input type="checkbox"/> Clandestine Drug Lab	<input type="checkbox"/> Sewage <input type="checkbox"/> Restaurant Fire <input checked="" type="checkbox"/> Other: diesel fuel	
Time Notified: 1:25 pm		Time Completed: N/A	
Location: Pacific Ocean		City: Monterey	
Hazardous Material: Diesel		Quantity: Unknown	
Physical Properties: Liquid		Physical / Health Hazards: Combustible, Irritant	
Land Use: Public	Direct/Constructed Connections Found: Yes	Entered Storm Drain System/Receiving Waters: Yes	
Environment Affected: Ocean			Weather / Temperature: Sunny, 62 deg
Type of Container: Unknown Vessel			
First Responder / Agency on Scene: United States Coast Guard (USCG)			
Incident Commander:		Agency / Telephone:	
Other Responding Personnel / Agencies / Telephone:			
Monterey Bay Boatworks 32 Cannery Row Monterey, CA 93940 (831) 373-7857			

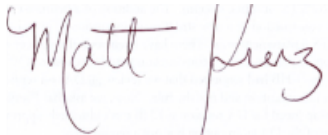
Source Investigation Conducted? <b>Yes</b>		Source Identified? No	
Responsible Party Information: <input type="checkbox"/> - Invoice	Unknown		
Vehicle Information:	O.E.S. Control # 23-5961	NRC #:	

<b>Other Notifications:</b>				
<input type="checkbox"/> RWQCB	<input type="checkbox"/> Air District	<input type="checkbox"/> MRWPCA	<input type="checkbox"/> DFG	<input type="checkbox"/> OSPR
<input type="checkbox"/> Cal-EMA	<input type="checkbox"/> FED EPA	<input type="checkbox"/> DHS	<input type="checkbox"/> Health Officer	<input type="checkbox"/> Cal GEM

**Narrative: Randy McMurray forwarded the OES Spill report for the fuel sheen observed by Monterey Bay Boatworks staff on Saturday, September 16. The sheen was from an unknown source and in the Pacific Ocean. No remedial action was taken per the report, notification only.**

**Incident Status:**

<input checked="" type="checkbox"/> No Further Action	<input type="checkbox"/> Health Department Follow-up Warranted
<input type="checkbox"/> Referred to other Agency or Department for follow-up:	
Contact information:	
Action taken:	



Form Completed By: \_\_\_\_\_  
 Matt Krenz, R. E. H. S. II

09/18/2023  
 Date

*FOR LOCAL AGENCY USE ONLY  
 I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND  
 THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT  
 TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.*



\_\_\_\_\_  
 Randy McMurray, R. E. H. S.  
 Hazardous Materials Management Services, Supervisor

9/18/2023  
 Date

**ACTIVITY LOG**

Date	Activity	Specialist	Start	Stop	Total
9/18/2023	Read report; incident report writing	Matt Krenz	08:05 am	08:25 am	0.50
<b>**make your selection**</b> - TOTAL:					0.50

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