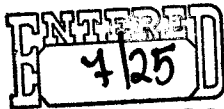


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
Martinez, California
94553-2233
Phone (925) 335-3200
Fax (925) 646-2073



CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 03/30/17 Received Time: 12:45 PM Received By: AM Lead: MD

Incident Date: 03/30/17 Incident Time: 11:00 Assigned to: _____ Assigned Date: _____

CASE NUMBER: 17-03-30-01

COMPLAINANT / REPORTING PARTY:

Name: CONCORD PD DISPATCH RP is from Facility Anonymous

Organization: CONCORD PD

Primary Phone Number: _____ Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: RESIDENCE CUPA Facility I.D.: _____

Phone Number: _____

Address: 1750 DIANE CT Unit: 17

City: CONCORD State: CA Zip Code: 94520

Location Description: _____

INITIAL INCIDENT DESCRIPTION: POSSIBLE METH LAB; CONTACT DETECTIVE PROVOST (925)383-7853

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion	<input type="checkbox"/> Fatality (one or more)	<input type="checkbox"/> Tank Truck	<input type="checkbox"/> Storm Drain/Creek
<input type="checkbox"/> Spill or Release	<input type="checkbox"/> > 24 hrs. Hospital, 3 or more people	<input type="checkbox"/> Railroad	<input checked="" type="checkbox"/> Drug Lab
<input type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 1300 Time Arrived On Scene: 1330 Time Departed From Scene: 1530

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable): CLU/ERER Number: 2017-03-016

STORMWATER STATUS (if applicable): Actual Discharge Potential Discharge



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	CONTRA COSTA FD	N	DISPATCH	925-3133300	—
Law Enforcement	CONCORD PD	O	DET. PROVOST	DISPATCH	#174182
Air District					
State OES					
DTSC		N	ROY YEAMAN	8184253728	#2017-03-016

REPORT:

CCHS HAZMAT RESPONDED TO 1750 DANE CT # 7 AT THE REQUEST OF DET. G. PROVOST, CONCORD PD. TO ASSESS HAZARD OF POSSIBLE METH LAB & FOR POSSIBLE DISPOSAL

11:27 NOTIFIED CONTRA COSTA FD.

ENTRY TEAM PULLED ALL CONTAINERS OUT TO TARP (DESIGNATED BY PD AS CONTAINER OF INTEREST)

MONITORED WITH CGI, PH PAPER, OXIDIZER PAPER, NO HAZARDS PRESENT.

CONTAINERS WITH RESIDUE - CCHS ENTRY TEAM COLLECTED RESIDUE FOR DETECTIVES TO TEST. POSITIVE METAL ANALYSIS

CONTAINERS OF ACETONE/THINNER (SOLVENT) 2.5 GALLONS.

CCHS PACKAGED DEBRIS IN SS BAGS FOR DISPOSAL. TEAM IN LEVEL "C" PPE. APR & NDMX.

SOME RESIDUE ANALYZED. ADVISED TEAM TO LAUNDRY NDMX & DELON FACEPIECE.

CALLED DTSC FOR CLUE #. SEE ABOVE.

BROUGHT WASTE BACK FOR PICKUP BY CONTRA COSTA

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

DEPARTED SCENE 1510

Report Prepared by: MFD