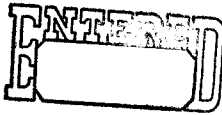


WILLIAM B. WALKER, M.D.  
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER  
CHIEF ENVIRONMENTAL HEALTH AND  
HAZARDOUS MATERIALS OFFICER



# CONTRA COSTA HEALTH SERVICES

CONTRA COSTA  
HEALTH SERVICES  
HAZARDOUS MATERIALS PROGRAMS

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

## COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 6/16/17 Received Time: 1030 Received By: TIT Lead: TIT

Incident Date: 6/16/17 Incident Time: 1030 Assigned to: TIT Assigned Date: 6/16/17

CASE NUMBER: 17 0616-03

### COMPLAINANT / REPORTING PARTY:

Name: SO DISPATCH  RP is from Facility  Anonymous

Organization: CG County

Primary Phone Number: 646-2441 Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FACILITY / LOCATION OF INCIDENT:

Name: Food Mart Antioch CUPA Facility I.D.: 113459

Phone Number: 4500 Lone Tree

Address: ~~18th Street~~ Unit: \_\_\_\_\_

City: Antioch CA State: CA Zip Code: \_\_\_\_\_

Location Description: \_\_\_\_\_

### INITIAL INCIDENT DESCRIPTION:

Pepper Spray Released in store

### 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 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 checked="" type="checkbox"/> Other:

Time Enroute to Scene: 1100 Time Arrived On Scene: 1130 Time Departed From Scene: 1200

### REFERRED TO OTHER AGENCY:

### DTSC STATE FUNDING (if applicable):

CLU/ERER Number: \_\_\_\_\_

### 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					
Law Enforcement					
Air District					
State OES					

**REPORT:**

→ Customer caught shoplifting  
Released a small amount  
of pepper spray.

→ I went Fred Store no longer  
contained inhibitor and that  
there were no further  
issues, responded in my personal  
vehicle.

→ Incident is a law enforcement  
criminal matter going forward.

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

Report Prepared by:

