ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR
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CHIEF ENVIRONMENTAL HEALTH & HAZMAT OFFICER



## Contra Costa Hazardous Materials Programs

4585 Pacheco Boulevard, Suite 100 Martinez, California 94553

Ph (925) 335-3200 Fax (925) 646-2073 ccchazmat@hsd.cccounty.us www.cchealth.org/hazmat/

# ENTERED

### COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

| Type (Circle One): C N  |  | CASE NUMBE              | R:180605 -01                   |  |
|---|--|-------------------------|--------------------------------|--|
| Received Date: 6/5/18   | Received Time. 8,00  | _ Received By: ED       | Lead:                          |  |
| Incident Date: 6/5/18   | Incident Time:   | _ Assigned to:          | Assigned Date:                 |  |
| COMPLAINANT / REPORTIN  | IG PARTY:  |                         |                                |  |
| Name: Ken Loo   |  | RP is fro               | om Facility □ Anonymous        |  |
| Organization: <u>Ccn</u> Fi   | re   |                         |                                |  |
| Primary Phone Number:   | Seco   | ndary Phone Number:     |                                |  |
| Email:  |  |                         |                                |  |
| Address:  |  |                         |                                |  |
| City:   |  | State: Zip              | Code:                          |  |
| FACILITY / LOCATION OF IN   | ICIDENT:   |                         |                                |  |
| Name: Con fire Station 87 CUPA Facility I.D.: 772816  |  |                         |                                |  |
| Phone Number:   |  |                         |                                |  |
| Address: 800 W L  | cland Rd.  | Unit:                   |                                |  |
| Address: 800 W Le Land Rd. Unit:  |  |                         |                                |  |
| Location Description:   |  |                         |                                |  |
| INITIAL INCIDENT DESCRIPTION:<br>Unknown white powder brought to Station 87<br>by firefighter |  |                         |                                |  |
| INCIDENT TYPE / DESCRIP   | TION:  | Ø                       | 0000                           |  |
| Community Warning System Level (Circle Highest Level): N/A 0 1 2 3                            |  |                         |                                |  |
| FACILITY  | ISO / MCAR   | TRANSPORTATION          | MISCELLANEOUS                  |  |
| <ul><li>□ Fire or Explosion</li><li>□ Spill or Release</li></ul>                              | <ul><li>□ Fatality (one or more)</li><li>□ &gt; 24 hrs. Hospital, 3 or</li></ul> | □ Tank Truck □ Railroad | □ Storm Drain/Creek □ Drug Lab |  |
| □ Startup or Shutdown   | more people  | □ On Water              | □ Disposal/Abandonment         |  |
| □ Flaring   | □ Flammable Vapor Cloud  | □ Pipeline              | □ Odor Complaint               |  |
| □ Upset   | > 5,000 lbs.   | □ Fuel Tank             | <b></b> Ø Other:               |  |
| Time Enroute to Scene: (6:50) Time Arrived On Scene: (7:05) Time Departed From Scene: (6:29)  |  |                         |                                |  |
|   |  |                         |                                |  |

#### REFERRED TO OTHER AGENCY:



<sup>•</sup> Contra Costa Behavioral Health Services • Contra Costa Emergency Medical Services • Contra Costa Environmental Health & Hazardous Materials Programs •

<sup>•</sup> Contra Costa Health, Housing & Homeless Services • Contra Costa Health Plan • Contra Costa Public Health • Contra Costa Regional Medical Center & Health Centers •

| DTSC STATE FUNDING (if applicable): | STORMWATER STATUS (if applicable): |                       |
|-------------------------------------|------------------------------------|-----------------------|
| CLU/ERER Number:                    | □ Actual Discharge                 | □ Potential Discharge |

## **AGENCIES ON SCENE OR NOTIFIED:**

| Agency Type     | Agency  | O/N        | Contact Person | Phone Number | Case Number |
|-----------------|---------|------------|----------------|--------------|-------------|
| Fire Department | Confire | $\bigcirc$ | hen 60         |              |             |
| Law Enforcement |         |            |                |              |             |
| Air District    |         |            |                |              |             |
| State OES       |         |            |                |              |             |
|                 |         |            |                |              |             |
|                 | ×       |            |                |              |             |
|                 |         |            |                |              |             |
|                 |         |            |                |              |             |

## **REPORT:**

| Station 87 recieved unknown powder from fire incident that occurred                          |  |
|--|--|
| from fire incident that occurred   |  |
| previously.  |  |
| Information gathered Suggested   |  |
| Information gathered Suggested material is beign.  |  |
| CCHSHMP preformed entry with<br>Confire assistance to identify/HazCat                        |  |
| Substance. Intermined to be  |  |
| Substance determined to be<br>Substance determined to be<br>Carbohydrate/sugar, nonhazardous |  |
| subshidrate/ sugar, nonhazarate  |  |
| Carpores   |  |
|  |  |
|  |  |
|  |  |

| Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety I | 'lan |
|---|------|
|---|------|

|                 | $\mathcal{L}\mathcal{V}$ |  |
|-----------------|--------------------------|--|
| Report Prepared | l by: <u>し</u> し         |  |