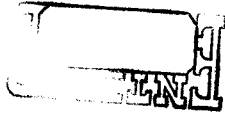


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
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HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 17-0929 - 02

Received Date: 9/29/2017 Received Time: 16:50 Received By: IW Lead: IW

Incident Date: 9/29/2017 Incident Time: 16:10 Assigned to: IW Assigned Date: 9/29/17

COMPLAINANT / REPORTING PARTY:

Name: CAPTAIN LANDIS RP is from Facility Anonymous

Organization: CCCFPD

Primary Phone Number: (925) 260-8301 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: EMELIA DEARBORN CUPA Facility I.D.: _____

Phone Number: (559) 706-7481

Address: 1521 LIPTON STREET Unit: _____

City: ANTIOCH State: CA Zip Code: _____

Location Description: RESIDENTIAL PROPERTY

INITIAL INCIDENT DESCRIPTION:

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 checked="" type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 17:29 Time Arrived On Scene: 18:08 Time Departed From Scene: 18:36

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	CCLFPD	O	CAPTAIN LANDES	(925) 260-8301	
Law Enforcement					
Air District					
State OES					
	CONTRA COSTA AGRICULTURE / WEIGHTS & MEASURES	N		(925) 427-8610	

REPORT:

9/29/2017

1650 CCHS-HMP RECEIVED THE SHERIFF DISPATCH PAGE
 1653 IAN WILLIAMS OF CCHS-HMP CONTACTED SHERIFF DISPATCH BY PHONE. CCLFPD HAD REQUESTED TO SPEAK TO HAZMAT.
 1656 IAN WILLIAMS OF CCHS-HMP CONTACTED CAPTAIN LANDES OF CCLFPD BY PHONE. ENGINE 181 HAD RESPONDED TO AN ODOR COMPLAINT ON LIPTON STREET ANTIQUA. THE ODOR WAS STILL PRESENT AFTER 30 MINUTES. PG & E HAD BEEN NOTIFIED, AND WERE EN ROUTE. ODOR DESCRIBED AS MERLAPTIN / INSECTICIDE.

1708 IAN WILLIAMS AND CAPTAIN LANDES SPOKE AGAIN BY PHONE. THE SOURCE OF THE ODOR HAD BEEN IDENTIFIED AS MALATHION IN A SMALL SPRAY BOTTLE BEING USED BY A RESIDENT AT 1521 LIPTON STREET. IAN WILLIAMS ACTIVATED THE INCIDENT RESPONSE TEAM.

1729 IAN WILLIAMS AND JOHN PHAM DEPARTED OFFICE FOR THE SCENE IN HMI1.
 1809 HMI1 ON SCENE.
 1814 IAN WILLIAMS SPOKE TO EMILIA DEALARCON AT 1521 LIPTON STREET. THE CHEMICAL WAS IDENTIFIED AS 'ORTHO MAX MALATHION' IN A 1 LITER POLY. MRS. DEALARCON HAD MIXED APPROXIMATELY 50ML WITH 250ML OF WATER, AND SPRAYED A GARDEN SECTION IN HER FRONT YARD, APPROXIMATELY 10' X 6' TO COMBAT A CATERPILLAR INFESTATION. CCHS-HMP DISCUSSED PROPER HANDLING OF THE PESTICIDE AND ITS DANGERS. ODOR STILL PRESENT, BUT DISSIPATING.

1830 CCLFPD AND CONTRA COSTA AGRICULTURE / WEIGHTS AND MEASURES CONTACTED BY PHONE. RESIDENT AGREED TO LIMIT USE OF THE CHEMICAL.
 1836 HMI1 DEPARTED SCENE FOR OFFICE.

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

Report Prepared by: 