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CONTRA COSTA HEALTH SERVICES

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HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C DN

CASE NUMBER: 160330 - 02

Received Date: 3/30/16 Received Time: 14:22 Received By: AA Lead: AA

Incident Date: _____ Incident Time: _____ Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: Sgt Cushman RP is from Facility Anonymous

Organization: Sheriff's office

Primary Phone Number: 925-584-5103 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: Deputy Lewis CUPA Facility I.D.: _____

Phone Number: 931-328-0477

Address: 948 Elm Dr. Unit: _____

City: Rodeo State: CA Zip Code: _____

Location Description: Residential

INITIAL INCIDENT DESCRIPTION:

Received suspicious package in Russian with liquid in vial with a suspicious letter

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 checked="" 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: 17:04 Time Arrived On Scene: 17:20 Time Departed From Scene: 18:00

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable):

OTW/VERER 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	Sheriff's Department	O	Sgt. Cushman	925-646-2441	16-4760
Air District					
State OES					

REPORT:

Box w/ wooden crate + 2 suspicious letters & photo and a mounted fake finger in a vial. Vial does not contain liquid - it is a solidified plastic/gel.

- Closed vial negative ~~for~~ no abnormalities on GGI (CO₂=0, O₂=ambient, H₂S=0, LEL=0) PID=0
pH=neutral.
- cork ~~stopper~~ stopper is glued onto vial by ~~clear~~ clear solid filler.

Box is consistent with a box from the Mysterious Package Company and does not pose any apparent threat.

3/31/2016

-Notified Sheriff's Department 1 to let them know this is part of a subscription and the couple may receive more.

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

Report Prepared by: AA