

CONTRA COSTA  
 HEALTH SERVICES

CONTRA COSTA  
 HAZARDOUS  
 MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100  
 Martinez, California 94553

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

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N

Received Date: 09/11/19 Received Time: 11:00 AM Received By: ED Lead: ED

Incident Date: 9/11/19 Incident Time: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Assigned Date: \_\_\_\_\_

CASE NUMBER: 190911-01

COMPLAINANT / REPORTING PARTY:

Name: Travis Armstrong  RP is from Facility  Anonymous

Organization: KELLER CANYON LANDFILL Cal OES # (if applicable) \_\_\_\_\_

Primary Phone Number: 714-931-5685 Secondary Phone Number: \_\_\_\_\_

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

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

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

FACILITY / LOCATION OF INCIDENT:

Name: KELLER CANYON LANDFILL CUPA Facility I.D.: 771406

Phone Number: 925-232-2999

Address: 901 BAILEY RD Unit: \_\_\_\_\_

City: PITTSBURG State: CA Zip Code: 94565

Location Description: West of truck scales

INITIAL INCIDENT DESCRIPTION:

RADIATION MONITOR ALARM TRIGGERED BY A TRUCKLOAD COMING IN.

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: Radiation

Time Enroute to Scene: 11:05 Time Arrived On Scene: 11:23 Time Departed From Scene: 11:40

REFERRED TO OTHER AGENCY:



<b>DTSC STATE FUNDING (if applicable):</b> CLU/ERER Number:	<b>STORMWATER STATUS (if applicable):</b> <input type="checkbox"/> Actual Discharge <input type="checkbox"/> Potential Discharge
--	---

**AGENCIES ON SCENE OR NOTIFIED:**

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement					
Air District					
State OES					

**REPORT:**

At 11:00AM Travis Armstrong, with Republic Services, contacted Contra Costa County Health Services Hazardous Materials Programs Incident Response Team (CCCHS HMP IRT) about the radiation detectors triggering on an inbound load at the Keller Canyon Landfill.

At 11:05AM CCCHS HMP IRT departed office for Keller Canyon Landfill.

At 11:23AM CCCHS HMP IRT arrived at Keller Canyon Landfill and met with Tod Pattee with Keller Canyon Landfill.

At 11:35AM CCCHS HMP IRT identified the unknown source to be an artificial medical source called Technetium-99m (Tc-99m) which is commonly used for thyroid scans and has a half-life of six hours. CCCHS HMP IRT informed Pattee of the identity of the source.

At 11:40AM CCCHS HMP IRT departed Keller Canyon Landfill.

At 12:00PM CCCHS HMP IRT arrived back at the office.

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

Report Prepared by: MJD