



ENTERED

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 6/5/18 Received Time: 8:00 Received By: ED Lead: ED
 Incident Date: 6/5/18 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 180605 - 01

COMPLAINANT / REPORTING PARTY:
 Name: Ken Loo RRP is from Facility Anonymous
 Organization: Con Fire
 Primary Phone Number: _____ Secondary Phone Number: _____
 Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:
 Name: Con Fire Station 87 CUPA Facility I.D.: 772816
 Phone Number: _____
 Address: 800 W Leland Rd. Unit: _____
 City: Pittsburg State: CA Zip Code: 94565
 Location Description: _____

INITIAL INCIDENT DESCRIPTION:
Unknown white powder brought to Station 87 by firefighter

INCIDENT TYPE / DESCRIPTION:
 Community Warning System Level (Circle Highest Level): 8 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Spill or Release <input type="checkbox"/> Startup or Shutdown <input type="checkbox"/> Flaring <input type="checkbox"/> Upset	<input type="checkbox"/> Fatality (one or more) <input type="checkbox"/> > 24 hrs. Hospital, 3 or more people <input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> Tank Truck <input type="checkbox"/> Railroad <input type="checkbox"/> On Water <input type="checkbox"/> Pipeline <input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Storm Drain/Creek <input type="checkbox"/> Drug Lab <input type="checkbox"/> Disposal/Abandonment <input type="checkbox"/> Odor Complaint <input checked="" type="checkbox"/> Other:

Time Enroute to Scene: 08:50 Time Arrived On Scene: 09:05 Time Departed From Scene: 10:29

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	Confire	0	Ken Leo		
Law Enforcement					
Air District					
State OES					

REPORT:

Station 87 received unknown powder from fire incident that occurred previously.

Information gathered suggested material is benign.

CCITSHMP performed entry with Confire assistance to identify/HazCat substance.

Substance determined to be carbohydrate/sugar, nonhazardous

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

Report Prepared by: ED