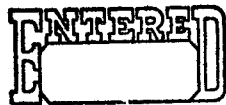


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS OFFICER

CONTRA COSTA
HEALTH SERVICES
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: 160519 - 02

Received Date: 05/19/16 Received Time: 12:20 Received By: AM Lead: KA

Incident Date: 05/19/16 Incident Time: 12:10 Assigned to: _____ Assigned Date: _____

COMPLAINANT / REPORTING PARTY:

Name: AMISH WALAND RP is from Facility Anonymus
Organization: KAISER PERMANENTE
Primary Phone Number: (925)813-3977 Secondary Phone Number: _____
Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: KAISER PERMANENTE DELTA FAIR CUPA Facility I.D.: 770337
Phone Number: _____
Address: 3400 DELTA FAIR Unit: _____
City: ANTIOCH State: CA Zip Code: 94509
Location Description: MEDICAL OFFICES/CLINIC

INITIAL INCIDENT DESCRIPTION: Employee opening mail had an envelope containing a white powder substance.

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 type="checkbox"/> Other:

Time Enroute to Scene: 12:53 Time Arrived On Scene: 1:09 Time Departed From Scene: _____

REFERRED TO OTHER AGENCY: Antioch PD

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					
Law Enforcement	Antioch PD		Matt Harger		#16-5469
Air District					
State OES					

REPORT:

5/19/2016

12:20 Hazmat receives call from Kaiser Antioch located at 3400 Delta Fair about a white powder released after an employee opened an envelope.

1:09-Hazmat IR team arrives on scene. Hazmat makes entry and collects samples. Hazmat also runs the following tests:

- Protein-Positive, Ph-Neutral, Shake-Negative, Water solubility-Negative
- Anthrax-Negative
- Ricin-Negative
- Razor-Negative
- HazMat ID- Cornstarch, flour

Envelope containing white powder is determined to be suspicious. County Health officer and PIO are notified. Sample of white powder is sent to County Public Health Lab for further analysis. Contaminated areas are isolated until test results are received. HVAC to area is shut down.

5/20/2016

12:00 pm- County Public Health Test results are negative for Anthrax.

Kaiser is advised that they may proceed with clean up and reopen all parts of building.

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

Report Prepared by: _____

