

David L. Alvord, *Mayor*
Mark Seethaler, *Council Member*
Chuck Newton, *Council Member*
Donald J. Shelton, *Council Member*
Steve Barnes, *Council Member*
Christopher J. Rogers, *Council Member*



PH: 801.254.3742 EMAIL: info@sjc.utah.gov FAX: 801.254.3393

October 7, 2014

Caitlin Pennington


We have received your GRAMA Record Request dated October 6, 2014 requesting:

- Copy of records pertaining to mercury spill located at:

Address: 3650 W. 9800 South Jordan City, 84095
Request #: 049221
Date of Incident: 02/28/2005

These 7 pages of records are what we have on file pertaining to your request.

Please let me know if you have any questions,

Sincerely,

Cindy Valdez
Deputy Recorder, CMC
801-254-3742 X-1279

Enclosures as noted above

**CITY OF SOUTH JORDAN
GRAMA Record Request
Fax: 801-254-3393**



*Fire Chief
Ashley
earley*

The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City Charges .25¢ per page. The City may assess other fees for records compiled in a form other than that maintained. Research or Services Fee may be charged as provided by Utah Code 63G-2-203.

Requestor's Name: Caitlin Pennington
 Address: [REDACTED] City: SLC
 State: UT Zip: 84104 Daytime Phone: [REDACTED] Fax: [REDACTED]

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) **specifically described as:**

<u>Rqst # 049221</u>	<u>The Spot</u>
<u>Sanit # 350083</u>	<u>3650 W 9800 S</u>
	<u>South Jordan UT 84095</u>
<u>Date Entered 2/28/05</u>	
<u>Reported Mercury Spill</u>	<u>Complainant: South Jordan Fire</u>
	<u>Jeff Brewbe</u>

which I believe are collected, filed and/or used by the City of South Jordan, 1600 W. Towne Center Drive, South Jordan, Utah 84095 (801) 254-3742.

I would like to view/inspect the record(s).

I would like to receive a copy of the record(s) described above. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize cost of up to \$_____. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.

Caitlin Pennington
Signature

10/6/14
Date

CITY'S RESPONSE TO RECORD REQUEST - FOR OFFICE USE ONLY

____ APPROVED - Requestor notified on _____, 20 ____

____ DENIED - Written denial sent on _____, 20 ____

____ Requestor notified that this office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20 ____

____ Extension of time for extraordinary circumstances. Required notice sent _____, 20 ____

COPY FEES: \$ _____. If waived, approved by: _____

A	FDID 35008	State UT	Incident Date 02 28 2005	Station 61	Incident Number 05-000273	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location*	<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section A "Alternative Location Specification". Use only for Wildland fires.							
<input checked="" type="checkbox"/> Street address	Number/Milepost 3650	Prefix 9800	Street or Highway ST	Suffix S				
<input type="checkbox"/> Intersection					City South Jordan	State UT	Zip Code 84095	
<input type="checkbox"/> In front of					Cross street or directions, as applicable			
<input type="checkbox"/> Rear of								
<input type="checkbox"/> Adjacent to								
<input type="checkbox"/> Directions								
C Incident Type *	E1 Date & Times		Midnight is 0000		E2 Shift & Alarms			
422 Chemical spill or leak	Check boxes if dates are the same as Alarm		Month 02	Day 28	Year 2005	Hr 13	Min 50	Sec 00
Incident Type	ALARM always required		Date		Alarm *		Local Option	
D Aid Given or Received*	ARRIVAL required, unless canceled or did not arrive		Arrival *		Shift or Platoon B		Alarms 62-A	
1 <input type="checkbox"/> Mutual aid received	CONTROLLED Optional, except for wildland fires		Controlled *		District		E3 Special Studies	
2 <input type="checkbox"/> Automatic aid recvd.	LAST UNIT CLEARED, required except for wildland fires		Last Unit		Special Study ID#		Local Option	
3 <input type="checkbox"/> Mutual aid given			Cleared		Special Study Value			
4 <input type="checkbox"/> Automatic aid given								
5 <input type="checkbox"/> Other aid given								
N <input checked="" type="checkbox"/> None								
F Actions Taken *	G1 Resources *		G2 Estimated Dollar Losses & Values					
41 Identify, analyze	<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires. None					
Primary Action Taken (1)	Apparatus 0002	Personnel 0005	Property \$, 000 , 000		<input type="checkbox"/>	
Additional Action Taken (2)	EMS		Contents \$, 000 , 000		<input type="checkbox"/>	
Additional Action Taken (3)	Other		PRE-INCIDENT VALUE: Optional		Property \$, 000 , 000	
	<input type="checkbox"/> Check box if resource counts include aid received resources.		Contents \$, 000 , 000		<input type="checkbox"/>	
Completed Modules	H1* Casualties <input type="checkbox"/> None		H3 Hazardous Materials Release			I Mixed Use Property		
<input type="checkbox"/> Fire-2	Deaths 0	Injuries 0	N <input type="checkbox"/> None			NN <input type="checkbox"/> Not Mixed		
<input type="checkbox"/> Structure-3	Fire Service 0	0	1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions			10 <input type="checkbox"/> Assembly use		
<input type="checkbox"/> Civil Fire Cas.-4	Civilian 0	0	2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)			20 <input type="checkbox"/> Education use		
<input type="checkbox"/> Fire Serv. Cas.-5			3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container			33 <input type="checkbox"/> Medical use		
<input type="checkbox"/> EMS-6			4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage			40 <input type="checkbox"/> Residential use		
<input type="checkbox"/> HazMat-7	H2 Detector	Required for Confined Fires.	5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable			51 <input type="checkbox"/> Row of stores		
<input type="checkbox"/> Wildland Fire-8	1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only			53 <input type="checkbox"/> Enclosed mall		
<input checked="" type="checkbox"/> Apparatus-9	2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container			58 <input type="checkbox"/> Bus. & Residential		
<input checked="" type="checkbox"/> Personnel-10	<input type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons			59 <input type="checkbox"/> Office use		
<input type="checkbox"/> Arson-11			0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			60 <input type="checkbox"/> Industrial use		
J Property Use*	Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs		
131 <input type="checkbox"/> Church, place of worship	342 <input type="checkbox"/> Doctor/dentist office		361 <input type="checkbox"/> Prison or jail, not juvenile			579 <input type="checkbox"/> Motor vehicle/boat sales/repair		
161 <input type="checkbox"/> Restaurant or cafeteria	419 <input type="checkbox"/> 1-or 2-family dwelling		429 <input type="checkbox"/> Multi-family dwelling			571 <input type="checkbox"/> Gas or service station		
162 <input type="checkbox"/> Bar/Tavern or nightclub	439 <input type="checkbox"/> Rooming/boarded house		449 <input type="checkbox"/> Commercial hotel or motel			599 <input type="checkbox"/> Business office		
213 <input type="checkbox"/> Elementary school or kindergarten	459 <input type="checkbox"/> Residential, board and care		464 <input type="checkbox"/> Dormitory/barracks			615 <input type="checkbox"/> Electric generating plant		
215 <input type="checkbox"/> High school or junior high	519 <input type="checkbox"/> Food and beverage sales		579 <input type="checkbox"/> Gas or service station			629 <input type="checkbox"/> Laboratory/science lab		
241 <input type="checkbox"/> College, adult education	936 <input type="checkbox"/> Vacant lot		599 <input type="checkbox"/> Business office			700 <input type="checkbox"/> Manufacturing plant		
311 <input type="checkbox"/> Care facility for the aged	938 <input type="checkbox"/> Graded/care for plot of land		615 <input type="checkbox"/> Electric generating plant			819 <input type="checkbox"/> Livestock/poultry storage (barn)		
331 <input type="checkbox"/> Hospital	946 <input type="checkbox"/> Lake, river, stream		629 <input type="checkbox"/> Laboratory/science lab			882 <input type="checkbox"/> Non-residential parking garage		
Outside	951 <input type="checkbox"/> Railroad right of way		659 <input type="checkbox"/> Manufacturing plant			891 <input type="checkbox"/> Warehouse		
124 <input type="checkbox"/> Playground or park	960 <input type="checkbox"/> Other street		700 <input type="checkbox"/> Manufacturing plant			981 <input type="checkbox"/> Construction site		
655 <input type="checkbox"/> Crops or orchard	961 <input type="checkbox"/> Highway/divided highway		819 <input type="checkbox"/> Livestock/poultry storage (barn)			984 <input type="checkbox"/> Industrial plant yard		
669 <input type="checkbox"/> Forest (timberland)	962 <input type="checkbox"/> Residential street/driveway		882 <input type="checkbox"/> Non-residential parking garage					
807 <input type="checkbox"/> Outdoor storage area			891 <input type="checkbox"/> Warehouse					
919 <input type="checkbox"/> Dump or sanitary landfill			981 <input type="checkbox"/> Construction site					
931 <input type="checkbox"/> Open land or field			984 <input type="checkbox"/> Industrial plant yard					
Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 549 Specialty shop								
NFIRS-1 Revision 03/11/99								

K1 Person/Entity Involved

Local Option

Business name (if applicable)

Area Code

Phone Number

 Check This Box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>									
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>									
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>									
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>									
State	Zip Code								

 More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary
K2 Owner
 Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

 Check this box if same address as incident location. Then skip the three duplicate address lines.

<input type="text"/>									
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix					
<input type="text"/>									
Number	Prefix	Street or Highway	Street Type	Suffix					
<input type="text"/>									
Post Office Box	Apt./Suite/Room	City							
<input type="text"/>									
State	Zip Code								

L Remarks

Local Option

Responded to "The Spot" a business that sells items for individuals on E-bay on a mercury spill. On arrival made contact with several individuals working at the store including Ron Gustaveson the owner. He stated that 4 days ago he picked up a package from a client that contained old dental supplies. He transported the package in his vehicle to the store where it has been sitting in a warehouse. Today the workers began to sort through the box to inventory the items. While doing this they removed an item that contained mercury. They state that the lid was not on tight and an unknown quantity of the mercury fell on the floor. Prior to calling 911 they attempted to clean some of the spill. On our arrival they were still attempting to clean up the mercury. They had accumulated approx. 1/2 of a teaspoon of the mercury and placed it on a small metal shovel. In surveying the area it was obvious that there was still an unknown quantity on the floor and in other boxes in the area. It was difficult to estimate an amount since it was in small flecks over an area approx. 10 square feet and had also fallen down into cracks on the floor and also into several boxes in the area. We attempted to collect some of the product that was easily visible and accessible. We put the collected amount back into the container. Estimate on amount that was collected approx. 1 teaspoon. Contacted the Salt Lake Valley Health Dept. and they sent out a response team. The leader of their team was Kevin Okleberry. He observed the scene and called for additional resources to evaluate the air quality. He advised the business owner that it would be wise to close the business until further testing could be done. He also advised that it was likely that a professional company would need to come in and clean up the rest of the spill. Mr. Okleberry stated that there was no longer a need for Fire Dept. assistance. He stated he would give us a follow up call. The scene was released to the health dept.

L Authorization

7175

Officer in charge ID

Ladle, James W.

Signature

PM

Position or rank

Assignment

02

Month

28

Day

2005

Year

Check Box if same as Officer in charge.

7175

Member making report ID

Ladle, James W.

Signature

PM

Position or rank

Assignment

02

Month

28

Day

2005

Year

35008

FDID *

UT

State *

MM

DD

YYYY

2

28

2005

Incident Date *

61

Station

05-0000273

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

Responded to "The Spot" a business that sells items for individuals on E-bay on a mercury spill. On arrival made contact with several individuals working at the store including Ron Gustaveson the owner. He stated that 4 days ago he picked up a package from a client that contained old dental supplies. He transported the package in his vehicle to the store where it has been sitting in a warehouse. Today the workers began to sort through the box to inventory the items. While doing this they removed an item that contained mercury. They state that the lid was not on tight and an unknown quantity of the mercury fell on the floor. Prior to calling 911 they attempted to clean some of the spill. On our arrival they were still attempting to clean up the mercury. They had accumulated approx. 1/2 of a teaspoon of the mercury and placed it on a small metal shovel. In surveying the area it was obvious that there was still an unknown quantity on the floor and in other boxes in the area. It was difficult to estimate an amount since it was in small flecks over an area approx. 10 square feet and had also fallen down into cracks on the floor and also into several boxes in the area. We attempted to collect some of the product that was easily visible and accessible. We put the collected amount back into the container. Estimate on amount that was collected approx. 1 teaspoon. Contacted the Salt Lake Valley Health Dept. and they sent out a response team. The leader of their team was Kevin Okleberry. He observed the scene and called for additional resources to evaluate the air quality. He advised the business owner that it would be wise to close the business until further testing could be done. He also advised that it was likely that a professional company would need to come in and clean up the rest of the spill. Mr. Okleberry stated that there was no longer a need for Fire Dept. assistance. He stated he would give us a follow up call. The scene was released to the health dept.

A FDID 35008 State UT Incident Date 2 28 2005 Station 61 Incident Number 05-0000273 Exposure 000 Delete Change **NFIRS - 9 Apparatus or Resources**

B Apparatus or Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Month	Day	Year	Hour	Min					
1 ID <u>L61</u> Type <u>13</u>	Dispatch <input checked="" type="checkbox"/>	<u>2</u>	<u>28</u>	<u>2005</u>	<u>13:50</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>2</u>	<u>28</u>	<u>2005</u>	<u>14:00</u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>2</u>	<u>28</u>	<u>2005</u>	<u>15:33</u>			<input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>MA62</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>2</u>	<u>28</u>	<u>2005</u>	<u>13:50</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>2</u>	<u>28</u>	<u>2005</u>	<u>14:00</u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>2</u>	<u>28</u>	<u>2005</u>	<u>15:33</u>			<input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

<p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other 	<p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other 	<p>More Apparatus? Use Additional Sheets</p>	<p>Other</p> <ul style="list-style-type: none"> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource <p>NN None UU Undetermined</p>
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NFIRS-9 Revision 11/17/98

A FDID 35008 * State UT * Incident Date 2 28 2005 * Station 61 Incident Number 05-0000273 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** Check if same as alarm date
 Use codes listed below **Month** **Day** **Year** **Hours/mins** **Sent** **Number of People** **Use** **Actions Taken**
Check ONE box for each apparatus to indicate its main use at the incident.
List up to 4 actions for each apparatus and each personnel.

1 ID L61 Dispatch 2 28 2005 13:50 Sent 3 Suppression EMS Other
 Type 13 Arrival 2 28 2005 14:00 Clear 2 28 2005 15:33

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
7153 7175 [REDACTED]	Bond, Harvey Ladle, James [REDACTED]	CAPT PM [REDACTED]	X X [REDACTED]				

2 ID MA62 Dispatch 2 28 2005 13:50 Sent 2 Suppression EMS Other
 Type 76 Arrival 2 28 2005 14:00 Clear 2 28 2005 15:33

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
[REDACTED] 7173	[REDACTED] Barnson, Coy	[REDACTED] PM	[REDACTED] X				

3 ID Dispatch Sent Suppression EMS Other
 Type Arrival Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

35008

FDID

UT

State

2

28

Incident Date

2005

61

Station

05-0000273

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
L61 Ladder 61	13:50:00	13:50:00	14:00:00	15:33:00

Staff ID\Staff Name	Activity	Rank	Position	Role
7153 Bond, Harvey R.	HazMat at Scene	Captain		
7175 Ladle, James W.	HazMat at Scene	Paramedic		
[REDACTED]	HazMat at Scene	Paramedic		

MA62 Medic Ambulance 62	13:50:00	13:50:00	14:00:00	15:33:00
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Staff ID\Staff Name	Activity	Rank	Position	Role
[REDACTED]	HazMat at Scene	Paramedic		
7173 Barnson, Coy M.	HazMat at Scene	Paramedic		
[REDACTED]	HazMat at Scene	Paramedic		
7173 Barnson, Coy M.	HazMat at Scene	Paramedic		

35008	UT	2	28	2005	61	05-0000273	000	Responding Personnel
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
7153 Bond, Harvey R.	L61	HX HazMat at Scene		CAPT		1.72	1.72	0.00
7175 Ladle, James W.	L61	HX HazMat at Scene		PM		1.72	1.72	0.00
[REDACTED]		HX HazMat at Scene		PM		1.72	1.72	0.00
[REDACTED]		HX HazMat at Scene		PM		1.72	1.72	0.00
7173 Barnson, Coy M.	MA62	HX HazMat at Scene		PM		1.72	1.72	0.00

Total Participants: 5

Total Personnel Hours: 8.60

An 'X' next to the unit denotes driver.