SAN DIEGO POLICE DEPARTMENT
PROCEDURE

DATE: September 16, 2015

NUMBER: 8.16 – CRITICAL INCIDENTS

SUBJECT: INCIDENTS INVOLVING HAZARDOUS MATERIALS, WEAPONS OF MASS DESTRUCTION, EMERGENCIES AT GENERAL ATOMICS, AND TRANSPORTATION OF NUCLEAR MATERIALS

RELATED POLICY: N/A

ORIGINATING DIVISION: OPERATIONAL SUPPORT

NEW PROCEDURE: ☐

PROCEDURAL CHANGE: ■

SUPERSEDES: DP 8.16 – 03/13/2012

All portions of this document are deemed by the San Diego Police Department to be records of its security procedures and are exempt from disclosure under the California Public Records Act by Section 6254(f) of the California Government Code.

DELETED – RECORDS OF SECURITY
## HAZARDOUS MATERIALS/WASTE EMERGENCY DISPOSAL/IMPOUND REPORT

**SAN DIEGO POLICE DEPARTMENT**

**HAZARDOUS MATERIALS/WASTE EMERGENCY DISPOSAL/IMPOUND REPORT**

**GCE DEPARTMENT PROCEDURE #16 FOR GUIDELINES**

<table>
<thead>
<tr>
<th>DATE OF PICKUP:</th>
<th>TIME OF REQUEST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPOSAL COMPANY:</td>
<td>ARRIVAL TIME:</td>
</tr>
<tr>
<td>NAME OF DISPOSAL CO. REP:</td>
<td></td>
</tr>
<tr>
<td>MANIFEST #:</td>
<td>APPROVING DUTY LIEUTENANT:</td>
</tr>
<tr>
<td>EVIDENCE:</td>
<td>CONTACT OFFICER/UNIT:</td>
</tr>
<tr>
<td>WAS THIS A MULTI-JURISDICTIONAL/AGENCY/INCIDENT?</td>
<td>YES</td>
</tr>
<tr>
<td>IF YES, IDENTIFY INVOLVED AGENCIES/JURISDICTIONS:</td>
<td>YES</td>
</tr>
</tbody>
</table>

**IDENTIFY THE PROSECUTING DEPARTMENT/AGENCY:**

**NAME OF PROPERTY OWNER:**

| ADDRESS OF OWNER: | CITY: | STATE: | ZIP: |
| OWNER'S TELEPHONE: | WAS OWNER PRESENT? | YES | NO |

**NAME OF PERSON IN POSSESSION OF PROPERTY (IF DIFFERENT FROM OWNER):**

| ADDRESS: | CITY: | STATE: | ZIP: |
| TELEPHONE: | |

**RELATIONSHIP TO OWNER (RENTER, GUEST, ETC.):**

**TYPE OF PROPERTY (RESIDENTIAL, BUSINESS, MOTEL, RV, VEHICLE, ETC.):**

**RETURN THIS FORM ALONG WITH THE FOLLOWING DOCUMENTS TO:**

**EMERGENCY MANAGEMENT — M.S. 728**

1. BLUE COPY OF THE MANIFEST
2. "GENERATOR'S COPY" (YELLOW) OF MANIFEST
3. SERVICE ORDER FROM DISPOSAL COMPANY
4. COPIES OF ANY RELATED REPORTS

**OFFICER:**

| ID: | DIVISION: |

**APPROVED BY:**

| ID: | DATE/TIME: |

**FOR OFFICE USE ONLY:**

- [ ] ALL DOCUMENTS RECEIVED FROM OFFICER
- [ ] BLUE MANIFEST COPY MAILED TO STATE HEALTH DEPARTMENT
- [ ] COMPUTER UPDATED