REDACTED VERSION

CleanHarbors
ENVIRONMENTAL SERVICES®

CITIZEN COMPLIANT REPORT

DATE: 1-3-2013
TIME: 11:00
(Complaint received)

Janice Moore
(Signature)

COMPLAINANT NAME: (b) (6) [redacted]

ADDRESS: (b) (6) [redacted]

PHONE NUMBER: [redacted]

NATURE OF COMPLAINT: Headaches, coughs

DESCRIPTION OF ODOR: _____

PERIOD OF TIME ODOR NOTICEABLE: _____

WIND DIRECTION AND ATMOSPHERIC CONDITIONS: _____

COMPLAINT REFERRED TO: ____ Operations Superintendent Referral Date: _____

X Compliance Manager Time: 11:15 am.

____ On-Call Manager

INVESTIGATOR(S) FOUND: _____

ACTION TAKEN: ____ On-site Investigation ____ Complainant's Site Investigated

____ Phone call ____ Return call

Date: _____ Time: _____

FOLLOW-UP REQUIRED: _____

FURTHER COMMENTS: was working on a car in town when accident happened.. inhaled smoke. Mr. (b) (6) [redacted] said he has an appt. with a lung doctor on the 31st.

DATE: 1-2-13 GUARD/CHEL Employee: D16 4[illegible]

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Twin brother to (b) (6) [redacted]

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