Tiffany Anderson 1900 Lakeshore Drive Lodi, CA 95242 209-331-0208

http://culexpipien.com

February 1, 2016

Dr. Michael Bronshvag 11010 White Rock Rd., Ste. 120 Rancho Cordova, CA 95670

Regarding:

My workers' compensation claims against San Joaquin County Mosquito &

Dear Dr. Bronshvag:

It has just come to my attention that you were provided by defense counsel Sara Skolnik a June 11, 2014 letter from the San Joaquin County District Attorney's office as part of the pre-QME document submissions. That document is new to me. I've reviewed it and disagree with its

From 2004 to 2010, my employer took steps to hide the use of formaldehyde from their employees, including me. To date, this employer refuses to inform employees about all chemicals used. Other employees have also developed inexplicable illnesses.

I was not state-certified to apply pesticides during the time that I was being treated for three (3) separate exposure incidents. I was operating under Eddie Lucchesi's license and he was responsible to ensure that I understood my rights and that all laws were followed to protect my

During the 2014 Grand Jury investigation, I was repeatedly denied the opportunity to fully set out my employer's wrongdoing, the misconduct. For that reason, I am asking you to disregard the June 11, 2014 letter signed by deputy Scott A. Fitchner, a subordinate of then-district attorney James Willett.

I'd again ask that you to read the MSDS labels involved, including those products containing formaldehyde. Those labels suggest the mental health harm that you wanted to make a

If MSDS labels are beyond your area of expertise, then please refer this out to an additional evaluator.

Sincerely,

Tiffany Anderson

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN

I Am in the County of San Joaquin, State of California. I am over the age of 18 years. My residence is 1900 Lakeshore Drive, Lodi, CA 95240.

I served the foregoing document described as:

Letter to Dr. Bronshvag dated February 1, 2016, and enclosures of training records (in the exact chronology as provided by defense counsel), Grand Jury Complainant Form from September 12, 2009, on all parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon, prepaid in the United States mailed at Lodi, California, addressed as:

Sara Skolnik STOCKWELL HARRIS 1007 West College Ave., Ste. 301 Santa Rosa, CA 95401

WCAB 31 E. Channel Street, #344 Stockton, CA 95202

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on February 1, 2016, at Lodi, California.

Bv:

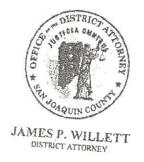
Tiffand Anderson

Copies:

SJC District Attorney Tori Verber Salazar P.O. Box 990 Stockton, CA 95201

[I am most interested in your office pursuing the Mosquito District for Insurance Fraud]

Kathleen Rooney, Captain Fraud Division California Department of Insurance 9342 Tech Center Drive, Suite 500 Sacramento, CA 95826



OFFICE OF THE DISTRICT ATTORNEY SAN JOAQUIN COUNTY

MAIN OFFICE

222 East Weber Avenue, Suite 202. Stockton. California P.O. Box 990, Stockton, California 95201 Telephone: (209) 468-2400 Fax: (209) 465-0371

> EDWARD J. BUSUTTIL ASSISTANT DISTRICT ATTORNEY

June 11, 2014

Mr. Gary McIver Cal/OSHA Sacramento, CA

Re: San Joaquin County Mosquito and Vector Control District

Gary:

The 2011-2012 San Joaquin County Civil Grand Jury received a complaint and initiated an investigation into the operations of the San Joaquin County Mosquito and Vector Control District. A final report was issued in June of 2012.

As an advisor to the Grand Jury, I was notified during the investigation that allegations of illegal conduct were being made against the district concerning the use of the drug Paracide-F. The Grand Jury asked the District Attorney's Office to investigate this allegation.

District Attorney Investigator Mike Morris interviewed the complainant, employees of the district, reviewed documents and consulted with state experts concerning the allegation. Based on his investigation there was no indication of criminal conduct. The Grand Jury was notified and no

If anything further is needed, please let me know.

Sincerely,

JAMES P. WILLETT DISTRICT ATTORNEY

Chief Deputy District Attorney

Region

District

SE/IH Identification No.

Office:

CAL/OSHA 4206 Technology Dr., Suite 3 Modesto, CA 95356 Telephone: (209) 545-7310

NOTICE OF NO VIOLATION AFTER INSPECTION

San Joaquin County Mosquito Abatement District 7759 S Airport Way Lodi, CA 95206

An inspection was conducted by Gary McIver at a place of employment located at 12755 N Thornton Rd, Lodi, on 01/13/2014. This inspection was initiated by any or all of the following reasons: complaint, follow-up, referral, planned.

Description	n of area(s) in	spected:		
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(Parasite-S), harzard ide	entification and pulling m	anhole covers.	
		- A A		
Signature:	Sety Engineer	/Industrial Hygienist	Signature:	y Carpely
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Date of Issu	iance:		Date Inspection Complet	ted:
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olations can	occur occasion	d of the worksite. The	to the transitory nature	which was not necessarily re of worksite conditions, ven inspection. This notice
2	4	H9839	002-14	316703016

Optional Report No.

Cal/OSHA Form 1 Report No.

CAL/OSHA-1AX (12/01/00)

Department of Industrial Relations
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
4206 Technology Drive, Suite 3

Modesto, CA 95356 Telephone: (209) 545-7310

Fax:

(209) 545-7313





12.05.13

San Joaquin Cty Mosquito & Vactor Control Dept 7759 S. Airport Way Stockton, CA 95206

Dear Employer:

The Division of Occupational Safety and Health has received a complaint alleging the following condition(s) at your workplace at 12755 N. Thornton Rd, Lodi, which may be a violation of the Safety Orders found in Title 8 of the California Code of Regulations.

Alleged Condition(s) and Title 8 Code Section(s): Regulatory reference available at www.dir.ca.gov/samples/search/query.htm.

- Poor training. Section 3203.
- Work in and around water with no floation device. Section 3389a.
- 3. Supervisors stopped supervising employees. Section 3203.
- 4. Not informing employees of chemitals exposure. Section 5194.
- 5. Pulling 80 pounds manhole covers. Section 3203, 5110.

The Division has not determined whether the hazards, as alleged, exist at your workplace and, at this contact the Division does not intend to conduct an inspection of your workplace.

However, you are required to investigate the alleged condition(s) and notify this Office in writing no later than fourteen (14) calendar days after receipt of this letter whether the alleged condition(s) exist and, if so, specify the corrective action(s) you have taken and the estimated date when the corrections will be completed.

Please include any written documentation, e.g., equipment purchase orders or contracts for corrective work, and photographs, if appropriate, in your response. If you do not respond in a timely and satisfactory manner, an unannounced inspection of your workplace will be scheduled which may result in citation(s) and monetary penalties. Also, every tenth

satisfactory letter response from employers is subject to verification by an inspection.

San Joaquin Cty Mosquito & Vector Control Dept Page 2

You are required to post a copy of this letter and a copy of your response to the Division in a prominent location in your workplace where it is readily accessible for employee review for at least three (3) days or until the hazard is corrected, whichever is longer.

This letter is not a citation or a notification of a proposed penalty. Citations and penalties can only be issued after an inspection of your workplace. If the Division does not receive a satisfactory response from you within fourteen (14) calendar days after receipt of this letter, an on-site inspection will be conducted as appropriate.

If the identity of the complainant is known to the Division, a copy of this letter will be sent to the complainant. Also, he complainant will be notified that California law protects any person who makes a complaint about workplace safety and health hazards from being treated differently, discharged or discriminated against in any manner by their employer. If a complainant believes they have been discriminated against, it is their right to file a complaint with the Division of Labor Standards Enforcement within six (6) months of the discriminatory action.

If you have any questions concerning this matter, please contact me at the address in the letterhead.

Your interest in the safety and health of your employees is appreciated.

Sincerely

John Caynak

District Manager

/sb

Reference: File 362 209221084-d

PESTICIDE SAFETY TRAINING RECORD

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NAME OF EMPLOYER STONY CO												
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SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT

LABEL TRAINING MAKE-UP MEETING

Wednesday February 28TH, 2007

(BRING YOUR LABEL BINDERS)

The meeting will be broken into two groups. The first group will review the District's larvicide labels. The second group will review the adulticide labels and Adult Mosquito I.D training.

LARVICIDE LABEL TRAINING

(8:30 A.M.)

Brian Heine Stacy Bearden Mary Iverson Steve Leipelt Steve Azevedo Ernie Mancuso Tiffany Anderson Don Meidinger

ADULTICIDE LABEL TRAINING

(11:30 P.M.)

Greg Edwards Brian Heine Don Meidinger Norm Hopkins

ADULT MOSQUITO ID TRAINING

(1:30 P.M.)

Greg Edwards Brian Heine Don Meidinger Norm Hopkins

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WASH HANDS AND ARMS WITH SOAP & WATER:	
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VAOI COMPLETELY at the end of work down	
charige into clean clothing.	X
WEAR CLEAN WORK CLOTHES DAILY.	
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital	
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MEDICAL SUPERVISION: Required when	
more dialioulia ili. ali nave atta corbani	
organophosphates with "DANGER- or "IAVA DALLALO"	
orridadi.	
READ THE LABEL: Signal word, precautions,	
first aid, rate, dilution, volume.	X
TRIPLE RINSE THE CANS AT THE TIME OF USE.	X
DRIFT: Confine the spray to the crop watch and f	
people, aillilais, waterways, or any special hazarda	X
STORAGE Of pesticide cans in a looked	+
area of will all authorized person watching the	X X
PESTICIDE SAFETY INFORMATION SERIES	{`\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-
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EMPLOYEE INITIALS	KA
DATE - MO/DAY/YR	-byllore
PESTICIDE CATEGORY	
	PESTICIDES
EMPLOYEE SIGNATURE	Ÿ///////////////
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PESTICIDE SAFETY TRA	ININ	G RE	COF	RD							
									-		
NAME OF EMPLOYER SJCMVCA											
ASSIGNED JOB DUTIES:											
Applicator mixer, etc.											
SAFE PROCEDURES: Pouring, lifting, opening,	T	ī	1	1	1 1	-					
operating equipment, etc.	1	1	1	1	/	~	1	1	1		1
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	1	+	1	-			-	+	+	1	1
gloves, goggles, boots, respirator, apron. etc.	1	1	1	1	$ \vee $	1	~	/	V	V	V
REPORT IMMEDIATELY SYMPTOMS OF POISONING:		1						-	-	-	-
Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.											
WASH HANDS AND ARMS WITH SOAP & WATER:	_	_									
Before eating, drinking, smoking, going to the restroom.	1	V	1								
WASH COMPLETELY at the end of work day,	+	<u> </u>					V	V	~	~	
change into clean clothing.	1	1	1	~	V	~	1				~
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emergency room & where information is located.									~		
MEDICAL SUPERVISION: Required when working											
more than 30 hrs. in 30 days with carbamates, organophosphates with "DANGER: or "WARNING"							and the same				
on label.	and the second				1						
READ THE LABEL: Signal word, precautions,	-		-	-	-	\dashv	\dashv	-	\dashv		
first aid, rate, dilution, volume.	1	~	1	~	1	~	~	~	V	V	/
TRIPLE RINSE THE CANS AT THE TIME OF USE.			V						1		\neg
DRIFT: Confine the spray to the crop, watch out for	-		-		_					<u> </u>	
people, animals, waterways, or any special hazards.	Character of the state of the s	Applementage	CHEDINACION	1	1	/	~	./	V		
STORAGE of pesticide cans in a locked and posted	\vdash	-	-	-	\dashv	-	_	_	-	_	
area or with an authorized person watching the cans.	~	~	~	~	1	1	V	~	/	1	
PESTICIDE SAFETY INFORMATION SERIES A-8			-	\dashv	\dashv	+	-	-	-	+	-
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EMPLOYEE SIGNATURE	3/3/	10	9/	18	/	10	10	VECTOLE XOL	VCCTOLEX MAN	VECTOLEX DE	3/
	MX	PELLEY Y	100	5/3	12	VECTO8AC	VECTO8AC	13	1	(A)	
DATE OF INITIAL TRAINING 3-1-05	1678518 188,518	0 J	0/8/01/01/01/01/01/01/01/01/01/01/01/01/01/	Simile	11/	5	70	15	5	10	/
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	V-11411/	UK	E00	KU			-				
NAME THANK anderson											
TIVIL OI LIVII LOIER									_		
ASSIGNED JOB DUTIES:											
Applicator, mixer, etc.											-
SAFE PROCEDURES: Pouring, lifting, opening,											
operating equipment, etc.	1	1	1.			1	1	1	1	1	1
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	+	1	1	1	1		1	1	1	1	1
gioves, goggies, boots, respirator annon etc	1	1	V	1	1	Iv					
REPORT IMMEDIATELY SYMPTOMS OF POISONING:		1	1	L	1	1	1	1-		1	1
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WASH HANDS AND ARMS WITH SOAD & MATER	_	+-	+	-	+-	_	_				1
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WASH COMPLETELY at the end of work day	-	+-	\vdash	-	-	-	1	1		~	_
change into clean clothing.	1	1	1	1	1	Iv	1	1_		سا	~
WEAR CLEAN WORK CLOTHES DAILY.	+-	-	1	-	1	-	-	1			
EMERGENCY MEDICAL INFORMATION: Name - 11											
priorie riditibel di cillic. Divsician or hospital	\\\\\\	1	1	1	1	1	1	-		~	~
emergency room & where information is located.											
MEDICAL SUPERVISION: Required when working	T					<u> </u>				-	
more than 30 hrs. in 30 days with carbamates, organophosphates with "DANGER: or "WARNING"											
on label.	and the same of th									-	
READ THE LABEL: Signal word, precautions,	-										
first aid, rate, dilution, volume.	1	~	~	/	~	~	~	~			
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TRIPLE RINSE THE CANS AT THE TIME OF USE.	~	レ	~	-	V	~	~	~	-	-	~
DRIFT: Confine the spray to the crop, watch out for							-	\dashv	-	\dashv	
people, allimais, waterways, or any special bazards	1	-	~	1	~	~	~	-	1	-	~
STORAGE of pesticide cans in a locked and posted								-	\dashv	\dashv	
area or with an authorized person watching the cans.		1		1	-	~	/	~	1	-	~
PESTICIDE SAFETY INFORMATION SERIES							-	\dashv	\dashv	\dashv	\dashv
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PESTICIDE CATEGORY	3	3	3	21	2	2	3	3	3	3	3
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EMPLOYEE SIGNATURE) -))	m/5	10	/	15	W	YN	7/6	U/ R	1/5	71	/
DATE OF INITIAL TRAINING 4-18-05	Round-Up	PLACE	/	SUSPEN	133	PYRENDUE	SCOURCE	FYFANO	GARLON	MORACT	
DATE OF INITIAL TRAINING 4-18-05	10/	1	1	10	CYRENO	150	1 3	181	3/	E	/
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PESTICIDE SAFETY TRA	AINING RECORD	
NAME TITTONI CINCLESON NAME OF EMPLOYER STORY	COPY	7
ASSIGNED JOB DUTIES: Applicator, mixer letc.	mc+T	
SAFE PROCEDURES: Pouring, lifting, opening,		
operating equipment, etc.	VXX VVV	XI
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,		
gloves, goggles, boots, respirator, apron, etc.		/
REPORT IMMEDIATELY SYMPTOMS OF POISONING	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	٨
Pinpoint, pupils, nausea, shortness of breath I 60 TT		
dizziriess, neadache, blurred vision.		
WASH HANDS AND ARMS WITH SOAP & WATER:		
Before eating, drinking, smoking, going to the restroom.	1 X X X X X X .	X
WASH COMPLETELY at the end of work day.		-
change into clean clothing.	1 X X X X X X X X X	X
WEAR CLEAN WORK CLOTHES DAILY.		1
EMERGENCY MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital		
emergency room & where information is located.	^ X X X X X	1
MEDICAL SUPERVISION: Required when working		
more than 30 hrs. in 30 days with carbamates		
organophosphates with "DANGER: or "WARNING"		
on label.		
READ THE LABEL: Signal word, precautions,		+
first aid, rate, dilution, volume.	<u> </u>	
TRIPLE RINSE THE CANS AT THE TIME OF USE.	V /	1
DRIFT: Confine the spray to the crop, watch out for		
people, animals, waterways, or any special hazards.	X X miny X X	1
STORAGE of pesticide cans in a locked and posted	The state of the s	
area or with an authorized person watching the cans		
PESTICIDE SAFETY INFORMATION SERIES .		
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EMPLOYEE INITIALS	TA TA MATA	
DATE - MO/DAY/YR	11 PGIL DEIL DIL 9/11 9/11 9/11 9/11 9/11	1
PESTICIDE CATEGORY	33333333333333333333333333333333333333	
	of operationes	-
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EMPLOYEE SIGNATURE		/
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EMPLOYEE SIGNATURE SIGNATURE DATE OF INITIAL TRAINING 4-19-04	Alt: Lat. Alt: Sm. Alt: More Sarlon More	l'act
12/	Alt. Alt. Bank. Alt. Bank. Alt. Bank. 3/	
Training Initial	1 1 7 7 7 7 9 5	1

PESTICIDE SAFETY TRA	AINING RECORD
NAME	
NAME OF EMPLOYER	
ASSIGNED JOB DUTIES:	
Applicator, mixer, etc.	
SAFE PROCEDURES: Pouring, lifting, opening,	
operating equipment, etc.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls,	
gloves, goggles, boots, respirator, apron, etc.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REPORT IMMEDIATELY SYMPTOMS OF POISONING	XXXXXXX
rinpoint, pupils, nausea, shortness of breath	
dizzin ess, headache, blurred vision.	
WASH HANDS AND ARMS WITH SOAP & WATER:	
Before eating, drinking, smoking, going to the restroom	
WASH COMPLETELY at the end of work day	
change into clean clothing.	
WEAR CLEAN WORK CLOTHES DAILY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
EMERGENCY MEDICAL INFORMATION: Name, address,	
priorie liditibel of clinic, physician, or hospital	
emergency room & where information is located.	
MEDICAL SUPERVISION: Required when working more than 30 hrs. in 30 days with carbamates,	
organophosphates with "DANGER: or "WARNING"	
on label.	
READ THE LABEL: Signal word, precautions,	
first aid, rate, dilution, volume.	XXXXXXXX
TRIPLE RINSE THE CANS AT THE TIME OF USE.	77777
DRIFT: Confine the spray to the crop, watch out for	VX XXXXX
people, animals, waterways, or any special hazards.	XXXXXXXX
STORAGE of pesticide cans in a locked and posted	VV MAXXXX
area or with an authorized person watching the cans.	X V 1 1 . V V . I V X
PESTICIDE SAFETY INFORMATION SERIES	
	8 R-8 M-8 R8 R-8 R-8 R8 R-8
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PESTICIDE SAFETY	TRAINING RECORD
NAME	
NAME OF EMPLOYER	
ASSIGNED JOB DUTIES:	
Applicator, mixer, etc.	
SAFE PROCEDURES: Pouring, lifting, opening,	
operating equipment, etc.	VIVIVIIIII
PROTECTIVE CLOTHING & FOLUBLATION	
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	
REPORT IMMEDIATELY SYMPTOMS OF POISONING	
Pinpoint, pupils, nausea, shortness of breath,	
dizziness, headache, blurred vision.	
WASH HANDS AND ARMS WITH SOAP & WATER:	
Before eating, drinking, smoking, going to the restroom.	VVVV
WASH COMPLETELY at the end of work day,	
change into clean clothing.	
WEAR CLEAN WORK CLOTHES DAILY	
EMERGENCY MEDICAL INFORMATION: Name and	
priorie rigiliber of cliffic, physician or hospital	is, \langle
emergency room & where information is located	
MEDICAL SUPERVISION. Required whom washing	
more undi 30 Mrs. In 30 days with carbamatas	
organophosphates with "DANGER: or "WARNING" on label.	
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume.	
and and, rate, dilation, voiding.	
TRIPLE RINSE THE CANS AT THE TIME OF USE.	X
DRIFT: Confine the spray to the crop, watch out for	
people, animals, waterways, or any special hazards.	XM
TORAGE of pesticide cans in a locked and past	
area of with an authorized person watching the care	XXXX
ESTICIDE SAFETY INFORMATION SERIES	
	2-8 A-8 A-8 A-8
EMPLOYEE INITIALS	KH KHAH AN
DATE	41194119 4119
DATE - MO/DAY/YR	MIRAL MI MI
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PLOYEE SIGNATURE	
TE OF INITIAL TRAINING 4.19-04	PESTICIDES Vectories MSP Vectories
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ADULTICIDES/HERBICIDES/SURFACTANTS PESTICIDE SAFETY TRAINING RECORD

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Crop Sp Pyrony 7396 MGK Pyrocide X D X Pyrenone Crop Sp UL X 5 Pyrenone 25-5 X X X Evergreen X 9-09 X X X X PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, SAFETY PROCEDURES: Pouring, lifting, opening, operating MEDICAL INFORMATION: Name, address, phone number of MEDICAL SUPERVISION: Required when working more lhan WASH COMPLETELY at end of work day, change into clean WASH HANDS AND ARMS WITH SOAP & WATER; Before READ THE LABEL: Signal word, precautions, first aid, rate, 30 hrs in 30 days with carbamates, organophosphates with REPORT IMMEDIATELY SYMPTOMS OF POISONING STORAGE of pesticide cans in a locked and posted area or DRIFT: Confine the spray to the crop, watch out for people, WEAR CLEAN WORK CLOTHES DAILY. EMERGENCY Pinpoint pupils, nausea, shortness of breath, dizziness, clinic, physician, or hospital emergency room & where ASSIGNED JOB DUTIES (applicator, mixer, etc.) TRIPLE RINSE: THE CANS AT THE TIME OF USE PESTICIDE SAFETY INFORMATION SERIES $\mathbb{N}_$ eating, drinking, smoking, going to the restroom with an authorized person watching the cans animals, waterways or any special hazards goggles, boots, respirator, apron, etc. "DANGER OR WARNING" on label NAME OF EMPLOYER: readache, blurred vision PESTICIDE CATEGORY: information is located EMPLOYEE INITIALS: DATE - MO/DAY/YR: equipment, etc. dilution, volume NAME clothing

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DATE OF INITIAL TRAINING:

EMPLOYEE SIGNATURE:

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ADULTICIDES/HERBICIDES/SURFACTANTS

Tittany anderson

NAME OF EMPLOYER.

T R-11 >4 X X X X X X 4 Monterey Crop Oil 3.24/1 × X X In-Place 3-24-11 Pro Conc Roundup トカとそ 3-241 X 1 X Garlon 4 Ultra 3-7-1 X I X Aquamaster 11-12-8 X X X J X X PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, SAFETY PROCEDURES: Pouring, lifting, opening, operating MEDICAL INFORMATION: Name, address, phonenumber of MEDICAL SUPERVISION: Required when working more than WASH HANDS AND ARMS WITH SOAP & WATER: Before WASH COMPLETELY at end of work day, change into clean READ THE LABEL: Signal word, precautions, first aid, rate, STORAGE of pesticide cans in a locked and postedarea or 30 hrs in 30 days with carbamates, organophosphales with DRIFT: Confine the spray to the crop, watch out for people, REPORT IMMEDIATELY SYMPTOMS OF POISONING: WEAR CLEAN WORK CLOTHES DAILY, EMERGENCY Pinpoint pupils, nausea, shortness of breath, dizziness, A-N clinic, physician, or hospital emergency room & where TRIPLE RINSE: THE CANS AT THE TIME OF USE ASSIGNED JOB DUTIES (applicator, mixer, etc.) eating, drinking, smoking, going to the restroorn PESTICIDE SAFETY INFORMATION SERIES with an authorized person watching the cans animals, waterways or any special hazards goggles, boots, respirator, apron, etc. "DANGER OR WARNING" on label DATE OF INITIAL TRAINING: headache, blurred vision EMPLOYEE SIGNATURE: PESTICIDE CATEGORY: EMPLOYEE INITIALS: information is located DATE - MO/DAY/YR; equipment, etc. dilution, volume clothing

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TRAINING INITIALS:

LARVICIDES

Mosquito & Vector Controls District NAME OF EMPLOYER: S. J. COUNTY ASSIGNED JOB DUTIE® (applicator, mixer, etc.)

	Vectolex Vectomax Famigue	7	Z 7 X			XXX		× ×			×				XXX		11-11 1-11-11 6-311				
The control and a transmit an opening the control and the cont	Vectolex Ve	×	×			×;	X	×	EX	X	×	< :	×	×	X	TA 17			ACTIONS AND INC. PALABOLIS ACCION INCEPTO.		
Activities to the properties where the descriptions of	Vectolex C Gran	×	×,		×	<>	<	×			×	>	X	×	X	1A	FII-II				
	SAFETY PROCEDURES: Pouring, lifting pressing	equipment, etc. PROTECTIVE CLOTHING & FOLIDMENT	goggles, boots, respirator, apron, etc. REPORT IMMEDIATELY SYMBTORIS OF	Pinpoint pupils, nausea, shortness of breath, dizziness, headache, blurred vision	WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom	WASH COMPLETELY at end of work day, change into dean clothing	WEAR CLEAN WORK CLOTHES DAILY. EMERGENCY	olinic, physician, or hospital emergency room & where	MEDICAL SUPERVISION: Required when working more than 30 hrs in 30 days with carbamates, organophosphates with "DANGER OR WARNING" on label	READ THE LABEL: Signal word, precautions, first aid, rale, dilution, volume	TRIPLE RINSE: THE CANS AT THE TIME OF USE	animals, waterways or any special to the crop, watch out for people,	STORAGE of pesticide cans in a locked and posted area.	With an authorized person watching the cans PESTICIDE SAFETY INFORMATION SERIES	FMPI OVER PATERS.	DATE - MO/DAY/YR:	PESTICIDE CATEGORY:	EMPLOYEE SIGNATIBE:	Johns	DATE OF INITIAL TRAINING:	C)C Y - I

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PESTICIDE SAFETY TRAINING RECORD LARVICIDES

Lithany anderson EMPLOYER: S.J. County Masgaito & Vector Countral District ASSIGNED JOB DUTIES (applicator, mixer, etc.) NAME OF EMPLOYER: NAME

	Agnique	Agnique	Altosid 30	Altosid XR	Altosid	Affosid Pellets	Aquabac	8	Control of the contro	Vectobac	Vectobac	Vectobac
SAFETY PROCEDURES: Pouring, lifting, opening, operating		D. Line	shud sends	Brids	Pellets	WSP	200 G	XT	BVA 2	12 AS	Gran	WDG
PROTECTIVE CLOTHING & FOUIDMENT: Coveralls	×	X	×	×	×	X	×	×	×	×	×	×
goggles, bools, respirator, apron, etc.	X	×	7	×	\times	×	×	×	×	×	×	×
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint pupils, nausea, shortness of breath, dizziness, headache, blurred vision										i.		4
WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom	×	×	>	1	>	>	>	>	>	7	>	>
WASH COMPLETELY at end of work day, change into dean	>	,			<>	4	< >	4	2		4	<
WEAR CLEAN WORK CLOTHES DAILY, EMERGENCY		4	X	×	X	×	×	×	*	×	×	×
MEDICAL INFORMATION: Name, address, phone number of clinic, physician, or hospital emergency room & where information is located	×	×	×	×	×	×	×	X	×	×	×	×
MEDICAL SUPERVISION: Required when working more than 30 hrs in 30 days with carbamates, organophosphates with "DANGER OR WARNING" on label												
READ THE LABEL: Signal word, precautions, first aid, rate, dilution, volume	×	×	×	×	X	×	×	×	>	×	7	×
IRIPLE RINSE: THE CANS AT THE TIME OF USE	×	×			X			×	->	. >		
Drift I: Confine the spray to the crop, watch out for people, animals, waterways or any special hazards	×	×	×	×	×	×	×	×	×	×	7	< ×
STORAGE of pesticide cans in a locked and posted areaor with an authorized person watching the cans	×	*	×	×	1	×	×	×	×	×	×	< >
PESTICIDE SAFETY INFORMATION SERIES	X	X.	×	X	×	X	×	×	×	×	<\×	<>
EMPLOYEE INITIALS:	4	1/2	THE PERSON NAMED IN	Tin	Tal.	AT	4.0	770	F	F		
DATE - MO/DAY/YR;	1-11-1	11-11-1	1-11-1	-	1-11-11	1-11-1			4-	L =	I I	I
PESTICIDE CATEGORY;	日	H	E			7	E					====
EMPLOYEE SIGNATINE.		A STATE OF THE PROPERTY OF THE	A CONTRACTOR OF THE CONTRACTOR									
16											A MANAGEMENT OF THE PROPERTY O	odinic thank-property appropriate
DATE OF INITIAL PRAINING:												
TRAINING INITIALS:	Ш	1	radus di series de la constante de la constant	لل س	L L	EL	E	EL	田厂	门口	EL	Ш
als sistematically	AND DESCRIPTION OF THE PERSON	-		_	_							

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PESTICIDE SAFETY TRA	ININ	GR	FCC	RD								
NAME Tiffany anderson NAME OF EMPLOYER 306	21.411			, IND								
ASSIGNED JOB DUTIES: Applicator, mixer, etc.											_	
SAFE PROCEDURES: Pouring, lifting, opening, operating equipment, etc.	TX	1/>	(T)			Ix	IX	IX	ly	IV	L	T
PROTECTIVE CLOTHING & EQUIPMENT: Coveralls, gloves, goggles, boots, respirator, apron, etc.	X	Y	X	X	X	X	V	V	1	5		+
REPORT IMMEDIATELY SYMPTOMS OF POISONING: Pinpoint, pupils, nausea, shortness of breath, dizziness, headache, blurred vision.						1	1		X		X	N
WASH HANDS AND ARMS WITH SOAP & WATER: Before eating, drinking, smoking, going to the restroom.	X	X	X	X	X	X	X	X	X	X	X	X
WASH COMPLETELY at the end of work day, change into clean clothing.	X	X	X	X	X	X	X	X	X	X	X	X
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SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT

GENERAL MEETING

Wednesday **APRIL 21 2009** 8:00 A.M.

(BRING YOUR LABEL BINDERS)

Agenda

- 1. Update on status of NPDES for 2009 and how it will relate to District's ULV adulticiding program. (Lucchesi) / STROM
- 2. Dead Bird Recovery Permit (Lucchesi / Bearden)
- 3. UNUM Update (Lucchesi)
- 4. Label review of Adulticide materials used by the District
- 5. Activity Code Review (Lucchesi)
- 6. Heat Illness Prevention: What you need to know! (Lucchesi)
 - Early to the field
 - Wash rigs and check out/in pesticides in afternoon
 - Review field activities with supervisor in afternoon to prepare for following morning's work
- 7. Other

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SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT

GENERAL MEETING

Wednesday March 4, 2009 8:15 A.M.

(BRING YOUR LABEL BINDERS / ARCHERS and YOUR LUNCH)

Agenda

- 1. Review use of the Archer/Sentinel Data Collection System (Lucchesi / Durham)
- 2. Label review of all Larvicide materials used by the District (Lucchesi)
- Mosquito biology review (Bearden)
- 4. Dates to Remember
 - March 9, 2009
 Work hours change to 7:00 a.m. – 3:30 p.m.
 - April 16, 2009
 Spring CE Program
 Stanislaus County Agricultural
 Center, Modesto

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SAN JOAQUIN COUNTY CIVIL GRAND JURY 222 E. Weber Ave., Room 303 Stockton, CA 95202 Phone: (209) 468-3855

September 12, 2009

COMPLAINT FORM

All communications to the Grand Jury are confidential.

The Grand Jury is the avenue for county residents to bring attention to what they believe are injustices not resolved by public agencies, after other reasonable efforts have failed. What is your name, address and phone number?

Tiffany Kay Anderson 1516 Sylvan Way #205 Lodi CA 95242 209-263-7132

What agency and/or person are you complaining against? (Name of agency and all individuals, including their addresses and phone numbers) San Joaquin County Mosquito Control & Vector District 7759 Airport Way Stockton CA 95207

Board of Directors John Stroh **Eddie Luchesi Bob Durham** Keith Nienhuis

Please explain the nature of your complaint providing as many details as you can, including dates, times, and places where the events took place. (Attach extra sheets if necessary)

Mismanagement by John Stroh

- Supervisors have been left with unfilled zones and undertrained techs Positions left unfilled resulting in lack of control of West Nile Virus
- Promotions given have resulted in complaints of sexual harassment and retribution, lack of morale of field technicians, and a hostile work environment. This was due to lack of training in human resources and favoritism
- When confronted with the aforementioned issues John will instruct supervisors to reprimand employee and or modify employee evaluations with the intent of

terminating employee creating an environment of fear

- Assistant supervisors acting as temporary supervisors are not allowed to attend supervisor meetings. Resulting in fractured communications and conflicts. John has used this practice for more than two years.
- Improper hiring practices: hiring based on friendships, written job descriptions not provided, if there was a protocol for hiring in a manual it is not being followed. My own employment is an example.
- John has instructed me to perform my tasks in a certain manner, which was contradictory to my supervisors' instruction resulting in reprimands and negative evaluations. Some of these actions were not realistically feasible.
- 2006 was the second failed attempt to replace the functional system of record keeping for field technicians with GPS handheld devices. In 2008 of May a third attempt was introduced. Technicians were ordered to disregard the frustrations of the defective inefficient haphazard conditions that were experienced in the field

John Stroh has condoned and facilitated employee's illegal or unethical actions while on payroll, by use of in house attorneys or other means.

John's management style is reflected in his immediate subordinates resulting in Increasing liabilities to the county and increased worker stress related claims.

These are a few examples of my observations and experiences, which can be supported by my notes and other employees. Whose names I will provide if you accept this investigation.

These are my concerns about the board of directors:

- 1 Are not actively interested in the efficiency and utilization of taxpayer dollars, an example of this was the use of special state funds for the control of West Nile virus, i.e. indiscriminate cessation of control measures and waiting to start treatment after detection of virus had occurred.
- 2 After repeated uses of legal council to mitigate financial or litigation due to sexual harassment and other human resources no investigation by the board was
- 3 Employees have been persuaded not to express to the board.
- 4 Why are tax payers paying for health care for part time board members, is this a standard practice in the county?
- 5 Some members of board have served over 20 years resulting in apathy and lack of

understanding of health issues. This has resulted in inter employee lawsuits as well as suits against the board by environment.

6 Possible Brown Act violations

Action taken. Please list other persons and/or agencies you have contacted in an attempt to resolve this complaint and any actions you have taken yourself.

My immediate supervisor Assistant manager Manager Smart Risk Management for E.R.M.A. Trainer Gerry Preciado Leon Medina Department of Fair Housing & Employment

Witnesses. Please provide names and telephone numbers of anyone else who can substantiate your complaint.

I will provide these when you interview me. This is because my fellow employees fear retribution.

The information in this form is true, correct and complete to the best of my knowledge.

SIGNATURE:

DATE: