

**Violation List for
MONEY MAILER
12131 WESTERN Ave**

Date Issued	Date Cleared	Code #	Violation Description
09/27/2007	10/09/2007	CFC 1001.5.	Service and tag Fire Extinguishers.
10/06/2008	10/06/2008	CFC 901.6	Service and tag Fire Extinguishers.
10/08/2009	10/22/2009	CFC 1011.2	Provide illuminated exit sign(s).
10/08/2009	10/22/2009	CFC 3404.3.	Provide approved flammable liquid cabinet
10/19/2010	10/26/2010	CFC 901.6	Service and tag Fire Extinguishers.
10/19/2010	10/26/2010	CFC 315.2.1	Lower storage

Max Daily Amount

Not Used/Used

Common Name AMERIKAL- GENESIS WDP FOUNTAIN SOLUTION

440 Gallons

Chemical Name DIETHYLENE GLYCOL

Map 1

Grid F1, G

Delete

Modify

Cas # 111-46-6

Location SOUTH HAZMAT BUNKER/ NE CORNER INSIDE BUILDING.

Common Name MITSUBISHI ACTIVATOR

96 Gallons

Chemical Name ACTIVATOR

Map 1

Grid G6

Delete

Modify

Cas # MIXTURE

Location INSIDE NE CORNER PLATING ROOM

Common Name MITSUBISHI SILVER DIGIPLATE

4300 Pounds

Chemical Name MITSUBISHI SILVER DIGIPLATE

Map 1

Grid F1, J

Delete

Modify

Cas # ?

Location INSIDE HAZMAT BUNKER OUTSIDE SOUTH END/ INSIDE NW CORNER OF I

Common Name NENSCO USA LOLOVO BLANKET AND ROLLER WASH

110 Gallons

Chemical Name SOYA METHYL ESTER

Map 1

Grid F1, J

Delete

Modify

Cas # 67784-80-9

Location IN HAZMAT BUNKER OUTSIDE BUILDING SOUTH END/ INSIDE NW CORNER

Inspection # :011671 1.Insp_Date:02-26-01
2. Permit # :010046
3. Address :12131 WESTERN AVE
4. Business Name/DBA :BOISE CASCADE OFFICE PRODUCTS
5. Address Info : 6.Buslic :152648
7. Business Owner :BOISE CASCADE CORPORATION
8. Business Address :1111 W JEFFERSON 10.Bus Phone898-7540
9. Business CityStZip: 11.EmerPhone714-758-6328
12.Occ Group :S1 16.5yr Cert. :5-13-96 20.MBCC :
13.Occ Load : 17.FDC loc :S/E CURB 21.Clear date :02-26-01
14.No of Ext :65.65 18.Haz Mat'l :N 22.InspectorId:1705
15.Sprinklers:Y 19.ReInsp date: COLLINS, PATRICK S

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Violation Code Violation description

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- 1 RE-ATTACH PAPER ON CEILING
- 2 RELOCATE EXTINGUISHER ON WEST WALL

Inspection # :021649 1.Insp_Date:01-30-02
2. Permit # :020096
3. Address :12131 WESTERN AVE
4. Business Name/DBA :BOISE CASCADE OFFICE PRODUCTS
5. Address Info : 6.Buslic :152648
7. Business Owner :BOISE CASCADE CORPORATION
8. Business Address :12131 WESTERN AVE 10.Bus Phone898-7540
9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone714-758-6328
12.Occ Group :S1 16.5yr Cert. :02/26/02 20.MBCC :Y
13.Occ Load : 17.FDC loc :S/E CURB 21.Clear date :02-20-02
14.No of Ext :65.65 18.Haz Mat'l :N 22.InspectorId:2421
15.Sprinklers:Y 19.ReInsp date:02-13-02

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Violation Code Violation description
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- 1 UFC 1002.1 MOUNT FIRE EXTINGUISHER TO WALL
- 2 UFC 1006 SHALL HAVE SPRINKLER SYSTEM SERVICED EVERY FIVE YEARS.

Inspection # :961907 1.Insp_Date:04-25-96
2. Permit # :
3. Address :12131 WESTERN AVE
4. Business Name/DBA :BOISE CASCADE OFFICE PRODUCTS
5. Address Info : 6.Buslic :152648
7. Business Owner :BOISE CASCADE CORPORATION
8. Business Address :1111 W JEFFERSON 10.Bus Phone898-7540
9. Business CityStZip: 11.EmerPhone208-3846
12.Occ Group :S1 16.5yr Cert. :5-13-96 20.MBCC :Y
13.Occ Load : 17.FDC loc :S/E CURB 21.Clear date :05-20-96
14.No of Ext :65.65 18.Haz Mat'l :N 22.InspectorId:1404
15.Sprinklers:Y 19.ReInsp date:05-25-96 CARTER, RICHARD L

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Violation Code Violation description
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- 1 UFC 1001.5 NEED 5 YESR CERTIFICATION FOR FIRE SPRINKLER SYSTEM.

0. PERMIT# : 010046
1. INSPECTION# : 011671
2. PERMIT LOC : 12131 WESTERN AVE
3. BUSINESS NAME: BOISE CASCADE OFFICE PRODUCTS 9. BUS LICENSE:
4. PHONE: 898-7540 10. OCC CLASS :S1
5. BILL-TO-NAME : BOISE CASCADE CORPORATION 11. ISSUE DATE :02-26-01
6. BILL-TO-ADDR : 12131 WESTERN AVE. 12. EXPIRATION :02-28-02

7. BILL-TO-CSZ : GARDEN GROVE, CA. 92841 13. TOTAL FEES :55.00

8. REMARKS : 14. INSPECTOR :1705

COLLINS, PATRICK S

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NO.	CODE	DESCRIPTION / CONDITION	FEE
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1	811031	HIGH-PILED COMBUSTIBLE STOCK	55.00
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USE OF ANY BUILDING OR PORTION THEREOF EXCEEDING 2,500
 SQUARE FEET FOR HIGH-PILED COMBUSTIBLE STORAGE SHALL COMPLY
 WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 020096

1. INSPECTION# : 021649

2. PERMIT LOC : 12131 WESTERN AVE

3. BUSINESS NAME: BOISE CASCADE OFFICE PRODUCTS 9. BUS LICENSE:152648

4. PHONE: 898-7540 10. OCC CLASS :S1

5. BILL-TO-NAME : BOISE CASCADE OFFICE PRODUCTS 11. ISSUE DATE :02-27-02

6. BILL-TO-ADDR : 12131 WESTERN AVE 12. EXPIRATION :02-28-03

7. BILL-TO-CSZ : GARDEN GROVE CA 92841 13. TOTAL FEES :75.00

8. REMARKS : 14. INSPECTOR :2421

CRAWFORD, CHRISTOPHER

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NO.	CODE	DESCRIPTION / CONDITION	FEE
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1	811031	HIGH-PILED COMBUSTIBLE STOCK	75.00
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USE OF ANY BUILDING OR PORTION THEREOF EXCEEDING 2,500
 SQUARE FEET FOR HIGH-PILED COMBUSTIBLE STORAGE SHALL COMPLY
 WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 20042

1. INSPECTION# : 021649
 2. PERMIT LOC : 12131 WESTERN AVE
 3. BUSINESS NAME: BOISE CASCADE OFFICE PRODUCTS 9. BUS LICENSE:
 4. PHONE: 898-7540 10. OCC CLASS :S1
 5. BILL-TO-NAME : BOISE CASCADE CORPORATION 11. ISSUE DATE :02-28-02
 6. BILL-TO-ADDR : 12131 WESTERN AVE. 12. EXPIRATION :
 7. BILL-TO-CSZ : GARDEN GROVE, CA. 92841 13. TOTAL FEES :55.00
 8. REMARKS : 14. INSPECTOR :1705
 COLLINS, PATRICK S

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NO.	CODE	DESCRIPTION / CONDITION	FEE
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1	811031	HIGH-PILED COMBUSTIBLE STOCK	55.00
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USE OF ANY BUILDING OR PORTION THEREOF EXCEEDING 2,500
 SQUARE FEET FOR HIGH-PILED COMBUSTIBLE STORAGE SHALL COMPLY
 WITH ALL APPLICABLE STATE AND LOCAL CODES.



FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

9218
File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 11 / 2012
IR 0

Occupant or DBA MONEY MAILER Business Phone 714 889-3800
Address 12131 WESTERN Ave Suite Zip 92841
Business Owner MADISON CAPITAL PARTNERS Phone 312 277-0156
Emergency Contact BILL LAVAMAKI Phone 714 719-5689
Group S1 Load Sprinklers F/P/N F 5 yr. Cert. 2 / 2011 Haz Mat [checked]

Fire Permits

801031 HAZARDOUS MATERIALS - use, handling or storage, 811031 HIGH-PILED COMBUSTIBLE STOCK,

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 505.1)
Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide/maintain approved panic hardware (CFC 1008.1.9)
Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
Remove exit door/hardware (CFC 1008.1.8.5)
Remove exit obstruction (CFC 1028.3)
Provide/maintain illuminated exit sign(s) (CFC 1011.2)
Provide and maintain approved emergency lighting (CFC 1006.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIP. AND SYS.

- Provide extinguishers 2A10BC 40BC K (CFC 906.1)
Service and tag extinguisher(s) (CFC 901.6)
Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

MONEY MAILER will be beginning construction Sept 2006
Address change notice effective June 15, 2007-vt

This address will be the one in the HazMat program-

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
Remove combustible decorative material (CFC 807.1.2)
Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTIONS

- Discontinue use of extension cords (CFC 605.6)
Keep 30" clear for access in front of electrical panel (CFC 605.3)
Provide/replace electrical 4 cover socket power strip (CFC 605.1)
Location 1st floor office

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure submittal 714-741-5628 (CFC 2701.5.1, 2701.5.2) website: www.esubmit.ocgov.com
Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1)

MISCELLANEOUS

- Lower storage 18" below sprinklers or 2' from ceiling (CFC 315.2.1)
Secure compressed gas cylinders (CFC 3003.5.3)
Post Business License Fire Department Permit (CFC 105.6)

ADDITIONAL VIOLATIONS AND/OR NOTES

[] NO VIOLATIONS

- 1st floor electrical covers x 4

Business representative signature [Signature] Date 10/17/12
Inspector ID # [Signature] Date 10/17/12

[] Cleared [] Mailback card due 10/31/12 [] Re-inspection date [] Final Notice



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 11 / 2011

Occupant or DBA	MONEY MAILER	Business Phone	714 889-3800
Address	12131 WESTERN Ave	Suite	
		Zip	92841
Business Owner	MADISON CAPITAL PARTNERS	Phone	312 277-0156
Emergency Contact	BILL LAVAMAKI	Phone	714 719-5689
Group	S1	Load	
		Sprinklers F/P/N	F
		5 yr. Cert.	2 / 2011
		Haz Mat	<input checked="" type="checkbox"/>

Fire Permits

801031 HAZARDOUS MATERIALS - use, handling or storage, 811031 HIGH-PILED COMBUSTIBLE STOCK,

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 505.1)
- Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide/maintain approved panic hardware (CFC 1008.1.9)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
- Remove exit door/hardware (CFC 1008.1.8.5)
Location _____
- Remove exit obstruction (CFC 1028.3)
- Provide/maintain illuminated exit sign(s) (CFC 1011.2)
- Provide and maintain approved emergency lighting (CFC 1006.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
- Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIP. AND SYS.

- Provide ___ extinguishers ___2A10BC ___40BC ___K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

ADDITIONAL VIOLATIONS AND/OR NOTES

- RESEARCH HOSE REQUIREMENTS
✓ EXTINGUISHER IN HAZMAT WASTE BUNKER

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTION:

- Discontinue use of extension cords (CFC 605.6)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical ___cover ___socket ___power strip (CFC 605.1)
Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 2701.5.1)
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
- Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1)

MISCELLANEOUS

- Lower storage ___18" below sprinklers or ___2' from ceiling (CFC 315.2.1)
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post ___Business License ___Fire Department Permit (CFC 105.6)

NO VIOLATIONS

Business representative signature _____

Inspector ID # S. BROADWATER 3631

Date 9/22/11

Date 9-22-11

Cleared 9/22/11 Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___

Handwritten initials



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 11 / 2010

9510-2000
2010-01-15

Occupant or DBA MONEY MAILER Business Phone 714 889-3800

Address 12131 WESTERN Ave Suite _____ Zip 92841

Business Owner ~~PLOARK CAPITAL GROUP~~ MADISON CAPITAL PARTNERS Phone ~~405-501-5200~~

Emergency Contact BILL LAVAMAKI Phone 714 719-5689

Group S1 Load _____ Sprinklers F/P/N F 5 yr. Cert. 02/01/2006 Haz Mat

Fire Permits

01031 HAZARDOUS MATERIALS - use, handling or storage, 811031 HIGH-PILED COMBUSTIBLE STOCK,

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 505.1)
- Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide/maintain approved panic hardware (CFC 1008.1.9)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
- Remove exit door/hardware (CFC 1008.1.8.5)
Location _____
- Remove exit obstruction (CFC 1028.3)
- Provide/maintain illuminated exit sign(s) (CFC 1011.2)
- Provide and maintain approved emergency lighting (CFC 1006.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
- Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIP. AND SYS.

- Provide _____ extinguishers _____ 2A10BC _____ 40BC _____ K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6) *10/21 ALL OK 10/26*
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTION!

- Discontinue use of extension cords (CFC 605.6)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical _____ cover _____ socket _____ power strip (CFC 605.1)
Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 2701.5.1)
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
- Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1)

MISCELLANEOUS

- Lower storage 18" below sprinklers or _____ 2' from ceiling (CFC 315.2.1) *HELPDESK STORAGE OK 10/26*
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post _____ Business License _____ Fire Department Permit (CFC 105.6)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

- PROVIDE SIGN "FIRE ALARM PANEL" ON DOOR TO PHONE ROOM *OK 10/26*
- FIRE CAULKING AROUND PIPES IN PHONE ROOM *OK 10/26*
- (VERBAL) 5yr. CERT DUE 2/1/11 *OK 10/26*
- ADD DISCUSSION TO SPRINKLER IN HELPDESK STORAGE *OK 10/26*

Business representative signature _____ Date 10-19-10

Inspector ID # D. NGUYEN & T. MELLEM Date 10/19/10

Cleared 10/26/10 Mailback card due / / Re-inspection date 10/26/10 Final Notice / /

W.A.F.



FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 11 / 2009

Occupant or DBA MONEY MAILER Business Phone 714 889-3800
Address 12131 WESTERN Ave Suite Zip 92841
Business Owner PLOARK CAPITAL GROUP Phone
Emergency Contact BILL LAVAMAKI Phone 714 719-5689
Group S1 Load Sprinklers F/P/N F 5 yr. Cert. 02/01/2006 Haz Mat [checked]

Fire Permits

801031 HAZARDOUS MATERIALS - use, handling or storage, 811031 HIGH-PILED COMBUSTIBLE STOCK,

714 293-7898

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 505.1)
Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide/maintain approved panic hardware (CFC 1008.1.9)
Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
Remove exit door/hardware (CFC 1008.1.8.5)
Remove exit obstruction (CFC 1028.3)
Provide/maintain illuminated exit sign(s) (CFC 1011.2) BREAK ROOM
Provide and maintain approved emergency lighting (CFC 1006.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIP. AND SYS.

- Provide extinguishers 2A10BC 40BC K (CFC 906.1)
Service and tag extinguisher(s) (CFC 901.6)
Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

ADDITIONAL VIOLATIONS AND/OR NOTES

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
Remove combustible decorative material (CFC 807.1.2)
Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTION!

- Discontinue use of extension cords (CFC 605.6)
Keep 30" clear for access in front of electrical panel (CFC 605.3)
Provide/replace electrical cover socket power strip (CFC 605.1)
Location

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 2701.5.1)
Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1)

MISCELLANEOUS

- Lower storage 18" below sprinklers or 2' from ceiling (CFC 315.2.1)
Secure compressed gas cylinders (CFC 3003.5.3)
Post Business License Fire Department Permit (CFC 105.6)

NO VIOLATIONS

10/8/09
Business representative signature [Signature] Date 10-8-09
Inspector ID # D. NGUYEN ACHO Date 10/8/09

[checked] Cleared 10/22/09 [] Mailback card due 1/1 [checked] Re-inspection date 10/24/09 [] Final Notice 1/1



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 11 / 2008

Occupant or DBA	MONEY MAILER	Business Phone	714 889-3800
Address	12131 WESTERN Ave	Suite	Zip 92841
Property Owner	BILL KLEIN	Phone	949 640-2226
Emergency Contact	BILL LAVAMAKI	Phone	714 719-5689
Group	S1	Load	Sprinklers F/P/N <u>F</u>
		5 yr. Cert.	02/01/2006
		Haz Mat	<input checked="" type="checkbox"/>

Fire Permits

801031 HAZARDOUS MATERIALS - use, handling or storage, 811031 HIGH-PILED COMBUSTIBLE STOCK,

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 505.1)
- Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide approved panic hardware (CFC 1008.1.9)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
- Remove exit door/hardware (CFC 1008.1.8.5)
Location _____
- Remove exit obstruction (CFC 1028.3)
- Provide illuminated exit sign(s) (CFC 1011.2)
- Provide and maintain approved emergency lighting (CFC 1006.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
- Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIP. AND SYS.

- Provide ___ extinguishers ___2A10BC ___40BC ___K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

ADDITIONAL VIOLATIONS AND/OR NOTES

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTION!

- Discontinue use of extension cords (CFC 605.6)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical ___cover ___socket ___power strip (CFC 605.1)
Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 2701.5.1)
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
- Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1)

MISCELLANEOUS

- Lower storage ___18" below sprinklers or ___ 2' from ceiling (CFC 315.2.1)
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post ___Business License ___Fire Department Permit (CFC 105.6)

NO VIOLATIONS

Business representative signature

[Handwritten Signature]

Date

10/6/08

Inspector ID #

2867

Date

10/6/08

Cleared *10/6/08* Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___

[Handwritten Mark]



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 11 / 2007

3800

Occupant or DBA MONEY MAILER Business Phone 714 889-4621

Address 12131 WESTERN Suite _____ Zip 92841

Property Owner BILL KLEIN Phone (949) 842-2458

Emergency Contact BELL LAVAMAKI Phone H. 714-821-1648

Group S1 Load _____ Sprinklers F/P/N _____ 5 yr. Cert. 02/27/2002 Haz Mat

Fire Permits 2/1/06
801031 HAZARDOUS MATERIALS - use, handling or storage, 811031 HIGH-PILED COMBUSTIBLE STOCK,

An inspection at the above location/occupancy revealed the following violations(s)

- SIGNS**
- Provide address visible from the street (CFC 901.44)
 - Provide hazardous materials warning signs (CFC 8001.7)
- EXITS**
- Provide approved panic hardware (CFC 1207.4)
 - Remove locks, chains, bolts or bars from exit door (CFC 1207.3)
 - Remove exit door/hardware (CFC 1207.1)
Location _____
 - Remove exit obstruction (CFC 1203)
 - Provide illuminated exit sign(s) (CFC 1212.4)
- ACCESS**
- Provide outside Knox Box (CFC 902.4)
 - Remove obstructions to fire apparatus access (CFC 902.2.4.1)
- FIRE PROTECTION EQUIP. AND SYS.**
- Provide ___ extinguishers ___2A10BC ___40BC ___K (CFC 1002.1)
 - Service and tag extinguisher(s) (CFC 1001.5.1)
 - Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
 - Clean filters, ducts , hood above cooking surface (CFC 1005.2.8)
 - Service auto-extinguishing system semi-annually (CFC 1005.2.8)
 - 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)
 - NO VIOLATIONS**

- ASSEMBLY OCCUPANCIES**
- Post maximum occupancy load sign (CFC 2501.16.1)
 - Remove combustible decorative material (CFC 2501.5)
 - Remove storage under stairway (CFC 1210.3)
- ELECTRICAL SAFETY PRE-CAUTION**
- Discontinue use of extension cords (CFC 8506)
 - Keep 30" clear for access in front of electrical panel (CFC 8509.2)
 - Provide/replace electrical ___cover ___socket ___power strip (CFC 8509.2)
Location _____
- HAZ-MAT SAFETY PRE-CAUTIONS**
- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 7902.1)
 - Provide approved cabinet if more than 10 gal. flammable liquids (CFC 7902.5.9)
 - Provide approved safety containers(s) for flammable liquids (CFC 1103.3.3.2)
- MISCELLANEOUS**
- Lower storage ___ 18" below sprinklers or ___ 2' from ceiling (CFC 1103.3.3.2)
 - Secure compressed gas cylinders (CFC 7401.6.4)
 - Post ___Business License ___Fire Department Permit (CFC 105.5)

ADDITIONAL VIOLATIONS AND/OR NOTES TUE-7:30 - WED-7:30

Business representative signature [Signature] Date 9-27-07

Inspector ID # 2057 Date 9/27/07

Cleared 10/19/07 Mailback card due 1/1 Re-inspection date 10/14/07 Final Notice 1



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 1988
Fire District 2314
Inspector FPB Shift N
Next Insp 2 / 2006

Occupant or DBA ~~BOISE CASCADE OFFICE PRODUCTS~~ VACANT Business Phone ~~714-898-7540~~

Address 12131 WESTERN Suite _____ Zip 92841

Property Owner _____ Phone _____

Emergency Contact TED WALTER Phone 949-233-7184

Group S1 Load _____ Sprinklers F/P/N _____ 5 yr. Cert. 02/27/2002 Haz Mat

Fire Permits

811031 HIGH-PILED COMBUSTIBLE STOCK,

LM 113106 2:25

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 901.44)
- Provide hazardous materials warning signs (CFC 8001.7)

EXITS

- Provide approved panic hardware (CFC 1207.4)
- Remove locks, chains, bolts or bars from exit door (CFC 1207.3)
- Remove exit door/hardware (CFC 1207.1)
Location _____
- Remove exit obstruction (CFC 1203)
- Provide illuminated exit sign(s) (CFC 1212.4)

ACCESS

- Provide outside Knox Box (CFC 902.4)
- Remove obstructions to fire apparatus access (CFC 902.2.4.1)

FIRE PROTECTION EQUIP. AND SYS.

- Provide ___ extinguishers __2A10BC __40BC __K (CFC 1002.1)
- Service and tag extinguisher(s) (CFC 1001.5.1)
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts , hood above cooking surface (CFC 1005.2.8)
- Service auto-extinguishing system semi-annually (CFC 1005.2.8)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

Business representative signature _____ Date _____

Inspector ID # _____ Date _____

Cleared ___/___/___ Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 2501.16.1)
- Remove combustible decorative material (CFC 2501.5)
- Remove storage under stairway (CFC 1210.3)

ELECTRICAL SAFETY PRE-CAUTION!

- Discontinue use of extension cords (CFC 8506)
- Keep 30" clear for access in front of electrical panel (CFC 8509.2)
- Provide/replace electrical __cover __socket __power strip (CFC 8509.2)
Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 7902.1)
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 7902.5.9)
- Provide approved safety containers(s) for flammable liquids (CFC 1103.3.3.2)

MISCELLANEOUS

- Lower storage __18" below sprinklers or __ 2' from ceiling (CFC 1103.3.3.2)
- Secure compressed gas cylinders (CFC 7401.6.4)
- Post __Business License __Fire Department Permit (CFC 105.5)



FIRE SAFETY SURVEY
GROVE FIRE DEPARTMENT
 11301 Acacia Parkway, Garden Grove, CA 92842
 Bus 714-741-5600 Fax 714-741-5640

File # 1988
 Fire District 2314
 Inspector FPB Shift N
 Next Insp 2 / 2005

Occupant or DBA BOISE CASCADE OFFICE PRODUCTS Business Phone 714 898-7540
 Address 12131 WESTERN Suite _____ Zip 92841
 Property Owner _____ Phone 949-233-7184
 Emergency Contact TED WALTER Phone ~~714-758-6388~~
 Group S1 Load 0 Sprinklers F/P/N _____ 5 yr. Cert. 02/27/2002 Haz Mat

Fire Permits

811031 HIGH-PILED COMBUSTIBLE STOCK,

An inspection at the above location/occupancy revealed the following violations(s)

SIGNS

- Provide address visible from the street (CFC 901.44)
- Provide hazardous materials warning signs (CFC 8001.7)

EXITS

- Provide approved panic hardware (CFC 1207.4)
- Remove locks, chains, bolts or bars from exit door (CFC 1207.3)
- Remove exit door/hardware (CFC 1207.1)
Location _____
- Remove exit obstruction (CFC 1203)
- Provide illuminated exit sign(s) (CFC 1212.4)

ACCESS

- Provide outside Knox Box (CFC 902.4)
- Remove obstructions to fire apparatus access (CFC 902.2.4.1)

FIRE PROTECTION EQUIP. AND SYS.

- Provide ___ extinguishers ___2A10BC ___40BC ___K (CFC 1002.1)
- Service and tag extinguisher(s) (CFC 1001.5.1)
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts, hood above cooking surface (CFC 1005.2.8)
- Service auto-extinguishing system semi-annually (CFC 1005.2.8)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTE NATIONAL SECURITY SYSTEM . 1800 664-1295
(15. SEC. DELAY) ON EXIT DOOR.

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 2501.16.1)
- Remove combustible decorative material (CFC 2501.5)
- Remove storage under stairway (CFC 1210.3)

ELECTRICAL SAFETY PRE-CAUTION

- Discontinue use of extension cords (CFC 8506)
- Keep 30" clear for access in front of electrical panel (CFC 8509.2)
- Provide/replace electrical ___cover ___socket ___power strip (CFC 8509.2)
Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure packet 714-741-5636 (CFC 7902.1)
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 7902.5.9)
- Provide approved safety containers(s) for flammable liquids (CFC 1103.3.3.2)

MISCELLANEOUS

- Lower storage ___18" below sprinklers or ___2' from ceiling (CFC 1103.3.3.2)
- Secure compressed gas cylinders (CFC 7401.6.4)
- Post ___Business License ___Fire Department Permit (CFC 105.5)

Business representative signature *Mark Rowell* Date 1/13/05
 Inspector ID # Copeland/Neuman Date 1/13/05

Cleared 1/13/05 Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___

Inspection Information for -12131 WESTERN AVE ,92841 District-2314

Refer to FP _____ In Disclosure Program File # 1988
Area Inspector NB Nate Brady Station/Div Bureau Self - Insp Y/N : N
Inspector FPB Pat Collins Shift N Inspector EPS Fire District 2314

StartDate 00/00/00 Freq 12 Next FD Insp Date 2 / 2004 Freq 0 Next EPS Insp Date 0 / 0

Business Information

Business Name BOISE CASCADE OFFICE PRODUCTS Business Phone 714 898-7540
Address 12131 WESTERN AVE Fax No. _____

Complex name _____ E-Mail _____

Business Owner BOISE CASCADE CORPORATION Home Phone _____ Cell _____

Emergency Contact One _____ Phone 714 758-6328 Cell _____

Emergency Contact Two _____ Phone _____ Cell _____

Inspection Contact _____ Inspection Contact Phone/Ext. _____

Bus. Lic # 152648 Exp. 00/00/00 Occ. Load 0 Group S1 Business Type _____

Building Information

Property Owner Name _____ Property Owner Phone _____

Property Owner Address _____ City, St, Zip _____

FDC Location _____ Gate Access Code _____ Fire Alarm Code _____ 704 placard

Construction Type _____ Stories 0 Building Sq. Ft. 0 Unit Sq. Ft. 0

of Units in Building _____ Common Attic Roof Type _____ # of Employees _____

Sprinklers (F/P/N) _____ 5 yr Test Date 2/27/02 Superv Alarm (Y/N) _____

Protection Systems

2vt. Hyd 2 yr. test 00/00/00 No of Private Hydrants : 0

2vt. Hyd 4 yr. test 00/00/00 Water district

Visits

Lock Boxes

02/18/2003 2512 No Violations
02/13/2002 Reinspection
01/30/2002 Initial Inspection

1.20.04 NO VIOLATIONS

Special Information

Responding Unit Comments

SSD MONITORS FIRE SPRINKLER SYSTEM

~~SMALL DOOR COVER OFFICE SERVICES~~

Permit Information

Violation History

811031 HIGH-PILED COMBUSTIBLE STOCK

Richard Thomas

Visit Info-Date 1/20/04 Employee No. _____ Name CAMBEROS Type _____ Disp _____ Hours Spent _____

CI



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Mourey Mailer, LLC
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I. FACILITY INFORMATION

CHEMICAL LOCATION 4
In Haz Waste Bunker outside building (South end) AND inside water room in Northeast inside corner

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # *1* 6 GRID # *1F AND 6G* 7

II. CHEMICAL INFORMATION

CHEMICAL NAME *Diethylene Glycol* 8 WASTE Yes No 11 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME *Americal - Genesis WDP Fountain Solution* 9 An EHS Chemical Yes No 12
* If EHS is "Yes", all amounts must be LBS

CAS # *111-46-6* 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 17 FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 18
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT *220-gallons* 19 MAXIMUM DAILY AMOUNT *440-gallons* 20 ANNUAL WASTE AMOUNT *-* 21 STATE WASTE CODE *-* 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE *365* 24 LARGEST CONTAINER *55-gallon* 25
 c. POUNDS d. TONS
* If EHS amount must be in pounds.

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT m. CYLINDER q. TANK WAGON 26
 b. UNDERGROUND TANK f. NONMETALLIC DRUM l. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR
 c. TANK INSIDE BLDG g. METAL CONTAINER o. PLASTIC CONTAINER s. TOTE BIN
 d. STEEL DRUM h. CARBOY j. BOX(S) p. IN MACH OR EQUIP t. OTHER _____

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	<i>>1% Diethylene Glycol</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>111-46-6</i>
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

PLACARDING INFORMATION

UNDOT # *Not regulated* 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS *Not regulated* 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND

HEALTH (BLUE) → 1 ← REACTIVE (YELLOW)

SPECIAL HAZARD → 0 ← WHITE OX/W

37

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	30035	BUSINESS NAME	Mouey Kaiter, LLC
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I. FACILITY INFORMATION

CHEMICAL LOCATION	In Haz Waste Bunker outside building (South end) AND Northwest corner inside building		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
GRID #	IF AND 6J		

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Mitsubishi Silver Digiplate			
CAS #	FIRE CODE HAZARD CLASSES (supplied by GGFD)			
TYPE (Check one item only)	<input type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input checked="" type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	FED. HAZARD CATEGORIES
AVERAGE DAILY AMOUNT	2,580-lbs	MAXIMUM DAILY AMOUNT	4,300-lbs	ANNUAL WASTE AMOUNT
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS
STORAGE CONTAINER	Check all that apply			
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
29	Silver Halides	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

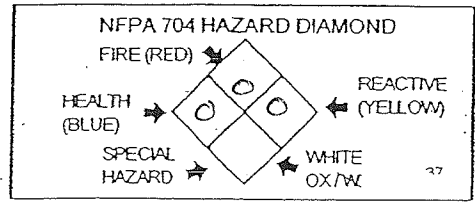
PLACARDING INFORMATION

UNDOT # Not regulated 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS Not regulated 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



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HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Money Mailer, LLC
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I. FACILITY INFORMATION

CHEMICAL LOCATION 4
In Haz Waste Bunker outside building (South end) AND Northwest corner inside building

CONFIDENTIAL LOCATION Yes No 5 MAP # 6 GRID # 7
 EPCRA 1 IF AND 6J

II. CHEMICAL INFORMATION

CHEMICAL NAME 8 WASTE Yes No TRADE SECRET Yes No 11
Soya Methyl Ester * If EPCRA see instructions

COMMON NAME 9 An EHS Chemical Yes No 12
Nansco - USA LoLoVo Blanket and Tetter Wash *If EHS is "Yes", all amounts must be LBS

CAS # 10 FIRE CODE HAZARD CLASSES (supplied by GGFDF) 13
67784-80-9 *FLAMMABLE*

TYPE (Check one item only) 14 RADIOACTIVE Yes No 15 CURIES 16
 a. PURE b. MIXTURE c. WASTE

PHYSICAL STATE (Check one item only) 17 FED. HAZARD CATEGORIES 18
 a. SOLID b. LIQUID c. GAS a. FIRE b. REACTIVE c. PRESSURE RELEASE
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 19 MAXIMUM DAILY AMOUNT 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 22
110-gal *110-gal* *—* *—*

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE 24 LARGEST CONTAINER 25
 c. POUNDS d. TONS *365* *55-gallon*
 *If EHS, amount must be in pounds.

ORANGE CONTAINER (Check all that apply) 26
 a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT m. CYLINDER q. TANK WAGON
 b. UNDERGROUND TANK f. NONMETALLIC DRUM l. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR
 c. TANK INSIDE BLDG g. METAL CONTAINER o. PLASTIC CONTAINER s. TOTE BIN
 d. STEEL DRUM h. CARBOY j. BOX(S) p. IN MACH OR EQUIP t. OTHER

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1	29 Contains no hazardous ingredients above	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30 31 32
2	29 1% by weight	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

PLACARDING INFORMATION

UNDOT # Not regulated 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Not regulated 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

X 36
 If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND

FIRE (RED) 0

HEALTH (BLUE) 0

SPECIAL HAZARD 0

REACTIVE (YELLOW) 1

WHITE OX/W 0

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Money Mailer, LLC
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Inside forced cage in Northwest corner inside building		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # 6J

II. CHEMICAL INFORMATION

CHEMICAL NAME	Hexyl Carbitol	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Sun Chemical Process Inks	An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CAS #	112-59-4	FIRE CODE HAZARD CLASSES (supplied by GGFD)
-------	----------	---

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	<input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT	10,000 lbs	MAXIMUM DAILY AMOUNT	14,000 lbs	ANNUAL WASTE AMOUNT	STATE WASTE CODE
----------------------	------------	----------------------	------------	---------------------	------------------

UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	30 lb (3 1/2 gal) bucket
-------	---	--------------	-----	-------------------	--------------------------

TORAGE CONTAINER (check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input checked="" type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
---	---	--	---	--

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
------------------	--

STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC
---------------------	--

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
2.00	Hexyl Carbitol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	112-59-4
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

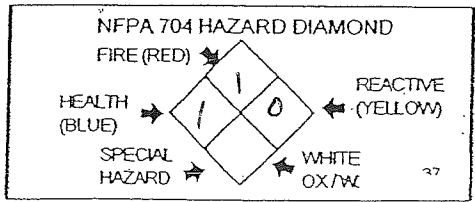
PLACARDING INFORMATION

UNDOT # None given
Refer to shipping papers or MSDS

DOT HAZARD CLASS None given
Refer to shipping papers or MSDS

EPCRA YES NO

X _____
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

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FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Mouas Maier, LLC	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Inside Haz Waste Bunker outside building (South end) in fenced cage in Northwest corner inside			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5 MAP # 1	6 GRID # 6J	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Hexyl Carbitol	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	Process Lithographic Printing Inks	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #	112-59-4	FIRE CODE HAZARD CLASSES (supplied by GGFD)		10	*If EHS is "Yes", all amounts must be LBS		13

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	

AVERAGE DAILY AMOUNT	460 lbs	19	MAXIMUM DAILY AMOUNT	2,760 lbs	20	ANNUAL WASTE AMOUNT	28,704 lbs	21	STATE WASTE CODE	22
UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	55-gallon	25		

ORANGE CONTAINER (check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input checked="" type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 2.00	Hexyl Carbitol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	112-59-4
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

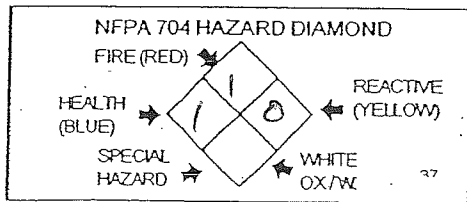
PLACARDING INFORMATION

UNDOT # None Given 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS None Given 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page _____ of _____ 2

FACILITY ID #	3 0 0 3 5	BUSINESS NAME	Money Mailer, LLC
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Inside Plating Room in Northwest corner - inside building		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	6 GRID # 606

II. CHEMICAL INFORMATION

CHEMICAL NAME	Stabilizer	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Mitsubishi SLM-ST Stabilizer	* If EPCRA see instructions			
CAS #	MIXTURE	FIRE CODE HAZARD CLASSES (supplied by GGF)	FLAMMABLE		

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED. HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	

AVERAGE DAILY AMOUNT	72-gal	MAXIMUM DAILY AMOUNT	96-gal	ANNUAL WASTE AMOUNT	STATE WASTE CODE
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	1-gallon

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. YAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input checked="" type="checkbox"/> n. GLASS CONTAINER <input checked="" type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
--	--

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
5	Triethyltetraamine - N,N,N,N,N,N	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18719-04-5
7	Potassium Phosphate Monobasic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7778-77-0
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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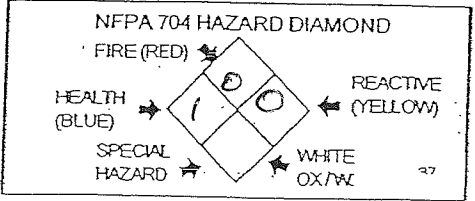
PLACARDING INFORMATION

UNDOT # Not regulated 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS Not regulated 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



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HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Money Mailer, LLC	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION
Inside Pasting Room in Northeast corner inside building

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP# 1 6 GRID# 66 7

II. CHEMICAL INFORMATION

CHEMICAL NAME *Activator* WASTE Yes 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME *Mitsubishi SLM-AC Activator* 9 An EHS Chemical Yes No 12
*If EHS is "Yes", all amounts must be LBS

CAS # *MIXTURE* 10 FIRE CODE HAZARD CLASSES (supplied by GGF) *FLAMMABLE* 13

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 17 FED. HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 18

AVERAGE DAILY AMOUNT *72-gallons* 19 MAXIMUM DAILY AMOUNT *96-gallons* 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE *365* 24 LARGEST CONTAINER *1-gallon* 25
 c. POUNDS d. TONS
*If EHS, amount must be in pounds.

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT m. CYLINDER q. TANK WAGON 26
 b. UNDERGROUND TANK f. NONMETALLIC DRUM l. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR
 c. TANK INSIDE BLDG g. METAL CONTAINER o. PLASTIC CONTAINER s. TOTE BIN
 d. STEEL DRUM h. CARBOY i. BAG(S) p. IN MACH OR EQUIP t. OTHER

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
5	Sodium Hydroxide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1310-73-2
5	Potassium Hydroxide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1310-58-3
5	n-Aminoethyl Ethanolamine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	111-41-1
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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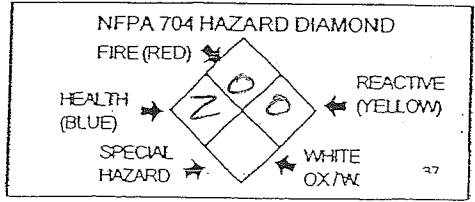
PLACARDING INFORMATION

UNDOT # *UN 1760* 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS *8/III* 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



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CITY OF GARDEN GROVE
11301 ACACIA PARKWAY
GARDEN GROVE, CALIFORNIA 92842
(714) 741-5636

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of 1

I. FACILITY IDENTIFICATION

FACILITY ID# 3 0 0 3 5 1. EPA ID # (Hazardous Waste Only) 2.
CAL000315802

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.
Money Mailer, LLC

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list please submit the Business Owner/Operator Identification page

Does your facility...

If Yes, please complete these pages of the UPCF...

A. HAZARDOUS MATERIALS

Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

YES NO

4. HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)

B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?

YES NO

5. UST FACILITY (Formerly SWRCB Form A)
 UST TANK (one page per tank) (Formerly Form B)

2. Intent to upgrade existing or install new USTs?

YES NO

6. UST FACILITY
 UST TANK (one per tank)
 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

Need to report closing a UST?

YES NO

7. UST TANK (closure portion-one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:
- any tank capacity is greater than 660 gallons, or
- the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?

YES NO

8. NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

1. Generate hazardous waste?
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?

YES NO
 YES NO

9. EPA ID NUMBER - provide at the top of this page
10. RECYCLABLE MATERIALS REPORT (one per recycler)

3. Treat hazardous waste on site?

YES NO

11. ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)
 ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)

4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?

YES NO

12. CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

5. Consolidate hazardous waste generated at a remote site?

YES NO

13. REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?

YES NO

14. HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

Cal-ARP: California Accidental Release Prevention Program
1. Chapter 6.95, Article 2, §25531 et seq
— Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process

YES NO

15. REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)