



**CITY OF GARDEN GROVE**  
**FIRE DEPARTMENT**

---

November 6, 2015

Robin Blanchard  
Partner Engineering and Science Inc.

Records Search for 9898 Trask Ave. Garden Grove, CA 92844

Dear Ms. Blanchard:

Enclosed are the records found concerning the history of the above-mentioned site(s), especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the installation or removal of underground flammable or combustible liquid storage tanks.

The City of Garden Grove Fire Department has utilized its best efforts to locate the records requested. However, the City makes no representation as to the accuracy of the records or that all records requested were retained or located. The City does not provide records on spills, leaks or clean-up, as that information is provided through the County of Orange Health Dept.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nate Brady', written over a white background.

Nate Brady  
Division Chief/Fire Marshal



# CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

FORM 1

## Hazardous Materials Business Information Form

Page \_\_\_ of \_\_\_ 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	GARDEN GROVE HYUNDAI			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	9898 TRUCK				6
CITY	GARDEN GROVE	STATE	8	ZIP	9
DUN & BRADSTREET	N/A	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	JARED HARDIN				15

### BUSINESS OWNER

OWNER NAME	JARED HARDIN		16		17
OWNER MAILING ADDRESS					18
CITY			19	STATE	20
				ZIP	21

### ENVIRONMENTAL CONTACT

CONTACT NAME	JOHN YAKEL		22		23
CONTACT MAILING ADDRESS					
CITY			25	STATE	26
				ZIP	27

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	JARED HARDIN	28	NAME	MILLIE LEE	33
TITLE	OWNER	29	TITLE	GENERAL MANAGER	34
BUSINESS PHONE		30	BUSINESS PHONE		35
24-HR. PHONE		31	24-HR. PHONE		36
PAGER #	N/A	32	PAGER #		37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	NEW/USED VEHICLE SALES & SERVICE	38	TOTAL # OF EMPLOYEES	29	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40	ATTENTION	JARED HARDIN	41
PRC		42			44

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		45	DATE		46
NAME OF SIGNER (print)	JARED HARDIN	47	NAME OF DOCUMENT PREPARER (print)	JOHN YAKEL	49
TITLE OF SIGNER	OWNER	48	TITLE OF DOCUMENT PREPARER	SERVICE DIRECTOR	50

Business Info Form 1 - 03/06/03



## BUSINESS ACTIVITIES

### FACILITY IDENTIFICATION

FACILITY ID	3	0	0	3	5	1. EPA ID # (Hazardous Waste Only)	2.
						CAL000314692	

3. BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	4.
GARDEN GROVE HYUNDAI	

### 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...	
<b>A. HAZARDOUS MATERIALS</b> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B)
1. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
<b>ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>HAZARDOUS WASTE</b> Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? Treat hazardous waste on site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS 9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler)
Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D and L)
Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1195) 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>LOCAL REQUIREMENTS</b> -ARP: California Accidental Release Prevention Program SC Chapter 6.95, Article 2, §25531 et seq Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE FORM**

**INSTRUCTIONS TO COMPLETE SITE PLAN DRAWING  
FORM 2**

Attach a map of the facility using the standard grid. As a minimum, the map should show the following:

1. Site Layout

- Scale of map (if any)
- Site orientation (North arrow)
- Loading areas
- Parking lots
- Internal roads
- Storm and sewer drains
- Adjacent property use
- Locations and names of adjacent streets and alleys
- Access and egress points and roads

2. Facility

- Location of each hazardous material (shown by placing  on attached map).
- If hazardous material is not listed, use a square box (ex.  chlorine) and label as needed.
- Place a letter in the box, from the map symbol legend that best describes the material; i.e., w = waste oil.
- Location of emergency response equipment. For example, equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.

**NOTE:** When you fill out Haz-Mat Form 3 (Chemical Information Form), you will use the matrix coordinates on this map to show where each hazardous material is stored or handled (i.e., acetone is at A-3, waste oil is stored at C-4, etc.). This will help Firefighters in the event of a fire or hazardous materials spill at your facility.

**ALTERNATE METHOD**

If you already have a good site diagram, and if it can be reduced to an 8-1/2 inch by 11 inch page and still be legible, then you can submit that map instead of this form. Just draw the matrix over the map, and make sure it shows all the information listed above.

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE FORM**

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

You must complete a separate Hazardous Materials Inventory Form for **each** hazardous material or hazardous waste that you handle at your facility in amount equal to or greater than:

- 500 pounds of a solid; 55 gallons of a liquid; 200 cubic feet of compressed gas
- Any amount of Extremely Hazardous Substance (EHS) or Acutely Hazardous Materials (AHM)

1. Type or print legibly in black ink only.
2. Photocopy the blank form and save if needed later.
3. Fill in your business name (Box 3).
4. Photocopy the number of forms you'll need for completing an inventory for **each** of your reportable chemicals.
5. Complete the Chemical Information (Box 1 through 39). Material Safety Data Sheets contain necessary information to complete this form.
6. Supply MSDS for each reportable chemical.

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

<b>NO.</b>	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION DESCRIPTION</b>
1.	Add, Delete, Revise	Check the appropriate box to identify if the chemical is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised.
2.	Page Number, Total Pages	The number of the page and the number of total pages in the inventory, including the business information form.
3.	Business Name	Enter full business name of facility.
4.	Chemical Location	Enter the area, building, address, etc. where the hazardous material/waste is handled. Example: Northwest wall of shop inside the building. South of chiller plant outside the building. Note: This information is not subject to public disclosure.

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

NO.	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
5.	Confidential Location EPCRA <input type="checkbox"/> Y <input type="checkbox"/> N	All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location confidential. Otherwise check "No."
6.	Map Number	If more than one map is included, enter the number of the map on which the location of the hazardous material is shown.
7.	Grid Number	Enter the grid coordinates of the map, showing the location of the hazardous material is shown.
8.	Chemical Name	Enter the proper chemical name of the hazardous material. If a waste check <input type="checkbox"/> Yes.
9.	Common Name	Enter the common name or trade name of the hazardous material/waste.
10.	CAS Number	Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture, if it has been assigned a number distinct from its components. If it has no CAS number, leave this column blank and report the CAS number of the individual hazardous components in the appropriate section below.
11.	Trade Secret	Check "Yes" to declare this chemical a trade secret. As a state requirement, if "Yes" and the business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC Sec. 25511. If "Yes" and the business is subject to EPCRA, the information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (CFR 350.72) to USEPA.
12.	EHS (AHM)	Is this hazardous material an Extremely Hazardous Substance (EHS), as defined in section 25532 of the Health and Safety Code? NOTE: If the material is an Extremely Hazardous Substance, all amounts must be reported in pounds.

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

NO.	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
13.	Fire Code Hazard Class	Uniform Fire Code hazard classes from Article 80, MSDS and other references. Used only if required by the local Fire Chief. Lists will be provided when required.
14.	Type of Material	Check the box that appropriately describes the type of hazardous material: pure, mixture, or waste.
15.	Radioactive	Check if radioactive.
16.	Curies	If hazardous material/waste is radioactive, use this area to report concentration in $\mu$ Curies.
17.	Physical State	Check the box that appropriately describes the state of the hazardous material: solid, liquid, or gas.
18.	Federal Hazardous Categories	Check all categories that describe the physical and health hazards associated with the hazardous material/waste. The Environmental Protection Agency's Hazards Categories are:

**PHYSICAL HAZARDS**

Fire	Flammable, Combustible liquids, Pyrophorics, Oxidizers
Reactive	Unstable Reactive, Organic Peroxides, Water Reactives
Pressure Release	Explosives, Compressed Gases

**HEALTH HAZARDS**

Acute Health (Immediate)	Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives
Chronic Health (Delayed)	Carcinogens

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION DESCRIPTION</b>
19.	Avg. Daily Amount	For each building calculate the average daily amount on hand of the hazardous material/waste or mixture containing hazardous materials.
20.	Max. Daily Amount	For each building provide the maximum daily amounts on hand of the hazardous material/waste or mixture containing hazardous materials.
21.	Annual Waste Amount	If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
22.	State Waste Code	If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
23.	Units of Measure	Check the unit of measure that is most appropriate for the material being inventoried: gallons, pounds, cubic feet or tons. NOTE: If material is an Extremely Hazardous Substance (EHS), all amounts must be reported in pounds.
24.	Days on-site	List the total number of days during the year that the material is on site (i.e., "365 days").
25.	Largest Container	List largest vessel (i.e., 55 gallon drum, 12,000 gallon tank)
26.	Storage Container	Check the boxes that best describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
27.	Storage Pressure	Check the box that best describes the pressure at which the hazardous material is stored.
28.	Storage Temperature	Check the box that best describes the pressure at which the hazardous material is stored.
29.	Percent (%) Weight	Enter the percentage weight of the hazardous components in a mixture. If the MSDS describes the percentage as a range, enter the highest number in the range.



**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION DESCRIPTION</b>
30.	Hazardous Component	List the three most hazardous ingredients (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting waste mixtures, mineral and chemical composition of the waste should be listed.
31.	EHS / AHM	Is the component of the mixture considered an Extremely Hazardous Substance (EHS) or Acutely Hazardous Material (AHM), as defined in Section 25532 of the Health and Safety Code.
32.	CAS Numbers	List all Chemical Abstract Service (CAS) number of the hazardous components you listed in the mixture.
33.	UNDOT #	4 digit ID number, used for shipping purposes, found in MSDS.
34.	DOT HAZARD CLASS	DOT hazard classification or division number as listed in MSDS or shipping documentation.
35.	EPCRA	If an EPCRA regulated chemical check "Yes."
36.	Signature	Signature required for all EPCRA chemicals.
37.	NFPA 704 Placard	Hazard classification using NFPA categories. Refer to Pages 15-16.
38.	Facility ID Number	Generated by GGFD. Leave this blank.

**FILL OUT A COMPLETE "HAZARDOUS MATERIALS INVENTORY" FORM FOR EVERY REPORTABLE HAZARDOUS AND EXTREMELY HAZARDOUS MATERIAL HANDLED BY YOUR FACILITY. MAKE AS MANY COPIES OF THE CHEMICAL INFORMATION PAGES AS NEEDED.**



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1    Page \_\_\_\_\_ of \_\_\_\_\_ 2

3	0	0	3	5						BUSINESS NAME	3
---	---	---	---	---	--	--	--	--	--	---------------	---

## I. FACILITY INFORMATION

LOCATION 4

APPROXIMATE LOCATION  Yes  No 5    MAP # 6    GRID # 7

## II. CHEMICAL INFORMATION

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

NAME 9    An EHS Chemical  Yes  No 12  
\* If EHS is "Yes", all amounts must be LBS

FIRE CODE HAZARD CLASSES (supplied by GGFD) 10 13

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

(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

DAILY 19    MAXIMUM DAILY AMOUNT 20    ANNUAL WASTE AMOUNT 21    STATE WASTE CODE 22

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

(if 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. BAG(S)     p. PLASTIC CONTAINER     s. TOTE BIN  
 d. STEEL DRUM     h. CARBOY     j. BOX(S)     p. IN MACH OR EQUIP     t. OTHER \_\_\_\_\_

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

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

VT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	GAS #
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

# \_\_\_\_\_ 33  
Refer to shipping papers or MSDS

HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

YES     NO 35

\_\_\_\_\_ 36  
If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND  
FIRE (RED)    HEALTH (BLUE)    REACTIVE (YELLOW)  
SPECIAL HAZARD    WHITE OX/W

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS IDENTIFICATION PROGRAM**

**REQUIREMENT FOR HAZARDOUS MATERIALS IDENTIFICATION SIGNS**

To meet the requirements of the newly revised Uniform Fire Code, all businesses that have more than a certain amount of hazardous materials at their business site must identify each location where hazardous materials are stored, dispensed, used, or handled. These locations must be identified with specialized signs. The information presented below will help you understand if this sign program applies to you, the purpose for these signs, and how to comply with the new regulations.

**DOES MY BUSINESS HANDLE HAZARDOUS MATERIALS?**

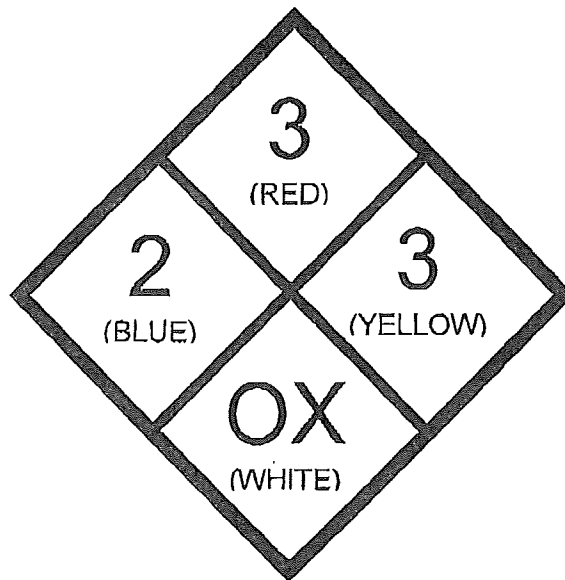
According to the California Health and Safety Code (H&SC) Section 25501(j), a "hazardous material" is "any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant hazard to human health and safety or to the environment if released." In other words, if there is any kind of hazard associated with a material, it is a "hazardous material." This includes items such as gasoline, most solvents, many cleaning products, pesticides, etc.

**HOW MUCH "HAZARDOUS MATERIAL" MUST MY BUSINESS HANDLE BEFORE I AM REQUIRED TO INSTALL HAZARDOUS MATERIALS SIGNS?**

If your business handles any kind of hazardous material that requires a permit from the Fire Department, or if your business handles AT ANY ONE TIME a hazardous material equal to or greater than 55 gallons for a liquid, 500 pounds for a solid, or 200 cubic feet for a gas, then you are REQUIRED to have hazardous materials signs installed. These signs are required by Sections 80.104(e), 80.301(d), and 80.40(a) of the Uniform Fire Code (UFC).

**WHAT ARE THESE SIGNS AND WHAT DO THEY TELL THE FIRE DEPARTMENT?**

These signs are based on the National Fire Protection Association (NFPA) Standard No. 704, which is used throughout the United States to help identify the hazards associated with hazardous materials. The sign is diamond shaped, and divided into four sections (see illustration, right). The left quadrant is colored blue, and stands for health hazard. The top quadrant is red in color, and represents fire hazard. The right quadrant is yellow, and shows likelihood of reactivity with other chemicals. The bottom quadrant is white, and is reserved for special hazards (i.e., oxidizer, water reactive, radioactive). A number is placed in each quadrant, ranging from 0 to 4. "0" represents no hazard, while "4" represents the worst hazard.



If you have more than one hazardous material at your site, the worst hazard level for each category is listed on the sign for all your hazardous materials. For example, if you have a material that has a health rating of 1, a fire rating of 3, and a reactivity rating of 0 (1-3-0), and if you have another material with a health rating of 2, a fire rating of 2, and a reactivity rating of 3 (2-2-3), your sign would show a health rating of 2, a fire rating of 3, and a reactivity rating of 3 (2-3-3).

Through this system, Fire Fighters can tell at a glance the worst case hazard levels that can be found within the building. This can be of great assistance in an emergency!

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS IDENTIFICATION PROGRAM**

**HOW DO I FIND OUT WHAT NUMBERS TO PUT ON THE SIGNS?**

The NFPA has determined the ratings for over 1,400 hazardous materials commonly used in business. If you prepare a list of what hazardous materials you handle, the Fire Department will tell you what numbers you need to use. If your list is short, tell the Fire Fighters as they are inspecting your business or call the Fire Department at (714) 741-5600, and we can give you the information over the phone. If your list is long, please bring your list to the Fire Administration office at 11301 Acacia Parkway, Garden Grove, and we will be happy to assist you.

**WHERE DO THE SIGNS GO?**

The signs must be located at the entrance where hazardous materials are located. Entrances may be to the rear or side as well as the front of a building or structure. The number of and location of signs will be determined by Fire Department personnel inspecting your business.

**WHO WILL HANG AND MAINTAIN MY SIGNS?**

Each business will hang and maintain their signs in the predetermined locations, and must maintain these signs as long as they handle hazardous materials. When hanging your sign, please remember it is a diamond shaped sign. The red quadrant is the top, while the white quadrant is the bottom (please see the illustration).

**QUESTIONS??????**

If you have any questions regarding the Hazardous Materials Identification Program, please call the Garden Grove Fire Department at (714) 741-5636.



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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

**FACILITY IDENTIFICATION**

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

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) \_\_\_\_\_ 3.

**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...	
<b>A. HAZARDOUS MATERIALS</b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> 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)? 5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 8.95, Article 2, §25531 et seq --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

**THE FOLLOWING FORMS ARE FOR USE IN THE EVENT OF  
AN ACTUAL OR THREATENING HAZARDOUS MATERIALS EMERGENCY.**

**BUSINESS EMERGENCY PLAN**

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies
2. Repair Garages. H-4 occupancies
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material and that there are unusual circumstances justifying this exemption.

Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

**The following Short Business Emergency Plan must be completed in order for the exemption to be granted.**

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility (vocal, paging system, manual alarm, etc.).

*AUDIBLE PAGING SYSTEM*

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

One person shall be designated to account for all personnel at the staging area. That person will be responsible for meeting the incoming Fire units and reporting the conditions known about the incident.

The Staging area is at the following location as shown on your site plan map:

*NORTH WEST PARKING LOT.*

Employee Responsibilities:

At least one employee shall be responsible for the following minimum requirements in the event of an emergency response by the Fire Department.

1. Notify employees. Initiate evacuation procedures.
2. Notify the Garden Grove Fire Department. Dial 911.
3. Try to identify the nature of the incident.
4. Report to the staging area and account for evacuated employees.
5. Report to the incoming fire units.
6. Activate any emergency mitigation procedures that area available at your business. (List below any mitigation procedures specific to your business, if any.)

*CLOSE FIRE DOORS, SOUND ALARM IF NOT AUTO*

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

State law requires training of employees where the business uses, handles or stores hazardous materials.

Employee training provided on:

- Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
- Procedures to follow during a release or threatened release of a hazardous material (evacuation to staging areas).
- Information contained in material safety data sheets.
- Warning labels/placards.
- Safe work practices.
- Use of on-site emergency equipment and supplies.
- Use and location of personal protective equipment.
- Any chemical, hazardous material or substance that could be encountered in his/her work area.
- On site alarm system for evacuation.
- Discuss possible release of hazardous materials scenario.

Emergency Notifications

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous materials to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution.

Required Notifications

In the event of a release or threatened release of hazardous materials, it is State law to notify each of the following agencies.

Agency

Garden Grove Fire Department, Police, Paramedics  
Office of Emergency Services (OES)

National Response Center

Phone Numbers

911  
(800) 852-7550 or  
(916) 427-4341  
(800) 424-8802



**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

All materials are stored, used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, California Administrative Code, Titles 19 and 20.

This section is meant to initiate a Prevention Plan at your business and to assist in preventing a release, or threatened release, of a hazardous material. In the spaces provided, place a checkmark by the preventive actions which have been initiated by your business to abate hazards relating to hazardous material handling, use of storage.

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
  - a. Isolation and separation of incompatible materials.
  - b. Diking areas to contain spills.
  - c. Storage on paved ground.
  
2. Compressed and/or cryogenic gas storage areas:
  - a. Cylinder stored upright and secured.
  - b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).
  
3. General:
  - a. Safe work practices are exercised in daily routines.
  - b. Employees who handle hazardous materials are properly trained.
  - c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
  - d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
  - e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
  - f. Posting of "No Smoking" signs where appropriate.

**GARDEN GROVE FIRE DEPARTMENT**

**BUSINESS EMERGENCY PLAN**

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS.

- 1. Change of business address.
- 2. Change of business ownership.
- 3. Change of business name.
- 4. Cessation of business operation (quitting business).
- 5. Use or handling of a previously undisclosed hazardous material.
- 6. A 100% increase in the quantity of a previously disclosed hazardous material.

Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

Service Managers Office

Show location on site map also using symbol in the legend.

Note: A fee is charged for a replacement copy from the Garden Grove Fire Department.

**I certify, under penalty of perjury, that the enclosed information is true and correct to the best of my knowledge.**

Signature: [Signature]  
Name: TORAL YAKUB  
Title: SERVICE DIRECTOR  
Date: 4/16/10

Inspector FPB FPB

Date Range

01/01/1901 to 11/05/2015

## Visits

## Violations

10/14/2015 Type of Visit - Annual Life Safety Inspector-  
William Shakespeare

Date issued - 09/22/2015  
Violation - Provide outside Knox B  
Inspector- William Shakespeare D

09/22/2015 Type of Visit - Annual Life Safety Inspector-  
William Shakespeare

Date issued - 09/22/2015  
Violation - Provide illuminated exit  
Inspector- William Shakespeare D

04/04/2012 Type of Visit - Hazardous Materials Disclosure  
Inspection Inspector- Alex DeSousa

Date issued - 09/22/2015  
Violation - Provide address visible  
Inspector- William Shakespeare D

04/04/2012 Type of Visit - ReInspection Inspector- Alex  
DeSousa

Date issued - 04/04/2012  
Violation - Service and tag Fire Ex  
Inspector- Alex DeSousa Date Clea

04/04/2012 Type of Visit - Annual Life Safety Inspector- Alex  
DeSousa

07/19/2011 Type of Visit - ReInspection Inspector- FPB Intern

Date issued - 04/04/2012  
Violation - Hang extinguisher(s) 3  
Inspector- Alex DeSousa Date Clea

07/19/2011 Type of Visit - Annual Life Safety Inspector- FPB  
Intern

Date issued - 07/19/2011  
Violation - Replace Ceiling Tiles.  
Inspector- FPB Intern Date Clearec

04/19/2010 Type of Visit - ReInspection Inspector- FPB Intern

Date issued - 07/19/2011  
Violation - Post Fire Department P  
Inspector- FPB Intern Date Clearec

03/22/2010 Type of Visit - Initial Inspection Inspector- FPB  
Intern

Date issued - 07/19/2011  
Violation - Secure compressed gas  
Inspector- FPB Intern Date Clearec

Date issued - 07/19/2011  
Violation - Provide/ replace electric

8956 GARDEN GROVE HYUNDAI INC

9898 TRASK Ave

Max Daily Amount

Not Used/Used

Common Name Waste Oil

55 Gallons

Chemical Name Waste Oil

Map

Grid

Delete \_\_ Modify \_\_

Cas #

Location

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File No	Permit No	DBA / Address/Permit description	Date Expires
8956	801031	GARDEN GROVE HYUNDAI INC 9898 TRASK Ave	<u>5</u> 2016
8956	291021	GARDEN GROVE HYUNDAI INC 9898 TRASK Ave MOTOR VEHICLE REPAIR / SERVICING	<u>5</u> 2016
8956	791034	GARDEN GROVE HYUNDAI INC 9898 TRASK Ave INSIDE STORAGE +60 gal. of flammable/combustible liquid	<u>5</u> 2016

Inspection # :012745 1.Insp\_Date:11-26-01  
2. Permit # :010530  
3. Address :9898 TRASK AVE  
4. Business Name/DBA :UNION DODGE  
5. Address Info :HAZ MAT DISCLOSURE ON FILE 6.Buslic :127716  
7. Business Owner :UNION DODGE  
8. Business Address :9898 TRASK AVE 10.Bus Phone539-5757  
9. Business CityStZip:GARDEN GROVE CA 92844 11.EmerPhone636-1494  
12.Occ Group :H4 16.5yr Cert. : 20.MBCC :  
13.Occ Load : 17.FDC loc : 21.Clear date :12-12-01  
14.No of Ext :14.14 18.Haz Mat'l :Y 22.InspectorId:1705  
15.Sprinklers:N 19.ReInsp date:12-10-01 COLLINS, PATRICK S

=====  
# Violation Code Violation description  
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- 1 UFC 8506.1 EXTENSION CORDS ARE PROHIBITED AND MAY NOT BE USED
- 2 IN PLACE OF FIXED WIRING.
- 3 UFC 8507 MULTI-PLUG ADAPTERS THAT DO NOT COMPLY WITH THE
- 4 ELECTRICAL CODE ARE PROHIBITED.
- 5 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY
- 6 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.
- 7 UFC 1002.1 MOUNT FIRE EXTINGUISHERS TO WALL/BACK STORAGE
- 8 ROOM IN PARTS)
- 9 UFC 8509.2 KEEP ELECTRICAL PANEL CLEAR.

Inspection # :963128 1.Insp\_Date:10-17-96  
2. Permit # :  
3. Address :9898 TRASK AVE  
4. Business Name/DBA :UNION DODGE  
5. Address Info : 6.Buslic :127716  
7. Business Owner :UNION DODGE  
8. Business Address :9898 TRASK AVE 10.Bus Phone539-5757  
9. Business CityStZip:GARDEN GROVE CA 92844 11.EmerPhone821-5397  
12.Occ Group :H4 16.5yr Cert. : 20.MBCC :  
13.Occ Load : 17.FDC loc : 21.Clear date :10-31-96  
14.No of Ext :14.14 18.Haz Mat'l :Y 22.InspectorId:5190  
15.Sprinklers:N 19.ReInsp date:10-31-96 LUKAS JR, EDWARD F

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# Violation Code Violation description  
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- 1 UFC 1203 ALL REQUIRED EXIT DOORS MUST BE UNOBSTRUCTED AND OPERATIONAL
- 2 AT ALL TIMES WHEN THE PUBLIC IS PRESENT.

- 3 UFC 8506.1 EXTENSION CORDS ARE PROHIBITED AND MAY NOT BE USED
- 4 IN PLACE OF FIXED WIRING.
- 5 ART 79 KEEP SAFETY KLEEN LIDS CAPABLE OF SHUTTING
- 6 ART 85 INSTALL COVER PLATES ON ELECTRICAL PLATES
- 7 ART 85 REMOVE EXTENTION CORDS IN PARTS ROOM
- 8 UFC 1212.4 REPLACE BURNED OUT EXIT LIGHT BULBS

Inspection # :972885                      1.Insp\_Date:10-27-97  
 2. Permit # :970429  
 3. Address :9898 TRASK AVE  
 4. Business Name/DBA :UNION DODGE  
 5. Address Info :HAZ MAT DISCLOSURE ON FILE.    6.Buslic :127716  
 7. Business Owner :UNION DODGE  
 8. Business Address :9898 TRASK AVE                      10.Bus Phone539-5757  
 9. Business CityStZip:GARDEN GROVE CA 92844                      11.EmerPhone636-1494  
 12.Occ Group :H4    16.5yr Cert. :                      20.MBCC :Y  
 13.Occ Load :    17.FDC loc :                      21.Clear date :11-17-97  
 14.No of Ext :14.14    18.Haz Mat'l :Y                      22.InspectorId:5190  
 15.Sprinklers:N    19.ReInsp date:11-10-97                      LUKAS JR, EDWARD F

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# Violation Code Violation description

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- 1 UFC 8506.1 EXTENSION CORDS ARE PROHIBITED AND MAY NOT BE USED
- 2 IN PLACE OF FIXED WIRING.
- 3 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY
- 4 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.
- 5 UFC 1212.4 REPLACE LIGHT BULBS IN EXIT SIGNS.
- 6 UFC 8504 MUST COVER EXPOSED WIRES IN EAST SIDE OF SHOP.
- 7 UFC 8506.1 REMOVE EXTENSION CORD FROM REFRIGERATOR IN OFFICE NEXT
- 8 TO SHOW ROOM.
- 9 UFC 8504 REMOVE SPLICED CORD ON STERIO DISPLAY.

Inspection # :982820                      1.Insp\_Date:11-10-98  
 2. Permit # :980610  
 3. Address :9898 TRASK AVE  
 4. Business Name/DBA :UNION DODGE  
 5. Address Info :HAZ MAT DISCLOSURE ON FILE.    6.Buslic :127716  
 7. Business Owner :UNION DODGE  
 8. Business Address :9898 TRASK AVE                      10.Bus Phone539-5757  
 9. Business CityStZip:GARDEN GROVE CA 92844                      11.EmerPhone636-1494

12.Occ Group :H4 16.5yr Cert. : 20.MBCC :Y  
13.Occ Load : 17.FDC loc : 21.Clear date :11-24-98  
14.No of Ext :14.14 18.Haz Mat'l :Y 22.InspectorId:5190  
15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

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# Violation Code Violation description

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1 UFC 1001.5 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY  
2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.

Inspection # :992802 1.Insp\_Date:10-04-99  
2. Permit # :990547  
3. Address :9898 TRASK AVE  
4. Business Name/DBA :UNION DODGE  
5. Address Info :HAZ MAT DISCLOSURE ON FILE. 6.Buslic :127716  
7. Business Owner :UNION DODGE  
8. Business Address :9898 TRASK AVE 10.Bus Phone539-5757  
9. Business CityStZip:GARDEN GROVE CA 92844 11.EmerPhone636-1494  
12.Occ Group :H4 16.5yr Cert. : 20.MBCC :Y  
13.Occ Load : 17.FDC loc : 21.Clear date :10-18-99  
14.No of Ext :14.14 18.Haz Mat'l :Y 22.InspectorId:5190  
15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

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# Violation Code Violation description

=====

1 UFC 8506.1 EXTENSION CORDS ARE PROHIBITED AND MAY NOT BE USED  
2 IN PLACE OF FIXED WIRING.



Dbas UNION DODGE INC

Complex

Address

9898

TRASK

Ave

92844

Business Information

Business License No.

Dunn and Bradstreet - 835047200

Sic Code- 5511

Fax

E-Mail

Business Owner Name Frank Lee

Home Phone

Property Use

Construction Information

Construction type-

Occupancy group- H4

Occupancy Load- 0

Building Sq.ft- 0

Contacts Information

Property Owner

Frank Lee

9898 Trask Ave.

Garden Grove .CA 92844

Building Owner

Contacts

Contact Type - Emergency One

DAVID CHRISAKIS

Mobile

Contact Type - Emergency Primary

Tom Lee Position/Title -Controller

Office

Mobile

Contact Type - Emergency Secondary

DAVE CHRISAKIS Position/Title -PARTS MANAGER

Office

Office  
Mobile

Contact Type - Business Owner  
Frank Lee Position/Title -Business Owner  
Home  
Mobile

9898 TRASK Ave  
Garden Grove, CA 92844  
Contact Type - Business Operator  
TOM LEE Position/Title -Business Operator  
Office

Contact Type - Environmental  
GODFREY YOUNG Position/Title -Environmental Contact  
Office

9898 Trask Ave.  
Garden Grove, CA 92844  
Contact Type - Property Owner  
Frank Lee Position/Title -Property Owner  
Office  
Mobile

9898 Trask Ave.  
Garden Grove, CA 92844\_\_\_\_\_

#### Inspection Information

Archived by VThorpe  
File number 305  
Inspector- FPB N  
Contact name Tom Lee  
TOTAL No. Employees is 55  
jh  
4/7/03

#### Inspection History

10/07/2002 Time 08:16  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Life Safety Inspection  
Notes - System generated Life Safety inspection printed for - Inspector SW shift N Su

\*\*\*\*\*

00/00/0000 Time 10:10

09/23/2002 Time 13:13

Employee No. - 1705 Name - Patrick Collins

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector SW shift N Su

\*\*\*\*\*

11/13/2002 Time 09:44

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 1705 Patrick Col

\*\*\*\*\*

07/30/2003 Time 09:19

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

\*\*\*\*\*

10/05/2004 Time 08:05

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 0910 Nathan Brad

\*\*\*\*\*

09/17/2003 Time 08:07

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 0910 Nathan Brad

\*\*\*\*\*

10/01/2003 Time 07:35

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

\*\*\*\*\*

11/07/2003 Time 08:16

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

\*\*\*\*\*

07/19/2004 Time 09:27

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

\*\*\*\*\*

10/04/2004 Time 08:17

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

\*\*\*\*\*

11/05/2004 Time 08:16

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

\*\*\*\*\*

07/18/2005 Time 11:54

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

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09/15/2005 Time 08:02

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 0910 Nathan Brad

Notes - Inspection cleared using Status field on input form- Inspector 0910 Nathan Brad  
\*\*\*\*\*

10/03/2005 Time 09:33  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Permit Invoice  
Notes - Permit Invoice Printed  
\*\*\*\*\*

09/06/2006 Time 08:59  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Inspection Cleared  
Notes - Inspection cleared using Status field on input form- Inspector 2867 Don Nguyen  
\*\*\*\*\*

10/20/2005 Time 09:24  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Fire Code Permit  
Notes - Fire Code Permit printed for a paid Invoice  
\*\*\*\*\*

07/20/2006 Time 09:07  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Life Safety Inspection  
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F  
\*\*\*\*\*

10/02/2006 Time 08:10  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Permit Invoice  
Notes - Permit Invoice Printed  
\*\*\*\*\*

10/20/2006 Time 09:42  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Fire Code Permit  
Notes - Fire Code Permit printed for a paid Invoice  
\*\*\*\*\*

09/12/2007 Time 08:13  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Inspection Cleared  
Notes - Inspection cleared using Status field on input form- Inspector 2867 Don Nguyen  
\*\*\*\*\*

07/18/2007 Time 10:18  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Life Safety Inspection  
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F  
\*\*\*\*\*

10/01/2007 Time 08:45  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Permit Invoice  
Notes - Permit Invoice Printed  
\*\*\*\*\*

10/15/2007 Time 11:06  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Fire Code Permit  
Notes - Fire Code Permit printed for a paid Invoice  
\*\*\*\*\*

07/21/2008 Time 10:07  
Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Life Safety Inspection  
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F  
\*\*\*\*\*

09/04/2008 Time 08:12

Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Inspection Cleared  
Notes - Inspection cleared- Inspector 2867 Don Nguyen by Valerie Thorpe  
\*\*\*\*\*

10/01/2008 Time 07:34

Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Permit Invoice  
Notes - Permit Invoice Printed  
\*\*\*\*\*

10/21/2008 Time 08:56

Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Fire Code Permit  
Notes - Fire Code Permit printed for a paid Invoice  
\*\*\*\*\*

07/15/2009 Time 09:47

Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Life Safety Inspection  
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F  
\*\*\*\*\*

08/05/2009 Time 09:18

Employee No. - 6691Name - Valerie Thorpe  
Action Performed - Inspection Cleared  
Notes - Inspection cleared- Inspector 3087 Randolph Garcia by Valerie Thorpe  
\*\*\*\*\*

## Visits

03/28/2002

Inspector Id- G079Name - James Hughes  
Insp. Type - Annual Disclosure  
Category - EPS  
Comments - Site under construction/remodel, no chem onsite at this time  
rreinspect 01/2003  
\*\*\*\*\*

10/05/2002

Inspector Id- 2512Name - Susan Waidelich  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments -  
\*\*\*\*\*

11/13/2002

Inspector Id- 1705Name - Patrick Collins  
Insp. Type -  
Category - Life Safety  
Comments - No Violations  
\*\*\*\*\*

10/05/2004

Inspector Id- 0910Name - Nathan Brady  
Insp. Type -  
Category - Life Safety  
Comments - Mailback card returned  
\*\*\*\*\*

09/16/2003

Inspector Id- 0910Name - Nathan Brady  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments - No violations.  
.....

\*\*\*\*\*

09/03/2008

Inspector Id- 2867Name - Don Nguyen  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments - Cleared.

\*\*\*\*\*

08/28/2007

Inspector Id- 2867Name - Don Nguyen  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments - Reinsp 9/11

\*\*\*\*\*

09/16/2004

Inspector Id- 0910Name - Nathan Brady  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments - MBCC due 9/30  
-Kuhns, Stone, Soltis

\*\*\*\*\*

09/11/2007

Inspector Id- 2867Name - Don Nguyen  
Insp. Type - ReInspection  
Category - Life Safety  
Comments - Cleared.

\*\*\*\*\*

08/16/2005

Inspector Id- 0910Name - Nathan Brady  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments -  
- Baeder

\*\*\*\*\*

09/14/2005

Inspector Id- 0910Name - Nathan Brady  
Insp. Type - ReInspection  
Category - Life Safety  
Comments - Cleared.

\*\*\*\*\*

04/10/2007

Inspector Id- 3307Name - Michael Kordich  
Insp. Type - Hazardous Materials/ Disclosure Inspection  
Category - EPS  
Comments - No changes are required to BEP or HAZMAT.

\*\*\*\*\*

09/05/2006

Inspector Id- 2867Name - Don Nguyen  
Insp. Type - ReInspection  
Category - Life Safety  
Comments - Cleared.

\*\*\*\*\*

08/17/2006

Inspector Id- 2867Name - Don Nguyen  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments - Rest fire door. sprinkler - Branch caulking. 6 foot tire storage.

\*\*\*\*\*

08/04/2009

Inspector Id- 3087Name - Randolph Garcia  
Insp. Type - Annual Life Safety  
Category - Life Safety  
Comments - vacant

\*\*\*\*\*

## Violations

08/28/2007

code no - CFC 1203

Description - Remove exit obstruction- car

\*\*\*\*\*

09/03/2008

code no - CFC 3003.5.3

Description - Secure compressed gas cylinders.- move to ground floor.

\*\*\*\*\*

09/16/2004

code no - CFC 1212.4

Description - Provide illuminated exit sign(s).- upstairs

\*\*\*\*\*

09/16/2004

code no - 7401.6.4

Description - Secure compressed gas cylinders - fire sprinkler room.

\*\*\*\*\*

08/16/2005

code no - 7401.6.4

Description - Secure compressed gas cylinders.

\*\*\*\*\*

08/16/2005

code no -

Description - Ceiling tile repair - main office

\*\*\*\*\*

08/16/2005

code no -

Description - Debris by storage area in garage.

\*\*\*\*\*

08/28/2007

code no - 1212.4

Description - Repair illuminated exit sign(s)- show room

\*\*\*\*\*

08/28/2007

code no - CFC 1002.1

Description - Provide extinguisher- car wash

\*\*\*\*\*

08/28/2007

code no - Title 19 Sec. 567.6

Description - Hang extinguisher(s) 3.5'-5' from floor- showroom

\*\*\*\*\*

08/17/2006

code no - CFC 1212.4

Description - Provide illuminated exit sign(s).- showroom

\*\*\*\*\*

08/28/2007

code no -

Description - Repair two ceiling tiles - buisness office

\*\*\*\*\*

09/03/2008

code no - CFC 1028.3

Description - Remove exit obstruction - Repair shop East door

\*\*\*\*\*

## Permits

Permit No- 491011

Permit description- HOT WORK - welding and cutting / open flame

\*\*\*\*\*

Permit No- 291021

Permit description- MOTOR VEHICLE REPAIR / SERVICING

\*\*\*\*\*

Permit No- 801031

Permit description- HAZARDOUS MATERIALS - use, handling or storage

\*\*\*\*\*

## EPS Information

Business Operator - TOM LEE

Phone - 7145395757

Environmental Contact - GODFREY YOUNG

phone - 7145395757

address - 9898 Trask Ave. , Garden Grove CA 92844

## Chemical Information

Chemical Name - WASTE OIL

Common name - WASTE OIL

\*\*\*\*\*

Chemical Name - WASTE ANTIFREEZE

Common name - WASTE ANTIFREEZE

\*\*\*\*\*

Chemical Name - HELIUM

Common name - HELIUM

\*\*\*\*\*

Chemical Name - ETHYLENE GLYCOL

Common name - ETHYLENE GLYCOL

\*\*\*\*\*

Chemical Name - AUTOMATIC TRANSMISSION FLUID

Common name - AUTOMATIC TRANSMISSION FLUID

\*\*\*\*\*

## Tank Information

Tank Owner Name -

Phone -

Address-

## Disclosure Local Information

Date Disclosure was verified 00/00/00

Disclosure letter verified by

Date Inquiry letter Sent 00/00/00



Date New Business Packet Sent 00/00/00  
Date New Business Packet Received 00/00/00  
Date Year end packet sent 00/00/00  
Date Year end packet Received 00/00/00  
Date Year end Packet Approved 00/00/00  
Citation Date 00/00/00  
City Attorney Letter sent Date 00/00/00  
Date BEP sent 00/00/00  
Date BEP Submitted 00/00/00  
Date BEP Corrected 00/00/00  
Date BEP Approved 00/00/00  
Date BEP Approved 00/00/00  
Business was not in the Cal Arp program  
Number of Employee 31+  
Local ID Number 000305

### Invoices

Date Billed 10/01/2003  
Bill type - Permit Bill  
Total Due \$150.00  
Amount Paid - \$150.00  
Balance Due -\$.00

#### Items

\*\*\*\*\*

HOT WORK - welding and cutting - \$60.00

\*\*\*\*\*

MOTOR VEHICLE REPAIR / SERVICING - \$90.00

\*\*\*\*\*

HAZARDOUS MATERIALS - use, handling or storage - \$.00

\*\*\*\*\*

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Date Billed 10/04/2004

Bill type - Permit Bill

Total Due \$150.00

Amount Paid - \$150.00

Balance Due -\$.00

#### Items

\*\*\*\*\*

HOT WORK - welding and cutting - \$60.00

\*\*\*\*\*

MOTOR VEHICLE REPAIR / SERVICING - \$90.00

\*\*\*\*\*

HAZARDOUS MATERIALS - use, handling or storage - \$.00

\*\*\*\*\*

---

Date Billed 10/03/2005

Bill type - Permit Bill

Total Due \$150.00

Amount Paid - \$150.00

Balance Due -\$.00

#### Items

\*\*\*\*\*

HOT WORK - welding and cutting - \$60.00

\*\*\*\*\*

**MOTOR VEHICLE REPAIR / SERVICING - \$90.00**

\*\*\*\*\*

**HAZARDOUS MATERIALS - use, handling or storage - \$.00**

\*\*\*\*\*

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**Date Billed 10/02/2006**

**Bill type - Permit Bill**

**Total Due \$150.00**

**Amount Paid - \$150.00**

**Balance Due -\$.00**

**Items**

\*\*\*\*\*

**HOT WORK - welding and cutting / open flame - \$60.00**

\*\*\*\*\*

**MOTOR VEHICLE REPAIR / SERVICING - \$90.00**

\*\*\*\*\*

**HAZARDOUS MATERIALS - use, handling or storage - \$.00**

\*\*\*\*\*

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**Date Billed 10/01/2007**

**Bill type - Permit Bill**

**Total Due \$150.00**

**Amount Paid - \$150.00**

**Balance Due -\$.00**

**Items**

\*\*\*\*\*

**HOT WORK - welding and cutting / open flame - \$60.00**

\*\*\*\*\*

**MOTOR VEHICLE REPAIR / SERVICING - \$90.00**

\*\*\*\*\*

**HAZARDOUS MATERIALS - use, handling or storage - \$.00**

\*\*\*\*\*

---

**Date Billed 10/01/2008**

**Bill type - Permit Bill**

**Total Due \$150.00**

**Amount Paid - \$150.00**

**Balance Due -\$.00**

**Items**

\*\*\*\*\*

**HOT WORK - welding and cutting / open flame - \$60.00**

\*\*\*\*\*

**MOTOR VEHICLE REPAIR / SERVICING - \$90.00**

\*\*\*\*\*

**HAZARDOUS MATERIALS - use, handling or storage - \$.00**

\*\*\*\*\*

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**External Invoices**

**Notes**



# CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

FORM 1

## Hazardous Materials Business Information Form

Page 1 of 9 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
	3 0 5	06/29/2004		12/31/2004	
BUSINESS NAME	Union Dodge			BUSINESS PHONE	5
				714-539-5757	
BUSINESS SITE ADDRESS	9898 Trask Avenue				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92844
DUN & BRADSTREET	835047200	SIC CODE (4 DIGIT #)	5511	FIRE DISTRICT	2619
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	Tom Lee			OPERATOR'S PHONE	15
				714-539-5757	

### BUSINESS OWNER

OWNER NAME	Frank Lee			OWNER PHONE	17
				714-539-5757	
OWNER MAILING ADDRESS	9898 Trask Avenue				18
CITY	Garden Grove	STATE	CA	ZIP	92844

### ENVIRONMENTAL CONTACT

CONTACT NAME	Godfrey Young			CONTACT PHONE	23
				714-539-5757	
CONTACT MAILING ADDRESS	9898 Trask Avenue				24
CITY	Garden Grove	STATE	CA	ZIP	92844

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	Tom Lee	28	NAME	Dave Chrisakis	33
TITLE	Controller	29	TITLE	Parts Manager	34
BUSINESS PHONE	714-539-5757	30	BUSINESS PHONE	714-539-5757	35
24-HR. PHONE		31	24-HR. PHONE		36
PAGER #		32	PAGER #		37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Automobile Sales & Service	38	TOTAL # OF EMPLOYEES	65	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40	ATTENTION		41
PROPERTY OWNER NAME	Frank Lee	42	ADDRESS	9898 Trask Avenue	43
			PHONE	714-539-5757	44

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	<i>Godfrey Young</i>	45	DATE	6/29/04	46
NAME OF SIGNER (print)	Godfrey R. Young	47	NAME OF DOCUMENT PREPARER (print)	Brent J. Hoberg	49
TITLE OF SIGNER	Service Manager	48	TITLE OF DOCUMENT PREPARER	Brent J. Hoberg: Environmental Specialist, Kip Prah Associates	50



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 1 of 5 2

FACILITY ID#	3 0 0 3 5	305	BUSINESS NAME	Union Dodge	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Oil Storage Room, Parts Department	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # F5, P7	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Lubricating Oils, Automatic Transmission Fluid	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	20	FIRE CODE HAZARD CLASSES (supplied by GGFD)	P3	13
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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 NA	16
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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 <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	1000	19	MAXIMUM DAILY	2000	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	1000	25
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STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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 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	26
--	--	--	--	--	--	----

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 95 29	Paraffinic Petroleum Distillates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	647426-65-0
2 5 29	Calcium Sulfonate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	61789-86-4
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.

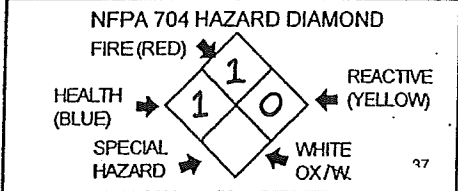
## PLACARDING INFORMATION

UNDOT # 1270 Refer to shipping papers or MSDS 33

DOT HAZARD CLASS Class III-B Refer to shipping papers or MSDS 34

EPCRA  YES  NO 35

X If EPCRA, Please Sign Here 36



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1    Page 2 of 5 2

FACILITY ID#	3 0 0 3 5 3 0 5	38	BUSINESS NAME	3
			Union Dodge	

## I. FACILITY INFORMATION

CHEMICAL LOCATION			4
Parts Department, Service Department			
CONFIDENTIAL LOCATION	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1
EPCRA			6
			GRID # H7, P7
			7

## II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
Ethylene Glycol					* If EPCRA see instructions		
COMMON NAME		9			An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
Antifreeze, Coolant					*If EHS is "Yes", all amounts must be LBS		
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13			
		P3					

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	NA	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 checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH				

AVERAGE DAILY AMOUNT	125	19	MAXIMUM DAILY AMOUNT	250	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	25		
	<input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					250			
*If EHS, amount must be in pounds.									

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

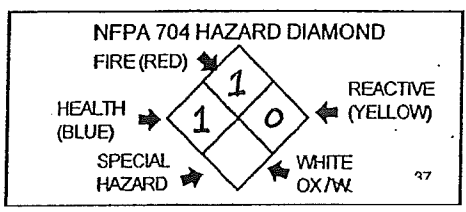
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1	95	29 Ethylene Glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 107-21-1
2	1	29 Silicates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 10213-79-3
3	1	29 Borates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 1303-96-4
4	3	29 Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
5		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 #	1993	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	Class III-B	34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X		36
If EPCRA, Please Sign Here		



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     
  DELETE     
  REVISED 1     
 Page 3 of 5 2

FACILITY ID#	3 0 0 3 5	38-	BUSINESS NAME Union Dodge	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION Showroom Area				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # S8	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
<small>* If EPCRA see instructions</small>			
COMMON NAME Compressed Helium	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12
<small>*If EHS is "Yes", all amounts must be LBS</small>			

CAS # 7440-59-7	10	FIRE CODE HAZARD CLASSES (supplied by GGFD) P2	13
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TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES NA	16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input checked="" type="checkbox"/> c. PRESSURE RELEASE	18
						<input checked="" type="checkbox"/> d. ACUTE HEALTH	<input type="checkbox"/> e. CHRONIC HEALTH		

AVERAGE DAILY AMOUNT 300	19	MAXIMUM DAILY AMOUNT 600	20	ANNUAL WASTE AMOUNT NA	21	STATE WASTE CODE NA	22
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UNITS	<input type="checkbox"/> a. GALLONS	<input checked="" type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE 365	24	LARGEST CONTAINER 300	25
<small>*If EHS, amount must be in pounds.</small>							

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

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT	<input checked="" type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	30	<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.

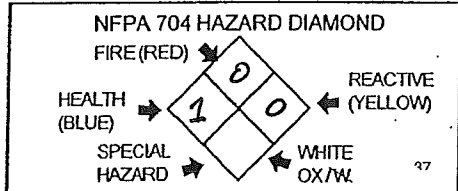
## PLACARDING INFORMATION

UNDOT # 1046 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS Class II 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 4 of 5 2

FACILITY ID#	30035	38	BUSINESS NAME	Union Dodge	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Waste Storage Room	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # E5	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Waste Antifreeze, Waste Coolant	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	---------------------------------	---	-----------------	---	----

CAS #	107-21-1	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	P3	13
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TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES NA	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 <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	250	19	MAXIMUM DAILY AMOUNT	500	20	ANNUAL WASTE AMOUNT	5,177	21	STATE WASTE CODE	135	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	500	25
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STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input 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
--	--	----

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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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	50	29 Ethylene Glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2	50	29 Water	<input type="checkbox"/> Yes <input checked="" 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 # 9189 33

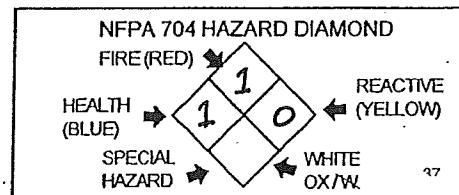
Refer to shipping papers or MSDS

DOT HAZARD CLASS Class III-B 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 5 of 5 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Union Dodge	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Waste Storage Room	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # E5	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Waste Oil	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	6	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	P3	13
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TYPE (Check one item only)	<input type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input checked="" type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES NA	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 checked="" type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	-----------------------------------	---	---------------------------------	----	-----------------------	---	--------------------------------------	--	----	---	---

AVERAGE DAILY AMOUNT	500	19	MAXIMUM DAILY AMOUNT	1000	20	ANNUAL WASTE AMOUNT	10,900	21	STATE WASTE CODE	221	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	1000	25
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STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
--	---	--	---------------------------------	--------------------------------------	--	----

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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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 95 29	Paraffinic Petroleum Distillates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	647426-65-0
2 5 29	Calcium Sulfonate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	61789-86-4
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.

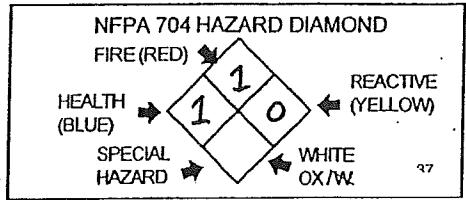
## PLACARDING INFORMATION

UNDOT #	9189	33
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DOT HAZARD CLASS	Class III-B	34
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EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
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X	If EPCRA, Please Sign Here	36
---	----------------------------	----



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



**BUSINESS EMERGENCY PLAN**

**Business Name** Union Dodge  
**Business Address** 9898 Trask Avenue  
**City** Garden Grove  
**State** CA  
**Zip** 92844  
**Mailing Address** Same as above  
**Business Phone** (714) 539-5757  
**Fax Number** (714) 590-6986

**Owner/Operator:** **Name** Frank Lee **Phone** (714) 539-5757  
**Address** 9898 Trask Avenue, Garden Grove CA 92844  
**Primary Contact** Tom Lee  
**Address** 9898 Trask Avenue  
**City** Garden Grove **State** CA **Zip** 92844

**Type of Business Operation** Automotive Sales & Service

**PART I**

**EMERGENCY NOTIFICATIONS**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

PART I EMERGENCY NOTIFICATIONS

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous material to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution. (Health and Safety Code Section 25507a).

A) AGENCY NOTIFICATIONS

Organization	Phone Number
1. Fire Department	911
2. Police Department	911
3. Paramedics	911
4. Office of Emergency Services	(800)852-7550 or (916)427-4341

The State Office of Emergency Services shall be notified by the handler upon release or threatened release of a hazardous material. (Health and Safety Code Section 25507a).

FORMATION REQUIRED

- Name of person and business
- Business street address
- Location of the incident
- Type incident (spill, gas release, etc.)
- Nature and volume of materials involved
- Extent of injuries
- Possible hazards to human health and/or environment

B) MISCELLANEOUS CONTACT INFORMATION                      PHONE NUMBER

1. Hazardous Waste Contractor

Name: Asbury Environmental  
Safety-Kleen Systems

2. Insurance Company

Name \_\_\_\_\_ ( ) \_\_\_\_\_

3. Poison Control Center

(714) 634 - 5988

**PART II**

**BUSINESS PERSONNEL EMERGENCY**

**NOTIFICATIONS AND RESPONSIBILITIES**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

PART II BUSINESS PERSONNEL EMERGENCY NOTIFICATIONS AND RESPONSIBILITIES

A) EMPLOYEE EVACUATION

1. The type of alarm or signals that will be used to initiate an evacuation at the facility: (i.e., alarm system, paging system, etc.)

*Vocal--via the public address system*

\_\_\_\_\_  
(Describe)

2. Evaluation routes, emergency exits, and staging areas for employees at the facility:

a. Work area: *Service Department*

Evacuation route: *Out the nearest facility exit*

Emergency exits: *Roll up doors opened during work hours*

Staging area: *Intersection of service drive and Trask Avenue*

b. Work area: *Main Administrative/Sales Building*

Evacuation route: *Out the nearest facility exit*

Emergency exits: *Open during work hours*

Staging area: *On Trask Avenue at the service drive*

c. Work area: \_\_\_\_\_

Evacuation route: \_\_\_\_\_

Emergency exits: \_\_\_\_\_

Staging area: \_\_\_\_\_

d. Work area: \_\_\_\_\_

Evacuation route: \_\_\_\_\_

Emergency exits: \_\_\_\_\_

Staging area: \_\_\_\_\_

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

EMPLOYEE RESPONSIBILITIES:

JOB TITLE: Controller

EMERGENCY FUNCTION(S)

- a. Identify the nature and extent of the emergency
- b. If required, notify emergency service agencies (i.e., Fire Dept., Police, State OES)
- c. Supervise employee evacuation procedures
- d. Verify that all non-essential personnel are evacuated to a pre-arranged evacuation staging area
- e. \_\_\_\_\_

JOB TITLE: Parts Manager (alternate to above, in the event of his absence)

EMERGENCY FUNCTION(S)

- a. Identify the nature and extent of the emergency
- b. If required, notify emergency service agencies (i.e., Fire Dept., Police, State OES)
- c. Supervise employee evacuation procedures
- d. Verify that all non-essential personnel are evacuated to a pre-arranged evacuation staging area
- e. \_\_\_\_\_

JOB TITLE: Service Manager

EMERGENCY FUNCTION(S)

- a. Ensure safe evacuation of department employees.
- b. Coordinate with General Manager for complete evacuation assessment.
- c. Shut down utilities in the event of emergency evacuation.
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**PART III**  
**TRAINING**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

UTILIZE ADDITIONAL COPIES AS REQUIRED

EVALUATION DRILLS SHALL BE CONDUCTED ANNUALLY  
OR MORE FREQUENTLY IF REQUIRED

Records of drills shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill and the signature of the facilitator.

PART III TRAINING

OUTLINE THE STEPS YOUR BUSINESS WILL TAKE TO MEET  
THE TRAINING REQUIREMENTS NOTED IN THIS SECTION

A) METHODS FOR SAFE HANDLING OF HAZARDOUS MATERIALS:

*Employees are trained annually in the safe handling and legal disposal of hazardous materials. Waste oil is stored in a secondarily contained tank; Solvents are stored in drums; Waste Antifreeze is stored in drums; Compressed Gases are kept on secured cylinders. All hazardous waste is recycled.*

B) PROCEDURES FOR NOTIFICATION OF/AND COORDINATION WITH  
EMERGENCY AGENCIES:

*Employees are trained annually in the emergency notification procedures at our facility*

C) USE OF EMERGENCY RESPONSE EQUIPMENT AND SUPPLIES UNDER THE  
CONTROL OF THE HANDLER:

*Employees are trained annually on the procedures for spill response and fire prevention.*

D) EMERGENCY MITIGATION PROCEDURES IN RESPONSE TO A RELEASE OR  
THREATENED RELEASE OF A HAZARDOUS MATERIAL:

*Employees are trained annually on spill response and proper disposal of the residual absorbed product.*



**PART IV**  
**PREVENTION**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

PART IV PREVENTION

LIST ACTIONS WHICH HAVE BEEN ACCOMPLISHED TO ABATE HAZARDS  
RELATING TO THE USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS

HAZARDOUS MATERIALS STORAGE LOCATION	PREVENTIVE MEASURES
1. <u>Oil storage room on East side of shop</u>	<u>Double-walled tanks, absorbent available</u>
2. <u>Parts Department</u>	<u>Flammables kept near exit</u>
3. <u>All Departments</u>	<u>ABC-Dry Chemical Fire extinguishers</u>
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Garden Grove Fire Department  
Hazardous Materials Management Division  
11301 Acacia Parkway  
Garden Grove, CA 92842

Dear Sir/Madam:

Pursuant to the terms of Chapter 6.95 of the California Health and Safety Code, I hereby submit the annual Hazardous Materials Business Plan update for:

**Union Dodge**  
**9898 Trask Avenue**  
**Garden Grove, CA 92844**

If you have any questions regarding the submittal, please contact me at (714) 539-5757.

Sincerely,

Norman Amabile  
Environmental Compliance Coordinator

Enclosure

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	<u>305</u>					
BUSINESS NAME	<u>Union Dodge</u>					
APPROVED BY:	<u>JH</u>	DATE:	<u>4-7-03</u>			
NEW BUSINESS	<input type="checkbox"/>			UPDATE	<input checked="" type="checkbox"/>	
FEE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6
PICK	<input checked="" type="checkbox"/> 4D	BUSLIST	<input type="checkbox"/>	CALARP:	<input type="checkbox"/>	CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>



# CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

FORM 1

## Hazardous Materials Business Information Form

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	305	BEGINNING DATE	1	ENDING DATE	2
			03/01/2003		12/31/2003	
BUSINESS NAME	Union Dodge			4	BUSINESS PHONE	5
			714-539-5757			
BUSINESS SITE ADDRESS	9898 Trask Avenue					6
CITY	GARDEN GROVE			7	STATE	8
			CA	ZIP	92844	
DUN & BRADSTREET	835047200		10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT
			5511	2619		
COUNTY	ORANGE					13
BUSINESS OPERATOR NAME	Tom Lee			14	OPERATOR'S PHONE	15
			714-539-5757			

### BUSINESS OWNER

OWNER NAME	Frank Lee			16	OWNER PHONE	17
			714-539-5757			
OWNER MAILING ADDRESS	9898 Trask Avenue					18
CITY	Garden Grove			19	STATE	20
			CA	ZIP	92844	

### ENVIRONMENTAL CONTACT

CONTACT NAME	Godfrey Young			22	CONTACT PHONE	23
			714-539-5757			
CONTACT MAILING ADDRESS	9898 Trask Avenue					24
CITY	Garden Grove			25	STATE	26
			CA	ZIP	92844	

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28	NAME	33
Tom Lee		Dave Chrisakis	
TITLE	29	TITLE	34
Controller		Parts Manager	
BUSINESS PHONE	30	BUSINESS PHONE	35
714-539-5757		714-539-5757	
24-HR. PHONE	31	24-HR. PHONE	36
PAGER #	32	PAGER #	37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Automobile Sales & Service		55	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	ADDRESS	43
Frank Lee		9898 Trask Avenue	
PHONE	44		
		714-539-5757	
<b>Certification:</b> Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
<i>Thomas Lee</i>		4-2-03	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Thomas Lee		BRENT J. HOBERG	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Controller		Environmental Specialist, Kip Prah Associates	



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page 5 of 5 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Union Dodge	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Waste Storage Room	4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5
MAP # 1	6	7
GRID # E5		

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
COMMON NAME	Waste Oil	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #	FIRE CODE HAZARD CLASSES (supplied by GGFD)		*If EHS is "Yes", all amounts must be LBS			
MIXTURE	P3 Combustible liq, CHIB, Irritant					
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	
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 checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	500	19	MAXIMUM DAILY AMOUNT	1000	20	
			ANNUAL WASTE AMOUNT	10,900	21	
			STATE WASTE CODE	221	22	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	
			LARGEST CONTAINER	1000	25	
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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 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
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	95	29 Paraffinic Petroleum Distillates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 647426-65-0
2	5	29 Calcium Sulfonate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 61789-86-4
3		29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4		29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5		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.

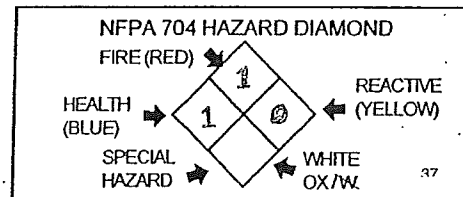
## PLACARDING INFORMATION

UNDOT # 9189 33  
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Class III-B 3 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 5 of 5 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Union Dodge	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Waste Storage Room	4
-------------------	--------------------	---

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # E5	7
-----------------------------	---	---	---------	---	-----------	---

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
---------------	-------	---	---	--------------	---	----

COMMON NAME	Waste Antifreeze, Waste Coolant	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	---------------------------------	---	-----------------	---	----

CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	P3	13
-------	----	---	----	----

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	NA	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 checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	---	----	-----------------------	---	----	---

AVERAGE DAILY AMOUNT	250	19	MAXIMUM DAILY AMOUNT	500	20	ANNUAL WASTE AMOUNT	5,177	21	STATE WASTE CODE	135	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	500	25
-------	---	----	--------------	-----	----	-------------------	-----	----

STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input 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
--	---	--	--	---	--	----

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	50	29	Ethylene Glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2	50	29	Water	<input type="checkbox"/> Yes <input checked="" 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.

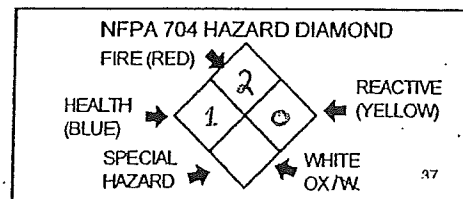
## PLACARDING INFORMATION

UNDOT # 9189 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS Class III-B 3 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 3 of 5 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Union Dodge	3
--------------	-----------	----	---------------	-------------	---

## I. FACILITY INFORMATION

CHEMICAL LOCATION	Showroom Area				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # S8	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11		
COMMON NAME		Compressed Helium		9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #		7440-59-7		10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13	
FIRE CODE HAZARD CLASSES (supplied by GGFD)		P2					
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES NA	16	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE	18		
AVERAGE DAILY AMOUNT		300		19	MAXIMUM DAILY AMOUNT	20	
MAXIMUM DAILY AMOUNT		600		ANNUAL WASTE AMOUNT		21	
ANNUAL WASTE AMOUNT		NA		STATE WASTE CODE		22	
STATE WASTE CODE		NA					
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365		24	
LARGEST CONTAINER		300				25	
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. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input checked="" type="checkbox"/> m. CYLINDER	<input 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
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" 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	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30

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 # 1046 33

Refer to shipping papers or MSDS

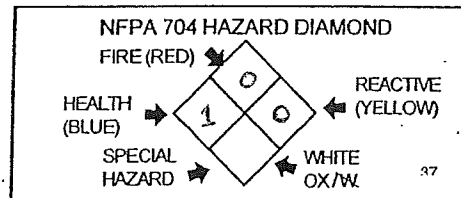
DOT HAZARD CLASS Class II 2-2 34

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 2 of 5 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Union Dodge	3
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### I. FACILITY INFORMATION

CHEMICAL LOCATION	Parts Department, Service Department					4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # H7, P7	7
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### II. CHEMICAL INFORMATION

CHEMICAL NAME	Ethylene Glycol	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Antifreeze, Coolant	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	MIXTURE	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	P3 Combustible liq. CIII-B, Irritant	13
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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 NA	16
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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 <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	125	19	MAXIMUM DAILY AMOUNT	250	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	1	25
-------	---	----	--------------	-----	----	-------------------	---	----

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. 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 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	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
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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 95 29	Ethylene Glycol	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	107-21-1 32
2 1 29	Silicates	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	10213-79-3 32
3 1 29	Borates	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	1303-96-4 32
4 3 29	Water	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	32
5 29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	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.

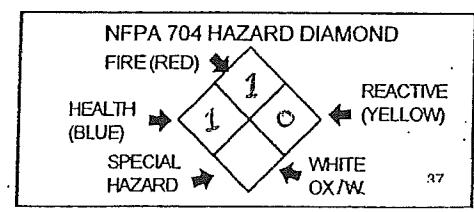
### PLACARDING INFORMATION

UNDOT # 1993 33  
Refer to shipping papers or MSDS.

DOT HAZARD CLASS Class III-B 3 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 1 of 5 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Union Dodge	3
--------------	-----------	----	---------------	-------------	---

## I. FACILITY INFORMATION

CHEMICAL LOCATION	Oil Storage Room, Parts Department					4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # F5, P7	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11					
COMMON NAME	Lubricating Oils, Automatic Transmission Fluid		9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12				
CAS #	MIXTURE		10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	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 NA	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				
AVERAGE DAILY AMOUNT	1000	19	MAXIMUM DAILY AMOUNT	2000	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	1000	25	
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" 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			
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 95 29	Paraffinic Petroleum Distillates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	647426-65-0 32
2 5 29	Calcium Sulfonate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	61789-86-4 32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 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.

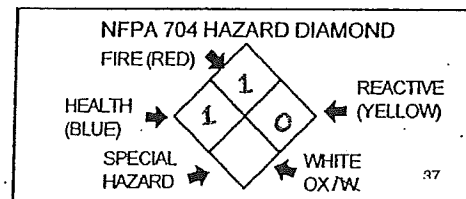
## PLACARDING INFORMATION

UNDOT # 1270 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS Class III-B 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

# **GARDEN GROVE**



## **FIRE DEPARTMENT**

### **HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

#### **REPORTING FORMS PACKET: PART 2**

#### **BUSINESS EMERGENCY PLAN SHORT VERSION**

**THE FOLLOWING FORMS ARE FOR USE IN THE EVENT OF AN  
ACTUAL OR THREATENING HAZARDOUS MATERIALS EMERGENCY.**

**FILL THESE FORMS OUT COMPLETELY AND BE READY TO  
HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN  
THEY ARRIVE AT THE EMERGENCY SCENE.**

**IN THE EVENT OF AN EMERGENCY,**

**CALL 911**

**BUSINESS EMERGENCY PLAN**

**Business Name** Union Dodge

**Business Address** 9898 Trask Avenue

**City** Garden Grove

**State** CA

**Zip** 92844

**Mailing Address** Same as above

**Business Phone** (714) 539-5757

**Fax Number** (714) 590-6986

**Owner/Operator:** Name Frank Lee Phone (714) 539-5757

**Address** 9898 Trask Avenue, Garden Grove CA 92844

**Primary Contact** Tom Lee

**Address** 9898 Trask Avenue

**City** Garden Grove **State** CA **Zip** 92844

**Type of Business Operation** Automotive Sales & Service

**PART I**

**EMERGENCY NOTIFICATIONS**

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**PART I EMERGENCY NOTIFICATIONS**

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous material to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution. (Health and Safety Code Section 25507a).

**A) AGENCY NOTIFICATIONS**

Organization	Phone Number
1. Fire Department	911
2. Police Department	911
3. Paramedics	911
4. Office of Emergency Services	(800)852-7550 or (916)427-4341

The State Office of Emergency Services shall be notified by the handler upon release or threatened release of a hazardous material. (Health and Safety Code Section 25507a).

**FORMATION REQUIRED**

- Name of person and business
- Business street address
- Location of the incident
- Type incident (spill, gas release, etc.)
- Nature and volume of materials involved
- Extent of injuries
- Possible hazards to human health and/or environment

**B) MISCELLANEOUS CONTACT INFORMATION**

**PHONE NUMBER**

**1. Hazardous Waste Contractor**

Name: Asbury Environmental (310) 886-3400  
Safety-Kleen Systems (714) 435-0605

**2. Insurance Company**

Name \_\_\_\_\_ ( ) \_\_\_\_\_

**3. Poison Control Center**

(714) 634 - 5988

**PART II**

**BUSINESS PERSONNEL EMERGENCY**

**NOTIFICATIONS AND RESPONSIBILITIES**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

PART II BUSINESS PERSONNEL EMERGENCY NOTIFICATIONS AND RESPONSIBILITIES

A) EMPLOYEE EVACUATION

1. The type of alarm or signals that will be used to initiate an evacuation at the facility: (i.e., alarm system, paging system, etc.)

*Vocal--via the public address system*

\_\_\_\_\_  
(Describe)

2. Evaluation routes, emergency exits, and staging areas for employees at the facility:

a. Work area: *Service Department*

Evacuation route: *Out the nearest facility exit*

Emergency exits: *Roll up doors opened during work hours*

Staging area: *Intersection of service drive and Trask Avenue*

b. Work area: *Main Administrative/Sales Building*

Evacuation route: *Out the nearest facility exit*

Emergency exits: *Open during work hours*

Staging area: *On Trask Avenue at the service drive*

c. Work area: \_\_\_\_\_

Evacuation route: \_\_\_\_\_

Emergency exits: \_\_\_\_\_

Staging area: \_\_\_\_\_

d. Work area: \_\_\_\_\_

Evacuation route: \_\_\_\_\_

Emergency exits: \_\_\_\_\_

Staging area: \_\_\_\_\_



GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

EMPLOYEE RESPONSIBILITIES:

JOB TITLE: Controller

EMERGENCY FUNCTION(S)

- a. Identify the nature and extent of the emergency
- b. If required, notify emergency service agencies (i.e., Fire Dept., Police, State OES)
- c. Supervise employee evacuation procedures
- d. Verify that all non-essential personnel are evacuated to a pre-arranged evacuation staging area
- e. \_\_\_\_\_

JOB TITLE: Parts Manager (alternate to above, in the event of his absence)

EMERGENCY FUNCTION(S)

- a. Identify the nature and extent of the emergency
- b. If required, notify emergency service agencies (i.e., Fire Dept., Police, State OES)
- c. Supervise employee evacuation procedures
- d. Verify that all non-essential personnel are evacuated to a pre-arranged evacuation staging area
- e. \_\_\_\_\_

JOB TITLE: Sales Manager

EMERGENCY FUNCTION(S)

- a. Ensure safe evacuation of department employees.
- b. Coordinate with General Manager for complete evacuation assessment.
- c. Shut down utilities in the event of emergency evacuation.
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**PART III**  
**TRAINING**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

UTILIZE ADDITIONAL COPIES AS REQUIRED

EVALUATION DRILLS SHALL BE CONDUCTED ANNUALLY  
OR MORE FREQUENTLY IF REQUIRED

Records of drills shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill and the signature of the facilitator.

PART III TRAINING

OUTLINE THE STEPS YOUR BUSINESS WILL TAKE TO MEET  
THE TRAINING REQUIREMENTS NOTED IN THIS SECTION

A) METHODS FOR SAFE HANDLING OF HAZARDOUS MATERIALS:

*Employees are trained annually in the safe handling and legal disposal of hazardous materials. Waste oil is stored in a secondarily contained tank; Solvents are stored in drums; Waste Antifreeze is stored in drums; Compressed Gases are kept on secured cylinders. All hazardous waste is recycled.*

B) PROCEDURES FOR NOTIFICATION OF/AND COORDINATION WITH  
EMERGENCY AGENCIES:

*Employees are trained annually in the emergency notification procedures at our facility*

C) USE OF EMERGENCY RESPONSE EQUIPMENT AND SUPPLIES UNDER THE  
CONTROL OF THE HANDLER:

*Employees are trained annually on the procedures for spill response and fire prevention.*

D) EMERGENCY MITIGATION PROCEDURES IN RESPONSE TO A RELEASE OR  
THREATENED RELEASE OF A HAZARDOUS MATERIAL:

*Employees are trained annually on spill response and proper disposal of the residual absorbed product.*

**PART IV**  
**PREVENTION**

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

PART IV PREVENTION

LIST ACTIONS WHICH HAVE BEEN ACCOMPLISHED TO ABATE HAZARDS  
RELATING TO THE USE, HANDLING OR STORAGE OF HAZARDOUS MATERIALS

HAZARDOUS MATERIALS STORAGE LOCATION	PREVENTIVE MEASURES
1. <u>Oil storage room on East side of shop</u>	<u>Double-walled tanks, absorbent available</u>
2. <u>Parts Department</u>	<u>Flammables kept near exit</u>
3. <u>All Departments</u>	<u>ABC-Dry Chemical Fire extinguishers</u>
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# GARDEN GROVE



## FIRE DEPARTMENT

## HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET: PART 1



DAVE COX  
Service Mgr



UNION DODGE  
9898 TRASK AVENUE  
GARDENA GROVE, CA 92644

(714) 539-5757  
Fax (714) 539-2181

#### FOR OFFICIAL USE ONLY

APPROVED BY: SHIRLEY DATE: 8-4-99  
NEW BUSINESS \_\_\_\_\_ EXISTING X UPDATE X  
FEE: 1 2 3 4 5 6  
OWNERSHIP CHANGE: \_\_\_\_\_  
ADDRESS CHANGE: \_\_\_\_\_  
TIER II: \_\_\_\_\_ FAC: \_\_\_\_\_ CON: \_\_\_\_\_ BUS LIST: \_\_\_\_\_ PICK: \_\_\_\_\_

**CITY OF GARDEN GROVE, FIRE DEPARTMENT**  
 11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842  
 (714) 741-5600 (714) 741-5636  
 HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

**FORM 1**

**BUSINESS INFORMATION**

CALENDAR YEAR BEGINNING (1)	7/30/99	ENDING (2)	7/30/00	PAGE 1 OF	8
BUSINESS NAME (4)	Union Dodge		BUSINESS PHONE (5)	(714) 539-5757	
SITE ADDRESS (6)	9898 Trask Avenue				
CITY (7)	GARDEN GROVE	STATE (8)	CA	ZIP (9)	92844
DUN & BRADSTREET (10)	835047200	SIC CODE (4 DIGIT #) (11)	5511		
OPERATOR NAME (12)	Charles Lee		OPERATOR PHONE (13)	(714) 539-5757	

**OWNER INFORMATION**

OWNER NAME (14)	Frank Lee	OWNER PHONE (15)	(714) 539-5757		
OWNER MAILING ADDRESS (16)	9898 Trask Avenue				
CITY (27)	Garden Grove	STATE (18)	CA	ZIP (19)	92844

**ENVIRONMENTAL CONTACT**

CONTACT NAME (20)	Tom Lee	CONTACT PHONE (21)	(714) 539-5757		
MAILING ADDRESS (22)	9898 Trask Avenue				
CITY (23)	Garden Grove	STATE (24)	CA	ZIP (25)	92844

**EMERGENCY CONTACTS**

Primary	EMERGENCY CONTACTS	Secondary	
NAME: (26)	Tom Lee	NAME: (31)	Mark Himbert
TITLE: (27)	Controller	TITLE: (32)	Service Manager
BUSINESS PHONE: (28)	(714) 539-5757	BUSINESS PHONE: (33)	(714) 539-5757
24-HOUR PHONE: (29)		24-HOUR PHONE: (34)	
PAGER#: (30)		PAGER #: (35)	

**ACUTELY HAZARDOUS MATERIALS (AHM) / EXTREMELY HAZARDOUS SUBSTANCE (EHS)**

ON SITE AHM/EHS (36)  YES  NO If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

(37)

A. Type of Business Operation New & Used Auto Sales & Svc. G. Underground Storage Tank  Y  N

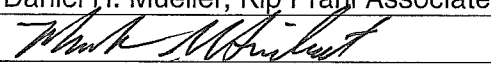
B. Hours of Business Operation 7:00 a.m. - 9:00 p.m. H. Above ground Tank over 660 gal.  Y  N

C. Total Number of Employees 55

D. Property Owner Name Frank Lee Address 9898 Trask Ave., Garden Grove CA 92844

E. Schools, hospitals, within 1,000 ft. of business property  Y  N

F. EPA I.D. Number CAL000152843

Print Name of Document Preparer (38)	Daniel H. Mueller, Kip Prahj Associates	
Signature of Owner/Operator (39)		Date (40) <u>7-30-99</u>

**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE

PAGE (2) 3 OF (3) 6

BUSINESS NAME (4)	Union Dodge		
CHEMICAL LOCATION (5) <small>(Address, Area, Building, etc.)</small>	Service Shop		
MAP # (if more than one)(6)	1	GRID # (7)	H7, L7

CHEMICAL NAME (8)	Benzene, 1-Chloro-4 (trifluoromethyl)	TRADE SECRET (11)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COMMON NAME (9)	OxyChem Oxsol 100	* EHS (12)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CAS (13)	MIXTURE	* IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS	
FIRE CODE (13)	5, 39		
HAZARD CLASSES*			

\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF-REFER TO INSTRUCTIONS.

TYPE (14)	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
PHYSICAL STATE (17)	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS	μCURIES	

HAZARD CATEGORIES (18)	<input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input checked="" type="checkbox"/> CHRONIC HEALTH		
------------------------	--	--	--

STATE WASTE CODE (19)	N/A	UNITS* (22)	<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	MAX DAILY AMT (23)	190
DAYS ON SITE (20)	365	* If EHS, amounts must be in lbs.AVG DAILY AMT (24)			135
LARGEST CONTAINER (21)	55	ANNUAL WASTE AMT (25)			N/A

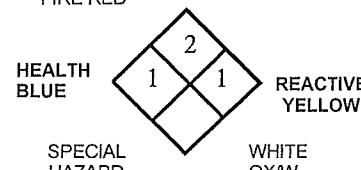
STORAGE CONTAINER (26)	<input type="checkbox"/> ABOVE GROUND TANK <input type="checkbox"/> CAN <input type="checkbox"/> BOX <input type="checkbox"/> TANK WAGON <input type="checkbox"/> UNDER GROUND TANK <input type="checkbox"/> CARBOY <input type="checkbox"/> CYLINDER <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TANK INSIDE BUILDING <input type="checkbox"/> SILO <input type="checkbox"/> GLASS BOTTLE <input type="checkbox"/> _____ <input checked="" type="checkbox"/> STEEL DRUM <input type="checkbox"/> FIBER DRUM <input type="checkbox"/> PLASTIC BOTTLE <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> BAG <input type="checkbox"/> TOTE BIN				
------------------------	--	--	--	--	--

PRESSURE STORAGE (27)	<input type="checkbox"/> AMBIENT <input checked="" type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT				
STORAGE TEMPERATURE (28)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC				

(29) %WT	(30) HAZARDOUS COMPONENT	(31) EHS	(32) CAS#
1	BENZENE, 1-Chloro	<input type="checkbox"/> Y <input type="checkbox"/> N	
2		<input type="checkbox"/> Y <input type="checkbox"/> N	
3		<input type="checkbox"/> Y <input type="checkbox"/> N	

**(33) ADDITIONAL LOCALLY COLLECTED INFORMATION**

\*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS

<p><b>NFPA CLASSIFICATION</b></p> <p>UN/DOT# _____ <small>Refer to shipping papers or MSDS</small></p> <p>DOT HAZARD CLASS <u>Class 3, Div. 3.3</u> <small>Refer to shipping papers or MSDS</small></p> <p>UFC HAZARD CLASS <u>P3, H4</u></p>	<p><b>NFPA 704 PLACARD DIAMOND</b> FIRE RED</p> <div style="text-align: center;">  </div>
---	---

**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**



**OxyChem**<sup>®</sup>

---

**MATERIAL SAFETY DATA SHEET**

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---

**1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION**

---

MSDS NUMBER : M29358 ISSUE DATE : 05-08-98

PRODUCT NAME : OXSOL(R) 100

Manufacturer's Name and Address : Occidental Chemical Corporation, Occidental Tower  
5005 LBJ Freeway, P.O. Bx 809050  
Dallas, TX 75380 (972) 404-3800

24 HOUR EMERGENCY TELEPHONE : 1-800-733-3665 OR 972-404-3228

TO REQUEST AN MSDS : 1-800-699-4670

CUSTOMER SERVICE : 1-800-752-5151

PRODUCT USE : Solvent

CHEMICAL NAME : Benzene,1-Chloro-4 (Trifluoromethyl)

CHEMICAL FORMULA : C7H4ClF3

SYNONYMS/Common Names : PCBTF  
Parachlorobenzotrifluoride

Revised

---

**2. COMPOSITION/INFORMATION ON INGREDIENTS**

---

CAS NUMBER / NAME  
98-56-6 Benzene, 1-chloro-4-(trifluoromethyl)-

EXPOSURE LIMITS	PERCENTAGE
PEL:Not Established	VOL ND
TLV:Not Established	WT 98.50-100
CEL:25 ppm 8hr TWA	

COMMON NAMES:  
p-CHLOROBENZOTRIFLUORIDE  
4-CHLOROBENZOTRIFLUORIDEListed On(List Legend Below):  
00 19 23 36 51  
-----

To: 9,,1-714-236-0774

From: Environmental Info. systems

7-28-99 5:40pm p. 3 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : K29358  
PRODUCT NAME : OXSOL 100

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05-08-98

2. COMPOSITION/INFORMATION ON INGREDIENTS (Continued)

LIST LEGEND

00 TSCA INVENTORY	19 PA REQUIREMENT- 3% OR GREATER
23 NJ REQUIREMENT- 1% OR GREATER	36 CANADIAN NDSL
51 EINECS	

3. HAZARDS IDENTIFICATION

\*\*\*\*\* EMERGENCY OVERVIEW \*\*\*\*\*

\*  
 \* COMBUSTIBLE LIQUID. MAY CAUSE IRRITATION BY ALL ROUTES OF  
 \* EXPOSURE. MAY PRODUCE SYMPTOMS OF CENTRAL NERVOUS SYSTEM  
 \* DEPRESSION INCLUDING HEADACHE, DIZZINESS, NAUSEA, LOSS OF BALANCE  
 \* AND DROWSINESS.  
 \*  
 \* Clear colorless liquid with naphthalenic odor.  
 \*\*\*\*\*

POTENTIAL HEALTH EFFECTS

ROUTES OF ENTRY:

Eyes, Ingestion, Inhalation, Skin.

TARGET ORGANS:

Central Nervous System, Kidneys, Liver.

IRRITANCY:

Eyes, Respiratory Tract, Skin.

SENSITIZING CAPABILITY:

None known.

REPRODUCTIVE EFFECTS:

None known.

CANCER INFORMATION:

Not known to be carcinogenic.

SHORT-TERM EXPOSURE (ACUTE)

INHALATION:

May produce symptoms of central nervous system depression including headache, dizziness, nausea, loss of balance and drowsiness.

EYES:

May be irritating.

SKIN:

May be irritating.

To: 9,1-714-236-8774

From: Environmental Info. systems

7-28-99 5:41pm p. 4 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : K29358  
PRODUCT NAME : OXSOL 100

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### 3. HAZARDS IDENTIFICATION (Continued)

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#### INGESTION:

Ingestion may cause damage to the lining of the gastrointestinal tract.

See Inhalation and Repeated Exposure.

#### REPEATED EXPOSURE (CHRONIC)

Prolonged or repeated breathing or swallowing of large amounts may cause liver and kidney damage based on animal studies.

See Inhalation and Ingestion.

#### SYNERGISTIC MATERIALS:

None known.

#### MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE:

None known.

---

### 4. FIRST AID MEASURES

---

#### EYES:

IMMEDIATELY flush eyes with a directed stream of water for at least 15 minutes, forcibly holding eyelids apart to ensure complete irrigation of all eye and lid tissue. IF IRRITATION PERSISTS GET MEDICAL ATTENTION.

#### SKIN:

Wash thoroughly with soap and water. Wash clothing before reuse. IF IRRITATION OCCURS, GET MEDICAL ATTENTION.

#### INHALATION:

Remove to fresh air. If breathing is difficult, have trained person administer oxygen. If respiration stops, have a trained person administer artificial respiration. GET MEDICAL ATTENTION IMMEDIATELY.

#### INGESTION:

DO NOT INDUCE VOMITING. This material is not soluble. DO NOT GIVE FLUIDS. If spontaneous vomiting is inevitable, PREVENT ASPIRATION by keeping the victims head below the knees. GET IMMEDIATE MEDICAL ATTENTION. A qualified physician can perform gastric lavage only when the airway (trachea) has been secured to prevent aspiration.

#### NOTES TO PHYSICIAN:

Administration of adsorbents such as activated charcoal may be of value. Gastric lavage may be effective when performed by a physician within 4 hours of ingestion.

To: 9,,1-714-238-0774

From: Environmental Info. systems

7-28-99 5:42pm p. 5 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : M29358  
PRODUCT NAME : OXSOL 100

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## 5. FIRE FIGHTING MEASURES

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Flash Point: 42.8 C (109 F)

Method: TAG CC

Autoignition Temperature: >500 C

### FLAMMABLE LIMITS IN AIR, BY % VOLUME

Upper: 10.5  
Lower: 0.9

### EXTINGUISHING MEDIA:

Foam, dry chemical, carbon dioxide, water fog or spray.

### FIRE FIGHTING PROCEDURES:

Evacuate all unnecessary personnel. Shut down motors, pumps, electrical service and eliminate all sources of ignition. Use water spray to keep fire exposed containers cool to avoid pressure buildup. Wear NIOSH/MSHA approved positive pressure self-contained breathing apparatus and full protective clothing.

### FIRE AND EXPLOSION HAZARD:

Combustible liquid.

Material does not sustain combustion.

Over-heated drums may rupture. Heavy vapors can travel to source of ignition and flash back.

### SENSITIVITY TO MECHANICAL IMPACT:

Not applicable.

### SENSITIVITY TO STATIC DISCHARGE:

Electrostatic charge may build up during handling. Grounding of equipment is recommended.

---

## 6. ACCIDENTAL RELEASE MEASURES

---

### PERSONAL PRECAUTIONS:

Evacuate unnecessary personnel and eliminate all sources of ignition.

Follow protective measures provided under Personal Protection in Section 8.

### ENVIRONMENTAL PRECAUTIONS:

Contain liquids and prevent discharges to streams or sewers, control or stop the loss of volatile materials to the atmosphere. Large leaks may require environmental consideration and possible evacuation. Do not apply water to the leak. Spills or releases should be reported, if required, to the appropriate local, state and federal agencies.

To: 9...1-714-236-0774

From: Environmental Info. Systems

7-28-99 5:43pm p. 6 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : H29358  
PRODUCT NAME : OXSOL 100

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## 6. ACCIDENTAL RELEASE MEASURES (Continued)

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### METHODS FOR CLEANING UP:

If a significant spill occurs, evacuate area. If exposure conditions warrant, wear a NIOSH/MSHA approved positive pressure self-contained breathing apparatus and full protective clothing. Shut off electrical service and protect from ignition. Contain spill or release with a dike to prevent flow into sewers or streams. Pump into container for disposal or reclamation. Soak up small spills with absorbent material.

---

## 7. HANDLING AND STORAGE

---

### HANDLING:

Avoid breathing vapor, use with adequate ventilation. Wear NIOSH/MSHA approved respiratory protection if there is potential for exposure above the exposure limits.

Do not get in eyes, on skin or clothing.

Wear personal protective equipment as described in Exposure Controls/Personal Protection (Section 8) of the MSDS.

Wash thoroughly with soap and water after handling.

Keep away from heat, sparks, pilot lights, welding operations and open flame.

Do not eat, drink or smoke in areas where this material is used.

Ground all equipment.

Never enter a pit or tank without following safety procedures—never alone, always with a lifeline and positive pressure supplied air.

Vapors are heavier than air and will tend to collect in low areas. Avoid use in confined spaces. Areas of poor ventilation could contain concentrations high enough to cause unconsciousness and death. Use approved supplied air respirator following manufacturer's recommendations where vapors may be generated.

Do not reuse containers.

### SPECIAL MIXING AND HANDLING INSTRUCTIONS:

Do not allow contact with materials as noted in Section 10.

### STORAGE:

Keep container tightly closed and properly labeled.

Store in a cool, ventilated area away from incompatible materials (see Section 10).

Dike storage containers to contain 110% of tank volume.

Vent indoor tanks to an outside location so escaping vapors will not contaminate any work areas.

To: 9...1-714-238-0774

From: Environmental Info. systems

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OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : M29358  
PRODUCT NAME : OXSOL 100

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## 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

---

### ENGINEERING CONTROLS:

General room ventilation plus local exhaust at points of emission to maintain levels of airborne contaminants below exposure limits.

### PERSONAL PROTECTION

#### RESPIRATORY:

For emergencies and unknown concentrations, use NIOSH/MSHA approved positive pressure self-contained breathing apparatus. Utilize respiratory protective equipment in accordance with 29CFR 1910.134 (Respiratory Protection).

#### EYE/FACE:

Wear chemical safety goggles plus full face shield to protect against splashing when appropriate (ANSI Z87.1).

#### SKIN:

Wear chemical resistant gloves such as North Silver Shield or Viton. For limited use, PVC or nitrile gloves may be worn. Silver Shield is a registered trademark of Siebe North, Inc. Viton is a registered trademark of E. I. DuPont de Nemours and Company, Inc.

Wear plastic or rubber apron for splash protection.

#### OTHER:

Emergency shower and eyewash facility should be in close proximity (ANSI Z358.1).

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## 9. PHYSICAL AND CHEMICAL PROPERTIES

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Appearance and Odor: Clear colorless liquid with naphthalenic odor.

Odor Threshold: <1.0 ppm

Specific Gravity (Water=1): 1.34

Vapor Pressure: 5.3 mm @ 20 C

Vapor Density (Air=1): 6.2

Density: 11.2 lbs/gal

Evaporation Rate: (n-butyl acetate=1): 0.9

% Volatiles by Wt: 100%

Boiling Point: 139 C (282 F)

Freezing Point: -36 C (-33 F)

Melting Point: -36 C (-33 F)

To: 9...1-714-236-8774

From: Environmental Info. systems

7-28-99 5:45pm p. 8 of 15

OCCIDENTAL CHEMICAL CORPORATION  
 MSDS NUMBER : H29358  
 PRODUCT NAME : OXSOL 100

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 05-08-98

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## 9. PHYSICAL AND CHEMICAL PROPERTIES (Continued)

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Solubility in Water (% by wt.): 29 ppm @ 23 C  
 pH: Not applicable  
 Octanol/Water Partition Coefficient: log K<sub>ow</sub> = 3.70  
 Thermal Decomposition Temperature: Not available  
 Other: Limited Oxygen Index (LOI) = 26.2  
 VOC (g/l. by wt.): Negligible

---

## 10. STABILITY AND REACTIVITY

---

### CHEMICAL STABILITY:

STABLE       UNSTABLE

### REACTS WITH:

<input type="checkbox"/> AIR	<input checked="" type="checkbox"/> OXIDIZERS	<input type="checkbox"/> METALS
<input type="checkbox"/> WATER	<input type="checkbox"/> ACIDS	<input type="checkbox"/> OTHER
<input type="checkbox"/> HEAT	<input type="checkbox"/> ALKALIS	<input type="checkbox"/> NONE

### HAZARDOUS POLYMERIZATION:

OCCURS       WILL NOT OCCUR

### COMMENTS:

Avoid contact with oxidizing agents.

### HAZARDOUS DECOMPOSITION PRODUCTS:

Chlorine containing gases can be produced.

Fluorine containing gases can be produced.

---

 Revised

## 11. TOXICOLOGICAL INFORMATION

---

98-56-6      Benzene, 1-chloro-4-(trifluoromethyl)-

ACUTE ORAL LD50 :	(rat)	>6.8 g/kg
ACUTE DERMAL LD50 :	(rabbit)	>2.7 g/kg
ACUTE INHALATION LC50 :	(rat)	4479 ppm
PRIMARY SKIN IRRITATION :	(rabbit)	non-irritating
PRIMARY EYE IRRITATION :	(rabbit)	non-irritating

To: 9,,1-714-236-0774

From: Environmental Info. Systems

7-20-99 5:48pm p. 9 of 15

OCCIDENTAL CHEMICAL CORPORATION  
 MSDS NUMBER : M29358  
 PRODUCT NAME : OXSOI 100

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## 11. TOXICOLOGICAL INFORMATION (Continued)

A 28-day range-finding inhalation study was conducted in male and female Sprague-Dawley rats exposed to 0, 100, 250, 500, or 1000 ppm for 6 hr/day, 5 days/week. Clinical signs included increased activity at 250 ppm and above. Liver and kidney weights were increased. Microscopic changes in male kidneys stained positive for alpha-2-U globulin and the effects were considered not relevant to humans. Liver cell hypertrophy was seen at all exposures in males. Liver changes were consistent with clinical chemistry and PCBTF-blood level analysis and are believed to be an adaptive response due to increased liver metabolism.

Gavage studies in laboratory rodents for treatment periods of 14, 28, and 90 days have demonstrated significant liver and kidney toxicity at dose levels of 400 - 1000 mg/kg/day. Evidence of target organ toxicity included significant increases in relative liver and kidney weights, clinical chemistry values and histopathological findings. Renal toxicity which occurred only in male rats, was apparently due to "hyaline droplet" nephropathy and is therefore, highly unlikely to develop in man. The NOEL's for all these studies range from 10 to 100 mg/kg/day.

CNS effects were observed in rats exposed to PCBTF at or above 2822 ppm for 4 hours.

A 90 day (13 week) rat inhalation toxicity and neurobehavioral study was conducted using exposures of 6 hrs/day, 5 days/week at concentrations of 0, 10, 50 and 250 ppm. There were no PCBTF-related macroscopic observations. Microscopically, PCBTF-related centrilobular hypertrophy was present only in the livers of males and females at the high dose (250 ppm) after 13-weeks of exposure. No centrilobular hypertrophy was observed at any level among recovery animals. There were no PCBTF-related effects on the nervous system as measured by a functional observation battery, muscular activity measurements and neuropathology. A NOEL of 50 ppm was established in this study for liver hepatocyte hypertrophy in male and female rats. If the hepatocyte hypertrophy observed is considered to be an adaptive response to PCBTF, the NOAEL for this study is 250ppm.

Revised

## 12. ECOLOGICAL INFORMATION

98-56-6 Benzene, 1-chloro-4-(trifluoromethyl)-

### AQUATIC ECOTOX DATA

Fish:

LC50 (96 hr.)	(Rainbow trout)	13.8	mg/L
LC50 (96 hr.)	(Bluegill sunfish)	12.0	mg/L
MAIC (31 day)	(Fathead minnow)	>0.54 <1.4	mg/L*
*Triethylene glycol used as solvent carrier			
BCF (48 hr.)	(Bluegill sunfish)	121.8 & 202.0	



To: 9,,1-714-238-8774

From: Environmental Info. systems

7-28-99 5:47pm p. 10 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : H29358  
PRODUCT NAME : OXSOL 100

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## 12. ECOLOGICAL INFORMATION (Continued)

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Invertebrates:  
LC50 (48 hr.) (Water flea) 12.4 mg/L  
MATC (21 day) (Water flea) >0.03 < 0.05 mg/L\*  
\*Acetone used as solvent carrier

Plants:  
IC50 (72 hr.) (Green & Blue-green algae) 500 mg/L

TERRESTRIAL ECOTOX DATA  
No data available

### ENVIRONMENTAL FATE DATA

Biotic:  
Biodegradation: inconclusive due to volatility

Abiotic:  
Atmospheric lifetime: estimated to be 65.9 days for OH radical reaction

Log Kow 3.7

Koc 420 - 530

Water Sol. @ 23 C 29.1

p-Chlorobenzotrifluoride (PCBTF) will preferentially partition to the atmosphere, due to its high volatility. It has been estimated that 99.93% of a 100 Kg spill would end up in the atmosphere, while only 0.06% would partition to water (M. Garland, 1990). The aqueous solubility of PCBTF (29.1 mg/L) would also tend to limit its potential impact to exposed aquatic systems. PCBTF has exhibited significant toxicity to aquatic species under laboratory conditions, but is unlikely to exhibit a similar degree of acute toxicity under environmental conditions due to the aforementioned solubility and volatility issues. The moderate level of bioaccumulation measured in laboratory tests will also be subject to environmental mitigation due to PCBTF's physical/chemical properties. PCBTF should rapidly volatilize from dry and moist soils. Volatility, and relative environmental partitioning characteristics, make it unlikely that PCBTF represents a significant threat to aquatic or terrestrial environments.

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## 13. DISPOSAL CONSIDERATIONS

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Shipments of waste materials may be subject to manifesting requirements per applicable regulations. Appropriate disposal will depend on the nature of each waste material and should be done by a competent and properly permitted contractor.

Recovered nonusable material is a RCRA Hazardous Waste. Treatment, storage, transportation and disposal must be in accordance with EPA and State regulations under the authority of the Resource Conservation and Recovery Act (RCRA) 40 CFR parts 260-270.

To: 9,,1-714-236-0774

From: Environmental Info. ystems

7-28-99 5:49pm p. 11 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : H29358  
PRODUCT NAME : OXSOL 100

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#### 14. TRANSPORT INFORMATION

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DOT INFORMATION: Not Regulated

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#### 15. REGULATORY INFORMATION

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##### U.S. FEDERAL REGULATIONS:

OSHA Standard 29 CFR 1910.1200 requires that information be provided to employees regarding the hazards of chemicals by means of a hazard communication program including labeling, material safety data sheets, training and access to written records. We request that you, and it is your legal duty to, make all information in this Material Safety Data Sheet available to your employees.

To aid our customers in complying with regulatory requirements, SARA Title III Hazard Categories for this product are indicated below. If the word "YES" appears next to any category, this product may be reportable by you under the requirements of 40.CFR.370. Please consult those regulations for details.

Parachlorobenzotrifluoride was designated by the Interagency Testing Committee for action by the EPA under Section 4(e) of the Toxic Substance Control Act. As a result of data submitted by Occidental Chemical under a negotiated testing program, the EPA subsequently concluded that the information provided adequately characterized the Health, Environment and Chemical fate effects of parachlorobenzotrifluoride and issued a decision not to require further testing.

##### TSCA:

All components of this product that are required to be on the TSCA inventory are listed on the inventory.

##### SARA/TITLE III HAZARD CATEGORIES:

Immediate(Acute) Health:	<u>NO</u>	Reactive Hazard	<u>NO</u>
Delayed(Chronic) Health:	<u>YES</u>	Sudden Release of Pressure	<u>NO</u>
Fire Hazard:	<u>YES</u>		

##### HMS HAZARD RATINGS:

HEALTH HAZARD: 1\* FIRE HAZARD: 2 REACTIVITY: 1

##### STATE REGULATIONS:

See Section 2. COMPOSITION/INFORMATION ON INGREDIENTS list legend for applicable state regulation.

##### INTERNATIONAL REGULATIONS:

Consult the regulations of the importing country.

##### CANADA:

WHMIS Hazard Class: B3

To: 9,,1-714-238-8774

From: Environmental Info. systems

7-28-99 5:50pm p. 12 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : H29358  
PRODUCT NAME : OXSOL 100

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05-08-98

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## 16. OTHER INFORMATION

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For additional non-emergency health, safety or environmental information telephone (972) 404-2076 or write to:

Occidental Chemical Corporation  
Product Stewardship Department  
5005 LBJ Freeway  
P.O. Box 809050  
Dallas, Texas 75380

### MSDS LEGEND:

ACGIH = American Conference of Governmental Industrial Hygienists

CAS = Chemical Abstracts Service Registry Number

CEILING = Ceiling Limit (15 Minutes)

CEL = Corporate Exposure Limit

OSHA = Occupational Safety and Health Administration

PEL = Permissible Exposure Limit (OSHA)

STEL = Short Term Exposure Limit (15 Minutes)

TDG = Transportation of Dangerous Goods (Canada)

TLV = Threshold Limit Value (ACGIH)

TWA = Time Weighted Average (8 Hours)

WHMIS = Worker Hazardous Materials Information System (Canada)

\* = See Section 3 Hazards Identification - Repeated Exposure(Chronic) Information

IMPORTANT: The information presented herein, while not guaranteed, was prepared by competent technical personnel and is true and accurate to the best of our knowledge. NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE, OR OF ANY OTHER KIND, EXPRESS OR IMPLIED, IS MADE REGARDING PERFORMANCE, STABILITY OR OTHERWISE. This information is not intended to be all-inclusive as to the manner and conditions of use, handling and storage. Other factors may involve other or additional safety or performance considerations. While our technical personnel will be happy to respond to questions regarding safe handling and use procedures, safe handling and use remains the responsibility of the customer. No suggestions for use are intended as, and nothing herein shall be construed as a recommendation to infringe any existing patents or violate any federal, state or local laws, rules, regulations or ordinances.

Occidental Chemical Corporation has established a Corporate Exposure Limit (CEL) of 25 ppm. 8hr TWA for parachlorobenzotrifluoride.

To: 9,11-714-236-0774

From: Environmental Info. Systems

7-28-99 5:51pm p. 13 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : K29358  
PRODUCT NAME : OXSOL 100

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## 17. WARNING LABEL INFORMATION

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### SIGNAL WORD:

WARNING

### HAZARD WARNINGS:

COMBUSTIBLE LIQUID.

MAY CAUSE IRRITATION BY ALL ROUTES OF EXPOSURE.

MAY PRODUCE SYMPTOMS OF CENTRAL NERVOUS SYSTEM DEPRESSION INCLUDING HEADACHE, DIZZINESS, NAUSEA, LOSS OF BALANCE AND DROWSINESS.

### PRECAUTIONS:

Keep away from heat, sparks, pilot lights, welding operations and open flame.

Avoid breathing dust, vapors or mist.

Avoid contact with eyes, skin and clothing.

Do not swallow.

Do not eat, drink or smoke in areas where this material is used.

Wash thoroughly with soap and water after handling.

Do not reuse container. Product residues may remain. All labeled precautions MUST be observed.

Ground all equipment before use.

Never enter a pit or tank without following safety procedures - never alone, always with a lifeline, and always with a positive pressure supply of fresh air. Avoid use in confined spaces.

Before using, read Material Safety Data Sheet (MSDS) for this material.

### FIRST AID

#### EYES:

IMMEDIATELY flush eyes with a directed stream of water for at least 15 minutes, forcibly holding eyelids apart to ensure complete irrigation of all eye and lid tissue. IF IRRITATION PERSISTS GET MEDICAL ATTENTION.

#### SKIN:

Wash thoroughly with soap and water. Wash clothing before reuse. IF IRRITATION OCCURS, GET MEDICAL ATTENTION.

#### INHALATION:

Remove to fresh air. If breathing is difficult, have trained person administer oxygen. If respiration stops, have a trained person administer artificial respiration. GET MEDICAL ATTENTION IMMEDIATELY.

To: 9,,1-714-238-8774

From: Environmental Info. Systems

7-28-99 5:52pm p. 14 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : H29358  
PRODUCT NAME : OXSOL 100

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05-08-98

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**17. WARNING LABEL INFORMATION (Continued)**

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**INGESTION:**

DO NOT INDUCE VOMITING. This material is not soluble. DO NOT GIVE FLUIDS. If spontaneous vomiting is inevitable, PREVENT ASPIRATION by keeping the victims head below the knees. GET IMMEDIATE MEDICAL ATTENTION. A qualified physician can perform gastric lavage only when the airway (trachea) has been secured to prevent aspiration.

**IN CASE OF SPILL OR LEAK:**

Evacuate unnecessary personnel and eliminate all sources of ignition.

Wear full protective equipment and clothing.

Contain spill and pump into marked container for reclamation or disposal.

**FIRE:**

Foam, dry chemical, carbon dioxide, water fog or spray.

**HANDLING AND STORAGE:**

Wear chemical safety goggles plus full face shield to protect against splashing when appropriate (ANSI Z87.1).

Wear chemical resistant gloves such as North Silver Shield or Viton. For limited use, PVC or nitrile gloves may be worn. Silver Shield is a registered trademark of Siebe North, Inc. Viton is a registered trademark of E. I. DuPont de Nemours and Company, Inc.

Store in a cool, dry, well ventilated area away from incompatible materials.

Keep container tightly closed and properly labeled.

Dike storage tanks separately to contain 110% of tank volume.

**DISPOSAL:**

Always package, store, transport and dispose of all waste and contaminated equipment in accordance with all applicable federal, state, and local health and environmental regulations.

**INFORMATION REQUIRED BY FEDERAL, STATE OR LOCAL REGULATIONS:**

This Product Contains:

CAS#	NAME
98-56-6	Benzene, 1-chloro-4-(trifluoromethyl)-

VOC (g/l. by wt.): Negligible

Contains no photochemically reactive material in accordance with Rule 443 of the South Coast Air Quality Management District.

HMIS RATING: HEALTH 1\* FLAMMABILITY 2 REACTIVITY 1

LABEL NUMBER: 0897M29358

To: 9,,,1-714-238-0774

From: Environmental Info. Systems

7-28-99 5:53pm p. 15 of 15

OCCIDENTAL CHEMICAL CORPORATION  
MSDS NUMBER : K29358  
PRODUCT NAME : OXSOL 100

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17. WARNING LABEL INFORMATION (Continued)

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For Industrial Use Only

----- (R) represents registered trademark -----

**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE

PAGE (2) 2 OF (3) 6

BUSINESS NAME (4)	Union Dodge		
CHEMICAL LOCATION (5) <small>(Address, Area, Building, etc.)</small>	Parts Department		
MAP # (if more than one)(6)	1	GRID # (7)	E9, H10

CHEMICAL NAME (8)	Ethylene Glycol, Silicates, Borates	TRADE SECRET (11)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COMMON NAME (9)	Antifreeze/Coolant	* EHS (12)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CAS (13)		* IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS	
FIRE CODE (13)	7		
HAZARD CLASSES*			

\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF-REFER TO INSTRUCTIONS.

TYPE (14)	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N (16)
PHYSICAL STATE (17)	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS		μCURIES
HAZARD CATEGORIES (18)	<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH		
STATE WASTE CODE (19)	N/A	UNITS* (22)	<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS
DAYS ON SITE (20)	365		MAX DAILY AMT (23) <b>140</b> * If EHS, amounts must be in lbs.AVG DAILY AMT (24) <b>125</b>
LARGEST CONTAINER (21)	1		ANNUAL WASTE AMT (25) <b>N/A</b>
STORAGE CONTAINER (26)	<input type="checkbox"/> ABOVE GROUND TANK <input type="checkbox"/> CAN <input type="checkbox"/> BOX <input type="checkbox"/> TANK WAGON <input type="checkbox"/> UNDER GROUND TANK <input type="checkbox"/> CARBOY <input type="checkbox"/> CYLINDER <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TANK INSIDE BUILDING <input type="checkbox"/> SILO <input type="checkbox"/> GLASS BOTTLE <input type="checkbox"/> _____ <input type="checkbox"/> STEEL DRUM <input type="checkbox"/> FIBER DRUM <input checked="" type="checkbox"/> PLASTIC BOTTLE <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> BAG <input type="checkbox"/> TOTE BIN		

PRESSURE STORAGE (27)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT
STORAGE TEMPERATURE (28)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC

	(29) %WT	(30) HAZARDOUS COMPONENT	(31) EHS	(32) CAS#
1	95	Ethylene Glycol	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	107211
2	1	Silicates	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	10213793
3	1	Borates	<input type="checkbox"/> Y <input type="checkbox"/> N	1303964

**(33) ADDITIONAL LOCALLY COLLECTED INFORMATION**

\*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS

<p><b>NFPA CLASSIFICATION</b></p> <p>UN/DOT# <u>1993</u> <small>Refer to shipping papers or MSDS</small></p> <p>DOT HAZARD CLASS <u>9</u> <small>Refer to shipping papers or MSDS</small></p> <p>UFC HAZARD CLASS <u>P2</u></p>	<p style="text-align: center;"><b>NFPA 704 PLACARD DIAMOND</b> FIRE RED</p> <div style="text-align: center;"> </div> <p>HEALTH BLUE      REACTIVE YELLOW</p> <p>SPECIAL HAZARD      WHITE OX/W</p>
---	--

**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**



CHRYSLER CORPORATION  
HAZARD COMMUNICATION SHEET  
PAGE 1

SUPPLIER: 95570 MFGR: 03500  
PART/COMMTY CD: 04267020  
STANDARD: MS-7170  
CONSUMER PRODUCT: YES

50392  
PREPARATION DATE: 03/09/90  
OSHA HAZARDOUS: NO  
HAZWOPER HAZARDOUS: YES

SECTION I - PRODUCT INFORMATION

MFG: PART SALES & SERVICE CHRYSLER MOTORS CORP EMERGENCY PHONE: 313-956-5478  
26311 LAWRENCE AVE CENTERLINE MI 48015 AFTER HOURS: 313-956-5478  
DISTRIBUTED BY: PART SALES & SERVICE CHRYSLER MOTORS CORP EMERGENCY PHONE: 313-956-5478  
26311 LAWRENCE AVE CENTERLINE MI 48015 AFTER HOURS: 313-956-5478  
BRAND NAME: MOPAR WINTER ANTI-FREEZE & SUMMER COOLA CHRY IND HYGIEN: 313-956-5478  
MFG ID : 581783 AFTER HOURS: 313-956-5557  
DESCRIPTION: ANTI-FREEZE GLYCOL TYPE

SECTION II - INGREDIENTS

HAZARDOUS INGREDIENTS:  
COMMON NAME / CAS-NO AND CHEMICAL NAME: PERCENT  
ETHYLENE GLYCOL (8CI) BY WEIGHT OSHA ACGIH CHRY UNITS NOTATIONS  
60-100 N/AP 50 50 PPM C  
000107-21-1 1,2-ETHANEDIOL (9CI) | 50 | T

GENERIC DESCRIPTION: ANTIFREEZE-MIXTURE OF ETHYLENE GLYCOL AND ADDITIVES.  
FOR EXPLANATION OF "NOTATIONS", SEE THE HAZARD COMMUNICATION SHEET EXPLANATIONS PAGE.  
VALUE IN { } = ACGIH STEL. VALUE IN ( ) = OSHA STEL. VALUE IN | || = OSHA CEILING.

SECTION III - PHYSICAL DATA

BOILING POINT : 330 F SOLUBILITY IN WATER: COMPLETE ( IN ALL PROPORTIONS )  
VAPOR PRESSURE: 18 MM HG AT 68 F EVAPORATION RATE : N/AV REF=: N/AP  
VAPOR DENSITY: N/AV SPECIFIC GRAVITY : 1.135 AT N/AV  
PH AT FULL STRENGTH: 10.0 PH AT REC. DILUTION: N/AV  
%VOLATILE BY VOL: N/AV VOLATILE ORGANIC COMPOUNDS: N/AV N/AV  
ODOR THRESHOLD: N/AV PPM FOR % POPULATION  
FREEZING POINT: N/AV COEFFICIENT OF WATER/OIL DISTRIBUTION: N/AV  
APPEARANCE & ODOR: GREEN LIQUID, MILD ODOR.

SECTION IV - FIRE AND EXPLOSION DATA

FLASH POINT: 250 F COC IGNITION TEMP: 775 F LEL: N/AV UEL: N/AV  
SPECIAL FIRE & EXPLOSION HAZARDS: KEEP CONTAINERS TIGHTLY CLOSED. ISOLATE FROM HEAT, ELECTRICAL  
EQUIPMENT, SPARKS AND OPEN FLAME. CLOSED CONTAINER MAY EXPLODE WHEN EXPOSED TO EXTREME HEAT.  
APPLICATION TO HOT SURFACES REQUIRES SPECIAL PRECAUTIONS. NEVER USE WELDING OR CUTTING TORCH ON  
OR NEAR CONTAINER (EVEN EMPTY) BECAUSE PRODUCT (OR RESIDUE) CAN IGNITE EXPLOSIVELY. VAPOR OR  
MIST ACCUMULATIONS MAY FLASH AND/OR EXPLODE IF IGNITED.  
EXTINGUISHING MEDIA: CARBON DIOXIDE, DRY COMPOUND, ALCOHOL FOAM OR WATER FOG.  
SPECIAL FIREFIGHTING PROCEDURES: USE SELF-CONTAINED BREATHING APPARATUS. AVOID BREATHING VAPOR  
OR FUMES. USE WATER TO COOL FIRE EXPOSED CONTAINERS.  
SENSITIVE TO MECHANICAL IMPACT?: N/AV SENSITIVE TO STATIC DISCHARGE?: N/AV  
FLAME PROJECTION: N/AV

SECTION V - HEALTH HAZARD DATA

EFFECTS OF OVEREXPOSURE-ACUTE & CHRONIC: <<<<<INHALATION>>>> VAPOR AND/OR MIST MAY PRODUCE  
IRRITATION OF UPPER RESPIRATORY TRACT, DROWSINESS, NAUSEA AND ACUTE NERVOUS SYSTEM DEPRESSION  
CHARACTERIZED BY HEADACHE, DIZZINESS, STAGGERING, CONFUSION, UNCONSCIOUSNESS OR COMA. <<<<<SKIN  
CONTACT>>>> SKIN CONTACT MAY PRODUCE DEFATTING AND DRYING OF SKIN. PROLONGED CONTACT MAY  
PRODUCE IRRITATION. <<<<<EYE CONTACT>>>> DIRECT CONTACT MAY PRODUCE IRRITATION AND TEARING.  
<<<<<INGESTION>>>> MAY BE FATAL IF SWALLOWED. MAY PRODUCE ACUTE NERVOUS SYSTEM DEPRESSION  
CHARACTERIZED BY HEADACHE, DIZZINESS, STAGGERING, CONFUSION, UNCONSCIOUSNESS OR COMA. HIGH  
CONCENTRATION MAY PRODUCE KIDNEY DAMAGE. MAY CAUSE UPSET STOMACH, NAUSEA, VOMITING AND DIARRHEA.  
<<<<<SPECIAL TOXICITY>>>> ANIMAL STUDIES HAVE SHOWN THAT THIS PRODUCT MAY AFFECT UNBORN CHILD.  
EMERGENCY FIRST AID PROCEDURES: <<<<<INHALATION>>>> REMOVE TO FRESH AIR AT ONCE. CONTACT A  
PHYSICIAN. <<<<<SKIN CONTACT>>>> WASH WITH SOAP AND WATER. IF CONDITION PERSISTS, CONSULT A  
PHYSICIAN. <<<<<EYE CONTACT>>>> RINSE EYES IMMEDIATELY WITH LARGE AMOUNTS OF WATER,  
OCCASIONALLY LIFTING BOTH UPPER AND LOWER LIDS. CONTINUE FOR 15 MINUTES. CONTACT A PHYSICIAN.  
<<<<<INGESTION>>>> INDUCE VOMITING BY HAVING PERSON TOUCH BACK OF THROAT WITH FINGER. GIVE  
LARGE QUANTITIES OF WATER. CONTACT A PHYSICIAN. NOTE TO PHYSICIAN: CONTAINS ETHYLENE GLYCOL.  
ADULT HUMAN ORAL LETHAL DOSE IS APPROXIMATELY 100ML (3 OZ.). THE PRINCIPAL TOXIC EFFECT OF  
ETHYLENE GLYCOL IS KIDNEY DAMAGE. EARLY ADMINISTRATION OF I.V. ETHANOL AS A 5% SOLUTION IN  
SODIUM BICARBONATE AT ABOUT 10 ML PER HOUR MAY BLOCK THE FORMATION OF NEPHROTOXIC METABOLITES.  
HEMODIALYSIS MAY BE NEEDED.





50392  
PREPARATION DATE: 03/09/90  
OSHA HAZARDOUS: NO  
HAZWOPER HAZARDOUS: YES

CHRYSLER CORPORATION  
HAZARD COMMUNICATION SHEET  
PAGE 2

SUPPLIER: 95570 MFGR: 03500  
PART/COMMTY CD: 04267020  
STANDARD: MS-7170  
CONSUMER PRODUCT: YES

-----  
SECTION VI - REACTIVITY DATA  
-----

STABILITY: STABLE  
CONDITIONS TO AVOID: HIGH TEMPERATURE, SPARKS OR OPEN FLAME.  
MATERIALS TO AVOID : STRONG OXIDIZING AGENTS.  
HAZARDOUS POLYMERIZATION: WILL NOT OCCUR  
POLYMERIZATION CONDITIONS TO AVOID: POLYMERIZATION WILL NOT OCCUR.  
HAZARDOUS DECOMPOSITION PRODUCTS: CARBON MONOXIDE, CARBON DIOXIDE, AND UNIDENTIFIED ORGANIC COMPOUNDS UPON DECOMPOSITION.

-----  
SECTION VII - SPILL OR LEAK PROCEDURES  
-----

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED: ELIMINATE ALL IGNITION SOURCES (FLAMES, HOT SURFACES AND ELECTRICAL, STATIC OR FRICTIONAL SPARKS). AVOID BREATHING VAPORS. VENTILATE AREA. SPILLS ARE VERY SLIPPERY. CONTAIN WITH DIKE. ABSORB ON AN INERT MATERIAL. SWEEP UP AND DISCARD IN A SUITABLE CONTAINER FOR DISPOSAL.  
WASTE DISPOSAL METHODS: ADVISE AUTHORITIES IF PRODUCT HAS ENTERED OR MAY ENTER SEWERS, WATERCOURSES OR EXTENSIVE LAND AREAS. INCINERATE OR DISPOSE OF IN A LANDFILL. DISPOSE OF IN A MANNER CONSISTENT WITH STATE, PROVINCIAL, LOCAL, AND FEDERAL REGULATIONS.

-----  
SECTION VIII - SPECIAL PROTECTION  
-----

RESPIRATORY PROTECTION: NO SPECIAL PROTECTION NEEDED UNDER NORMAL CONDITIONS. ORGANIC VAPOR RESPIRATOR OR AIR-SUPPLIED RESPIRATOR IS ADVISED WHEN HEATED TO HIGH TEMPERATURE OR IF THE TLV OF THE PRODUCT OR ANY COMPONENT IS EXCEEDED.  
VENTILATION TYPE : GENERAL VENTILATION. LOCAL EXHAUST VENTILATION IS ADVISED WHEN HEATED TO HIGH TEMPERATURE AND TO MAINTAIN TLV.  
PROTECTIVE GLOVES : RECOMMENDED. NATURAL RUBBER GLOVES, NEOPRENE GLOVES, NITRILE RUBBER GLOVES, POLYVINYLCHLORIDE (PVC) GLOVES OR POLYETHYLENE GLOVES.  
EYE PROTECTION : RECOMMENDED. CHEMICAL GOGGLES OR FULL FACE SHIELD, IF SPLASHED.  
OTHER PROTECTIVE EQUIP: CLOTHING-SAME MATERIAL AS GLOVES, APRON-SAME MATERIAL AS GLOVES AND BOOTS-SAME MATERIAL AS GLOVES IS RECOMMENDED TO AVOID PROLONGED SKIN CONTACT. PREVENT PROLONGED SKIN CONTACT WITH CONTAMINATED CLOTHING. WASH CONTAMINATED CLOTHING BEFORE REUSE.

-----  
SECTION IX - SPECIAL PRECAUTIONS  
-----

PRECAUTIONS TO BE TAKEN IN HANDLING & STORAGE: STORE IN A COOL, DRY PLACE. USE WITH ADEQUATE VENTILATION. KEEP FROM HEAT, SPARK OR OPEN FLAMES. KEEP CONTAINER TIGHTLY CLOSED WHEN NOT IN USE. CONTAINERS OF THIS MATERIAL MAY BE HAZARDOUS WHEN EMPTIED, SINCE EMPTIED CONTAINERS RETAIN PRODUCT RESIDUES (VAPOR, LIQUID, AND/OR SOLID). DO NOT STORE IN OPEN OR UNLABELED CONTAINERS.  
OTHER PRECAUTIONARY MEASURES: AVOID INGESTION. AVOID SKIN CONTACT. AVOID EYE CONTACT. AVOID BREATHING MIST. AVOID BREATHING VAPOR. PREVENT PRODUCT FROM CONTACTING OR CONTAMINATING FOOD, OR FOOD SOURCES. DO NOT SMOKE OR EAT WHEN HANDLING THIS SUBSTANCE; WASH THOROUGHLY AFTER USING. REMOVE CONTAMINATED CLOTHING AND LAUNDRY BEFORE REUSE. DISCARD CONTAMINATED LEATHER CLOTHING. MAINTAIN GOOD HOUSEKEEPING AND HYGIENIC PRACTICES.

-----  
SECTION X - WASTE LABELING INFORMATION  
-----

DOT LABELING INFORMATION (49 CFR 100-199)  
NOT HAZARDOUS PER DOT REGULATIONS  
RCRA INFORMATION (40 CFR 122-124, 260-265)  
NOT HAZARDOUS PER RCRA REGULATIONS  
THE ABOVE INFORMATION IS BASED ON DATA PROVIDED BY SUPPLIERS. TESTING IS NOT NEEDED.

-----  
SECTION XI - PREPARATION INFORMATION  
-----

PREPARATION DATE: 03/09/90

DATA EFFECTIVE DATE: 10/27/87

DATA SHEET PREPARED BY: INDUSTRIAL HYGIENE DEPARTMENT  
CHRYSLER MOTORS CORPORATION  
PHONE: 313/956-5478

PREPARED BY: STAFF  
REVIEWED BY: STAFF  
REVISED BY: GW WEAVER

**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE

PAGE (2)  OF (3)

BUSINESS NAME (4)	Union Dodge		
CHEMICAL LOCATION (5) (Address, Area, Building, etc.)	Hazardous Materials Storage Room, Parts Department		
MAP # (if more than one)(6)	<input type="text" value="1"/>	GRID # (7)	<input type="text" value="E8, E9, H10"/>

CHEMICAL NAME (8)	Paraffinic Petroleum Distillates, Calcium Sulfonate	TRADE SECRET (11)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COMMON NAME (9)	Lube Oils, Automatic Transmission Fluid, Grease	* EHS (12)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CAS (13)		* IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS	
FIRE CODE (13)	7		
HAZARD CLASSES*			

\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF-REFER TO INSTRUCTIONS.

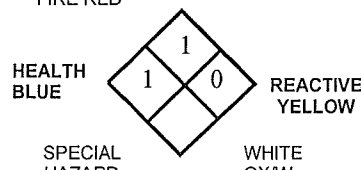
TYPE (14)	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	(16)	<input type="text"/>
PHYSICAL STATE (17)	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS	μCURIES			
HAZARD CATEGORIES (18)	<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE (19)	N/A	UNITS* (22)	<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	MAX DAILY AMT (23)	570
DAYS ON SITE (20)	365	* If EHS, amounts must be in lbs.AVG DAILY AMT (24)			450
LARGEST CONTAINER (21)	240	ANNUAL WASTE AMT (25)			N/A
STORAGE CONTAINER (26)	<input checked="" type="checkbox"/> ABOVE GROUND TANK <input type="checkbox"/> CAN <input type="checkbox"/> BOX <input type="checkbox"/> TANK WAGON <input type="checkbox"/> UNDER GROUND TANK <input type="checkbox"/> CARBOY <input type="checkbox"/> CYLINDER <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TANK INSIDE BUILDING <input type="checkbox"/> SILO <input type="checkbox"/> GLASS BOTTLE <input type="checkbox"/> _____ <input checked="" type="checkbox"/> STEEL DRUM <input type="checkbox"/> FIBER DRUM <input checked="" type="checkbox"/> PLASTIC BOTTLE <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> BAG <input type="checkbox"/> TOTE BIN				

PRESSURE STORAGE (27)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT
STORAGE TEMPERATURE (28)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC

(29) %WT	(30) HAZARDOUS COMPONENT	(31) EHS	(32) CAS#
1 95	Paraffinic Petroleum Distillates	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	647426650
2 5	Calcium Sulfonate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	61789864
3		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**

\*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS

<b>NFPA CLASSIFICATION</b> UN/DOT# <u>1270</u> <small>Refer to shipping papers or MSDS</small> DOT HAZARD CLASS <u>9</u> <small>Refer to shipping papers or MSDS</small> UFC HAZARD CLASS <u>P3</u>	<b>NFPA 704 PLACARD DIAMOND</b> FIRE RED  HEALTH BLUE    SPECIAL HAZARD REACTIVE YELLOW    WHITE OXW
--	--

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# MATERIAL SAFETY DATA SHEET



## I PRODUCT IDENTIFICATION

Manufacturer's Name	PENNZOIL COMPANY	CAS Number: MIXTURE
Address	P.O. BOX 2967 HOUSTON, TX 77252-2967	MSDS Code: 000330
		<b>NFPA Hazard Identification</b> Degree of Hazard      Hazard Ratings  Health: 1              0 - Least 1 - Slight Fire: 1                 2 - Moderate Reactivity: 0         3 - High 4 - Extreme
Emergency Telephone No.	(713) 236-6070	
Trade Name	TYPE F AUTOMATIC TRANSMISSION FLUID	
Synonyms	PENNZOIL® HYDRA-FLO® TYPE F, PENNZBELL® TYPE F	

## II INGREDIENTS

COMPONENT NAME CAS NUMBER	HAZARDOUS IN BLEND	PERCENTAGE MIN      MAX	COMPONENT EXPOSURE LIMITS	UNITS
BASE LUBRICATING OILS MIXTURE	NO	70.00 TO 95.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT
DETERGENT/INHIBITOR SYSTEM TRADE SECRET	NO	5.00 TO 25.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT
OIL SOLUBLE DYE TRADE SECRET	NO	< 1.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT

BY: ENVIRONMENTAL, SAFETY & HEALTH (713) 546-6227      EFFECTIVE DATE: SEPTEMBER 25, 1992

**DISCLAIMER OF WARRANTY:**  
 THE INFORMATION CONTAINED HEREIN IS BASED UPON DATA AVAILABLE TO US, AND REFLECTS OUR BEST PROFESSIONAL JUDGEMENT. HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY USE, OR ANY OTHER WARRANTY IS EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF SUCH DATA, THE RESULTS TO BE OBTAINED FROM THE USE THEREOF, OR THAT ANY SUCH USE DOES NOT INFRINGE ANY PATENT. SINCE THE INFORMATION CONTAINED HEREIN MAY BE APPLIED UNDER CONDITIONS OF USE BEYOND OUR CONTROL AND WITH WHICH WE MAY BE UNFAMILIAR, WE DO NOT ASSUME ANY RESPONSIBILITY FOR THE RESULTS OF SUCH APPLICATION. THIS INFORMATION IS FURNISHED UPON THE CONDITION THAT THE PERSON RECEIVING IT SHALL MAKE HIS OWN DETERMINATION OF THE SUITABILITY OF THE MATERIAL FOR HIS PARTICULAR PURPOSE.  
 REQUIRED UNDER USDL SAFETY AND HEALTH REGULATIONS FOR SHIP REPAIRING, SHIPBUILDING, AND SHIPBREAKING (29 CFR 1915, 1916, 1917).

**HEALTH EFFECT INFORMATION****EYE CONTACT**

THIS PRODUCT IS PRACTICALLY NON-IRRITATING TO THE EYES UPON DIRECT CONTACT. BASED ON TESTING OF SIMILAR PRODUCTS AND/OR COMPONENTS.

**SKIN CONTACT**

AVOID SKIN CONTACT. THIS PRODUCT IS MINIMALLY IRRITATING TO THE SKIN UPON DIRECT CONTACT. BASED ON TESTING OF SIMILAR PRODUCTS AND/OR COMPONENTS. PROLONGED OR REPEATED CONTACT MAY RESULT IN CONTACT DERMATITIS WHICH IS CHARACTERIZED BY DRYNESS, CHAPPING, AND REDDENING. THIS CONDITION MAY MAKE THE SKIN MORE SUSCEPTIBLE TO OTHER IRRITANTS, SENSITIZERS, AND DISEASE. PROLONGED OR REPEATED CONTACT MAY RESULT IN OIL ACNE WHICH IS CHARACTERIZED BY BLACKHEADS WITH POSSIBLE SECONDARY INFECTION. CONSTITUENTS OF THIS PRODUCT HAVE BEEN ASSOCIATED WITH PHOTSENSITIVITY, AN ABNORMAL SENSITIVITY OF SKIN TO SUNLIGHT. SEE HEALTH DATA SECTION BELOW.

**INHALATION**

THIS PRODUCT HAS A LOW VAPOR PRESSURE AND IS NOT EXPECTED TO PRESENT AN INHALATION HAZARD AT AMBIENT CONDITIONS. CAUTION SHOULD BE TAKEN TO PREVENT AEROSOLIZATION OR MISTING OF THIS PRODUCT. THE PERMISSIBLE EXPOSURE LIMIT (PEL) AND THRESHOLD LIMIT VALUE (TLV) FOR THIS PRODUCT AS OIL MIST IS 5 MG/M3. EXPOSURES BELOW 5 MG/M3 APPEAR TO BE WITHOUT SIGNIFICANT HEALTH RISK. THE SHORT-TERM EXPOSURE LIMIT FOR THIS PRODUCT AS AN OIL MIST IS 10 MG/M3.

**INGESTION**

DO NOT INGEST. THIS PRODUCT IS RELATIVELY NON-TOXIC BY INGESTION. THIS PRODUCT HAS LAXATIVE PROPERTIES AND MAY RESULT IN ABDOMINAL CRAMPS AND DIARRHEA. SEE HEALTH DATA SECTION BELOW.

**HEALTH DATA**

ON RARE OCCASIONS, PROLONGED AND REPEATED EXPOSURE TO OIL MIST POSES A RISK OF PULMONARY DISEASE SUCH AS CHRONIC LUNG INFLAMMATION. THIS CONDITION IS USUALLY ASYMPTOMATIC AS A RESULT OF REPEATED SMALL ASPIRATIONS. SHORTNESS OF BREATH AND COUGH ARE THE MOST COMMON SYMPTOMS. THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER HAS CONCLUDED THERE ARE INADEQUATE DATA TO EVALUATE THE CARCINOGENICITY TO EXPERIMENTAL ANIMALS OF THIS CLASS OF PRODUCTS. THIS PRODUCT BELONGS TO IARC CLASSIFICATION GROUP 3, "NOT CLASSIFIABLE AS TO ITS CARCINOGENICITY TO HUMANS." THIS PRODUCT IS NOT CARCINOGENIC ACCORDING TO THE OSHA HAZARD COMMUNICATION STANDARD.

**IV EMERGENCY & FIRST AID PROCEDURES****EYE CONTACT**

IMMEDIATELY FLUSH EYES WITH LARGE AMOUNTS OF WATER AND CONTINUE FLUSHING UNTIL IRRITATION SUBSIDES. IF MATERIAL IS HOT, TREAT FOR THERMAL BURNS AND TAKE VICTIM TO HOSPITAL IMMEDIATELY.

**SKIN CONTACT**

REMOVE CONTAMINATED CLOTHING. WASH CONTAMINATED AREA THOROUGHLY WITH SOAP AND WATER. IF MATERIAL IS HOT, SUBMERGE INJURED AREA IN COLD WATER. IF VICTIM IS SEVERELY BURNED, REMOVE TO A HOSPITAL IMMEDIATELY.

**INHALATION**

THIS MATERIAL HAS A LOW VAPOR PRESSURE AND IS NOT EXPECTED TO PRESENT AN INHALATION EXPOSURE AT AMBIENT CONDITIONS.

**INGESTION**

DO NOT INDUCE VOMITING. SEEK MEDICAL ATTENTION.

**PERSONAL HEALTH PROTECTION INFORMATION****EYE PROTECTION**

EYE PROTECTION IS NOT REQUIRED UNDER CONDITIONS OF NORMAL USE. IF MATERIAL IS HANDLED SUCH THAT IT COULD BE SPLASHED INTO EYES, WEAR PLASTIC FACE SHIELD OR SPLASH-PROOF SAFETY GOGGLES.

**SKIN PROTECTION**

NO SKIN PROTECTION IS REQUIRED FOR SINGLE, SHORT DURATION EXPOSURES. FOR PROLONGED OR REPEATED EXPOSURES, USE IMPERVIOUS CLOTHING (BOOTS, GLOVES, APRONS, ETC.) OVER PARTS OF THE BODY SUBJECT TO EXPOSURE. IF HANDLING HOT MATERIAL, USE INSULATED PROTECTIVE CLOTHING (BOOTS, GLOVES, APRONS, ETC.). LAUNDRY SOILED CLOTHES. PROPERLY DISPOSE OF CONTAMINATED LEATHER ARTICLES INCLUDING SHOES, WHICH CANNOT BE DECONTAMINATED.

**RESPIRATORY PROTECTION**

RESPIRATORY PROTECTION IS NOT REQUIRED UNDER CONDITIONS OF NORMAL USE. IF VAPOR OR MIST IS GENERATED WHEN THE MATERIAL IS HEATED OR HANDLED, USE AN ORGANIC VAPOR RESPIRATOR WITH A DUST AND MIST FILTER. ALL RESPIRATORS MUST BE NIOSH CERTIFIED. DO NOT USE COMPRESSED OXYGEN IN HYDROCARBON ATMOSPHERES.

**VENTILATION**

IF VAPOR OR MIST IS GENERATED WHEN THE MATERIAL IS HEATED OR HANDLED, ADEQUATE VENTILATION IN ACCORDANCE WITH GOOD ENGINEERING PRACTICE MUST BE PROVIDED TO MAINTAIN CONCENTRATIONS BELOW THE SPECIFIED EXPOSURE OR FLAMMABLE LIMITS.

**OTHER**

CONSUMPTION OF FOOD AND BEVERAGE SHOULD BE AVOIDED IN WORK AREAS WHERE HYDROCARBONS ARE PRESENT. ALWAYS WASH HANDS AND FACE WITH SOAP AND WATER BEFORE EATING, DRINKING, OR SMOKING.

**VI FIRE PROTECTION INFORMATION**

FLASH POINT 349 F

TEST METHOD C.O.C.

AUTOIGNITION TEMPERATURE &gt; 800 F.

TEST METHOD NO DATA

FLAMMABLE LIMITS IN AIR % BY VOL

LOWER N/A

UPPER N/A

EXTINGUISHING MEDIA

USE DRY CHEMICAL, FOAM, OR CARBON DIOXIDE.

SPECIAL FIRE FIGHTING PROCEDURES

WATER MAY BE INEFFECTIVE BUT CAN BE USED TO COOL CONTAINERS EXPOSED TO HEAT OR FLAME. CAUTION SHOULD BE EXERCISED WHEN USING WATER OR FOAM AS FROTHING MAY OCCUR, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

UNUSUAL FIRE AND EXPLOSIVE CONDITIONS

DENSE SMOKE MAY BE GENERATED WHILE BURNING. CARBON MONOXIDE, CARBON DIOXIDE, AND OTHER OXIDES MAY BE GENERATED AS PRODUCTS OF COMBUSTION.

**VII REACTIVITY DATA**

STABILITY (THERMAL, LIGHT, ETC.)

STABLE

CONDITIONS TO AVOID

NONE

HAZARDOUS POLYMERIZATION

WILL NOT OCCUR

CONDITIONS TO AVOID

NONE

INCOMPATIBILITY MATERIALS TO AVOID

MAY REACT WITH STRONG OXIDIZING AGENTS.

HAZARDOUS DECOMPOSITION PRODUCTS

NONE

**VIII ENVIRONMENTAL PRECAUTIONS****STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED**

CONSULT HEALTH EFFECT INFORMATION IN SECTION III, PERSONAL HEALTH PROTECTION INFORMATION IN SECTION V, FIRE PROTECTION INFORMATION IN SECTION VI, AND REACTIVITY DATA IN SECTION VII. NOTIFY APPROPRIATE AUTHORITIES OF SPILL. CONTAIN SPILL IMMEDIATELY. DO NOT ALLOW SPILL TO ENTER SEWERS OR WATERCOURSES. REMOVE ALL SOURCES OF IGNITION. ABSORB WITH APPROPRIATE INERT MATERIAL SUCH AS SAND, CLAY, ETC. LARGE SPILLS MAY BE PICKED UP USING VACUUM PUMPS, SHOVELS, BUCKETS, OR OTHER MEANS AND PLACED IN DRUMS OR OTHER SUITABLE CONTAINERS.

**WASTE DISPOSAL METHOD**

ALL DISPOSALS MUST COMPLY WITH FEDERAL, STATE, AND LOCAL REGULATIONS. THE MATERIAL, IF SPILLED OR DISCARDED, MAY BE A REGULATED WASTE. REFER TO STATE AND LOCAL REGULATIONS. CAUTION! IF REGULATED SOLVENTS ARE USED TO CLEAN UP SPILLED MATERIAL, THE RESULTING WASTE MIXTURE MAY BE REGULATED. DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS MAY APPLY FOR TRANSPORTING THIS MATERIAL WHEN SPILLED. WASTE MATERIAL MAY BE LANDFILLED OR INCINERATED AT AN APPROVED FACILITY. MATERIALS SHOULD BE RECYCLED IF POSSIBLE.

**IX MISCELLANEOUS****HANDLING AND STORAGE REQUIREMENTS**

DO NOT TRANSFER TO UNMARKED CONTAINERS. STORE IN CLOSED CONTAINERS AWAY FROM HEAT, SPARKS, OPEN FLAME, OR OXIDIZING MATERIALS. THIS PRODUCT IS NOT CLASSIFIED AS HAZARDOUS UNDER DOT REGULATIONS. FIRE EXTINGUISHERS SHOULD BE KEPT READILY AVAILABLE. SEE NFPA 30 AND OSHA 1910.106--FLAMMABLE AND COMBUSTIBLE LIQUIDS.

**ADDITIONAL INFORMATION**

THIS MIXTURE MAY BE FORMULATED IN PART WITH COMPONENTS PURCHASED FROM OTHER COMPANIES. IN MANY INSTANCES, ESPECIALLY WHEN PROPRIETARY OR TRADE SECRET MATERIALS ARE USED, PENNZOIL COMPANY MUST RELY UPON THE HAZARD EVALUATION OF SUCH COMPONENTS SUBMITTED TO PENNZOIL BY THAT PRODUCT'S MANUFACTURER OR IMPORTER.

\*\*\*\*\*  
THIS PRODUCT CONTAINS THE FOLLOWING SARA TITLE III, SECTION 313

CHEMICALS:

ZINC COMPOUNDS;

1.5%

\*\*\*\*\*

ALL INGREDIENTS OF THIS PRODUCT ARE LISTED ON THE TOXIC SUBSTANCES CONTROL ACT (TSCA) INVENTORY.

**X PHYSICAL PROPERTIES**

BOILING POINT	> 800 F	PERCENT VOLATILE	N/A
MELTING POINT	NO DATA	VAPOR DENSITY (AIR = 1)	N/A
APPEARANCE	OPAQUE, RED	EVAPORATION RATE (EE = 1)	N/A
ODOR	NEARLY ODORLESS	SPECIFIC GRAVITY	.8705
VAPOR PRESSURE	N/A	MOLECULAR WEIGHT	VARIES
SOLUBILITY	NEGLIGIBLE IN WATER, MISCIBLE W/HYDROCARBONS		



**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE

PAGE (2)  OF (3)

BUSINESS NAME (4)	Union Dodge		
CHEMICAL LOCATION (5) <small>(Address, Area, Building, etc.)</small>	Showroom		
MAP # (if more than one)(6)	1	GRID # (7)	Q7

CHEMICAL NAME (8)	Helium	TRADE SECRET (11)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COMMON NAME (9)	Compressed Gas	* EHS (12)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CAS (13)	7440597	* IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS	
FIRE CODE (13)	38		
HAZARD CLASSES*	38		

\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF-REFER TO INSTRUCTIONS.

TYPE (14)	<input checked="" type="checkbox"/> PURE <input type="checkbox"/> MIXTURE <input type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	(16)	
PHYSICAL STATE (17)	<input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input checked="" type="checkbox"/> GAS	μCURIES			
HAZARD CATEGORIES (18)	<input type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input checked="" type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE (19)	N/A	UNITS* (22)	<input type="checkbox"/> GAL <input checked="" type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	MAX DAILY AMT (23)	600
DAYS ON SITE (20)	365	* If EHS, amounts must be in lbs.AVG DAILY AMT (24)			300
LARGEST CONTAINER (21)	300	ANNUAL WASTE AMT (25)			N/A
STORAGE CONTAINER (26)	<input type="checkbox"/> ABOVE GROUND TANK <input type="checkbox"/> CAN <input type="checkbox"/> BOX <input type="checkbox"/> TANK WAGON <input type="checkbox"/> UNDER GROUND TANK <input type="checkbox"/> CARBOY <input checked="" type="checkbox"/> CYLINDER <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TANK INSIDE BUILDING <input type="checkbox"/> SILO <input type="checkbox"/> GLASS BOTTLE <input type="checkbox"/> _____ <input type="checkbox"/> STEEL DRUM <input type="checkbox"/> FIBER DRUM <input type="checkbox"/> PLASTIC BOTTLE <input type="checkbox"/> PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> BAG <input type="checkbox"/> TOTE BIN				

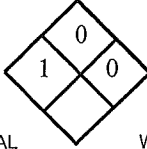
PRESSURE STORAGE (27)  AMBIENT  ABOVE AMBIENT  BELOW AMBIENT

STORAGE TEMPERATURE (28)  AMBIENT  ABOVE AMBIENT  BELOW AMBIENT  CRYOGENIC

(29) %WT	(30) HAZARDOUS COMPONENT	(31) EHS	(32) CAS#
1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
2		<input type="checkbox"/> Y <input type="checkbox"/> N	
3		<input type="checkbox"/> Y <input type="checkbox"/> N	

**(33) ADDITIONAL LOCALLY COLLECTED INFORMATION**

\*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS

<b>NFPA CLASSIFICATION</b> UN/DOT# <u>1046</u> <small>Refer to shipping papers or MSDS</small> DOT HAZARD CLASS <u>Class 2, Div. 2.2</u> <small>Refer to shipping papers or MSDS</small> UFC HAZARD CLASS <u>P2</u>	<b>NFPA 704 PLACARD DIAMOND</b> FIRE RED  HEALTH BLUE: 1 REACTIVE YELLOW: 0 SPECIAL HAZARD: 0 WHITE OX/W: 0
--	--

**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**

## Praxair™ Material Safety Data Sheet

### 1. Chemical Product and Company Identification

<b>Product Name:</b> Helium (MSDS No. P-4602-E)	<b>Trade Name:</b> Helium
<b>Chemical Name:</b> Helium	<b>Synonyms:</b> Helium-4
<b>Formula:</b> He	<b>Chemical Family:</b> Rare Gas
<b>Telephone:</b> Emergencies: 1-800-645-4633* CHEMTREC 1-800-424-9300* Routine: - 1-800-PRAXAIR	<b>Company Name:</b> Praxair, Inc. 39 Old Ridgebury Road Danbury CT 06810-5113

\*Call emergency numbers 24 hours a day only for spills, leaks, fire, exposure, or accidents involving this product. For routine information contact your supplier, Praxair sales representative, or call 1-800-PRAXAIR (1-800-772-9247).

### 2. Composition / Information on Ingredients

For custom mixtures of this product request a Material Safety Data Sheet for each component. See Section 16 for important information about mixtures.

INGREDIENT NAME	CAS NUMBER	PERCENTAGE	OSHA PEL	ACGIH TLV-TWA
Helium	7440-59-7	>99%	None currently established	Simple asphyxiant

\*The symbol ">" means "greater than."

### 3. Hazards Identification

#### EMERGENCY OVERVIEW

**CAUTION! High-Pressure gas.  
Can cause rapid suffocation.  
May cause dizziness and drowsiness.  
Self-contained breathing apparatus may  
be required by rescue workers.  
Odor: None**

**THRESHOLD LIMIT VALUE:** Simple asphyxiant. ACGIH 1997 recommends a TLV-TWA of 5 mg/m<sup>3</sup> for welding fumes not otherwise classified (NOC) that may be generated during welding with this product. See section 16 for more information on welding hazards.

**EFFECTS OF A SINGLE (ACUTE) OVEREXPOSURE:**

**INHALATION**—Asphyxiant. Effects are due to lack of oxygen. Moderate concentrations may cause headache, drowsiness, dizziness, excitation, excess salivation, vomiting, and unconsciousness. Lack of oxygen can kill.

**SKIN CONTACT**—No harm expected.

**SWALLOWING**—This product is a gas at normal temperature and pressure.

**EYE CONTACT**—No harm expected.

**EFFECTS OF REPEATED (CHRONIC) OVEREXPOSURE:** No harm expected.

**OTHER EFFECTS OF OVEREXPOSURE:** Helium is an asphyxiant. Lack of oxygen can kill.

**MEDICAL CONDITIONS AGGRAVATED BY OVEREXPOSURE:** The toxicology and the physical and chemical properties of helium suggest that overexposure is unlikely to aggravate existing medical conditions.

**SIGNIFICANT LABORATORY DATA WITH POSSIBLE RELEVANCE TO HUMAN HEALTH HAZARD EVALUATION:** None known.

**CARCINOGENICITY:** Helium is not listed by NTP, OSHA, or IARC.

**4. First Aid Measures**

**INHALATION:** Remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, qualified personnel may give oxygen. Call a physician.

**SKIN CONTACT:** Wash with soap and water.

**SWALLOWING:** This product is a gas at normal temperature and pressure.

**EYE CONTACT:** Flush eyes with warm water. Hold the eyelids open and away from the eyeballs to ensure that all surfaces are flushed thoroughly. Get medical attention if discomfort persists.

*NOTES TO PHYSICIAN: There is no specific antidote. This product is inert. Treatment of overexposure should be directed at the control of symptoms and the clinical condition of the patient.*

**5. Fire Fighting Measures**

<b>FLASH POINT (test method)</b>	Not applicable	<b>AUTOIGNITION TEMPERATURE</b>	Not applicable
<b>FLAMMABLE LIMITS IN AIR, % by volume</b>	<b>LOWER</b>	Not applicable	<b>UPPER</b> Not applicable

**EXTINGUISHING MEDIA:** Helium cannot catch fire. Use media appropriate for surrounding fire.

**SPECIAL FIRE FIGHTING PROCEDURES:**

**CAUTION!** High-pressure gas. Evacuate all personnel from danger area. Immediately deluge cylinders with water from maximum distance until cool, then move them away from fire area if without risk.

Self-contained breathing apparatus may be required by rescue workers. On-site fire brigades must comply with OSHA 29 CFR 1910.156.

**UNUSUAL FIRE AND EXPLOSION HAZARDS:** Helium cannot catch fire. Heat of fire can build pressure in cylinder and cause it to rupture. No part of cylinder should be subjected to a temperature higher than 125°F (52°C). Helium cylinders are equipped with a pressure relief device. (Exceptions may exist where authorized by DOT.)

**HAZARDOUS COMBUSTION PRODUCTS:** None known.

## 6. Accidental Release Measures

### STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED:

**CAUTION!** High-pressure gas. Helium is an asphyxiant. Lack of oxygen can kill. Evacuate all personnel from danger area. Use self-contained breathing apparatus where needed. Shut off flow if you can do so without risk. Ventilate area or move cylinder to a well-ventilated area. Test for sufficient oxygen, especially in confined spaces, before allowing reentry.

**WASTE DISPOSAL METHOD:** Prevent waste from contaminating the surrounding environment. Keep personnel away. Discard any product, residue, disposable container or liner in an environmentally acceptable manner, in full compliance with federal, state, and local regulations. If necessary, call your local supplier for assistance.

## 7. Handling and Storage

**PRECAUTIONS TO BE TAKEN IN STORAGE:** Store and use with adequate ventilation. Firmly secure cylinders upright to keep them from falling or being knocked over. Screw valve protection cap firmly in place by hand. Store only where temperature will not exceed 125°F (52°C). Store full and empty cylinders separately. Use a first-in, first-out inventory system to prevent storing full cylinders for long periods.

**PRECAUTIONS TO BE TAKEN IN HANDLING:** Protect cylinders from damage. Use a suitable hand truck to move cylinders; do not drag, roll, slide, or drop. Never attempt to lift a cylinder by its cap; the cap is intended solely to protect the valve. Never insert an object (e.g., wrench, screwdriver, pry bar) into cap openings; doing so may damage the valve and cause a leak. Use an adjustable strap wrench to remove over-tight or rusted caps. Open valve slowly. If valve is hard to open, discontinue use and contact your supplier. Never apply flame or localized heat directly to any part of the cylinder. High temperatures may damage the cylinder and could cause the pressure relief device to fail prematurely, venting the cylinder contents. For other precautions in using helium, see section 16.

For additional information on storage and handling, refer to Compressed Gas Association (CGA) pamphlet P-1, "Safe Handling of Compressed Gases in Containers," available from the CGA. Refer to section 16 for the address and phone number along with a list of other available publications.

## 8. Exposure Controls/Personal Protection

### VENTILATION/ENGINEERING CONTROLS:

**LOCAL EXHAUST**—Use a local exhaust system, if necessary, to prevent oxygen deficiency and, in welding, to keep hazardous fumes and gases below applicable TLVs in the worker's breathing zone.

**MECHANICAL (general)**—General exhaust ventilation may be acceptable if it can maintain an adequate supply of air and keep hazardous fumes and gases below the applicable TLVs in the worker's breathing zone.

**SPECIAL**—None

**OTHER**—None

**RESPIRATORY PROTECTION:** Use air-purifying or air-supplied respirators, as appropriate, where local or general exhaust ventilation is inadequate. Adequate ventilation must keep worker exposure below applicable TLVs for fumes, gases and other by-products of welding with helium. See sections 3, 10, and 16 for details. An air-supplied respirator must be used in confined spaces. Respiratory protection must conform to OSHA rules as specified in 29 CFR 1910.134.

**SKIN PROTECTION:** Wear work gloves when handling cylinders; welding gloves for welding.

**EYE PROTECTION:** Wear safety glasses when handling cylinders. For welding, wear goggles with filter lens selected as per ANSI Z49.1. Provide protective screens and goggles, if necessary, to protect others. Select as per OSHA 29 CFR 1910.33.

**OTHER PROTECTIVE EQUIPMENT:** Metatarsal shoes for cylinder handling. Select in accordance with OSHA 29 CFR 1910.132 and 1910.133. As needed for welding, wear hand, head, and body protection to help prevent injury from radiation and sparks. (See ANSI Z49.1.) At a minimum this includes welder's gloves and protective goggles, and may include arm protectors, aprons, hats, shoulder protection, as well as substantial clothing. Regardless of protective equipment, never touch live electrical parts.

**9. Physical and Chemical Properties**

<b>MOLECULAR WEIGHT:</b> 4.00	<b>EXPANSION RATIO:</b> Not applicable
<b>SPECIFIC GRAVITY (air=1):</b> At 70°F (21.1°C) and 1 atm: 0.138	<b>SOLUBILITY IN WATER:</b> vol/vol at 32°F (0°C): 0.0094
<b>GAS DENSITY:</b> At 70°F (21.1°C) and 1 atm: 0.0103 lbs/ft <sup>3</sup> (0.165 kg/m <sup>3</sup> )	<b>VAPOR PRESSURE:</b> At 68°F (20°C): Not applicable
<b>PERCENT VOLATILES BY VOLUME:</b> 100	<b>EVAPORATION RATE (Butyl Acetate=1):</b> Gas, not applicable
<b>BOILING POINT (1 atm):</b> -452.1°F (-268.9°C)	<b>pH:</b> Not applicable
<b>FREEZING POINT/MELTING POINT (1 atm):</b> None	

**APPEARANCE, ODOR, AND STATE:** Colorless, odorless, tasteless gas at normal temperature and pressure.

**10. Stability and Reactivity**

<b>STABILITY:</b>	Unstable		Stable	X
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**INCOMPATIBILITY (materials to avoid):** None currently known. Helium is chemically inert.

**HAZARDOUS DECOMPOSITION PRODUCTS:**

<b>HAZARDOUS POLYMERIZATION:</b>	May Occur		Will Not Occur	X
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**CONDITIONS TO AVOID:** None currently known.

**11. Toxicological Information**

Helium is a simple asphyxiant.

### 12. Ecological Information

No adverse ecological effects expected. Helium does not contain any Class I or Class II ozone-depleting chemicals. Helium is not listed as a marine pollutant by DOT.

### 13. Disposal Considerations

**WASTE DISPOSAL METHOD:** Do not attempt to dispose of residual or unused quantities. Return cylinder to supplier.

### 14. Transport Information

**DOT/IMO SHIPPING NAME:** Helium,  
compressed

**HAZARD CLASS:** 2.2

**IDENTIFICATION NUMBER:** UN 1046

**PRODUCT RQ:** Not applicable

**SHIPPING LABEL(s):** NONFLAMMABLE GAS

**PLACARD (When required):** NONFLAMMABLE GAS

**SPECIAL SHIPPING INFORMATION:** Cylinders should be transported in a secure position, in a well-ventilated vehicle. Cylinders transported in an enclosed, nonventilated compartment of a vehicle can present serious safety hazards.

Shipment of compressed gas cylinders that have been filled without the owner's consent is a violation of federal law [49 CFR 173.301(b)].

### 15. Regulatory Information

The following selected regulatory requirements may apply to this product. Not all such requirements are identified. Users of this product are solely responsible for compliance with all applicable federal, state, and local regulations.

#### U.S. FEDERAL REGULATIONS:

##### EPA (Environmental Protection Agency)

**CERCLA:** Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (40 CFR Parts 117 and 302):

**Reportable Quantity (RQ):** None

**SARA:** Superfund Amendment and Reauthorization Act:

- **SECTIONS 302/304:** Require emergency planning based on Threshold Planning Quantity (TPQ) and release reporting based on Reportable Quantities (RQ) of extremely hazardous substances (40 CFR Part 355):

**Threshold Planning Quantity (TPQ):** None.

**Extremely Hazardous Substances (40 CFR 355):** None.

- **SECTIONS 311/312:** Require submission of Material Safety Data Sheets (MSDSs) and chemical inventory reporting with identification of EPA hazard categories. The hazard categories for this products are as follows:

IMMEDIATE: No

PRESSURE: Yes

DELAYED: No

REACTIVITY: No

FIRE: No

- **SECTION 313:** Requires submission of annual reports of release of toxic chemicals that appear in 40 CFR Part 372.

Helium does not require reporting under Section 313.

**40 CFR 68: Risk Management Program for Chemical Accidental Release Prevention:** Requires development and implementation of risk management programs at facilities that manufacture, use, store, or otherwise handle regulated substances in quantities that exceed specified thresholds.

Helium is not listed as a regulated substance.

**TSCA: Toxic Substances Control Act:** Helium is listed on the TSCA inventory.

#### **OSHA (OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION):**

**29 CFR 1910.119: Process Safety Management of Highly Hazardous Chemicals:** Requires facilities to develop a process safety management program based on Threshold Quantities (TQ) of highly hazardous chemicals.

Helium is not listed in Appendix A as a highly hazardous chemical.

#### **STATE REGULATIONS:**

**CALIFORNIA:** This product is not listed by California under the Safe Drinking Water Toxic Enforcement Act of 1986 (Proposition 65).

**PENNSYLVANIA:** This product is subject to the Pennsylvania Worker and Community Right-To-Know Act (35 P.S. Sections 7301-7320).

### **16. Other Information**

Be sure to read and understand all labels and instructions supplied with all containers of this product.

**ADDITIONAL SAFETY AND HEALTH HAZARDS:** *High pressure gas.* Use piping and equipment adequately designed to withstand pressures to be encountered. *Gas can cause rapid suffocation* due to oxygen deficiency. Store and use with adequate ventilation. Close valve after each use; keep closed even when empty. *Prevent reverse flow.* Reverse flow into cylinder may cause rupture. Use a check valve or other protective device in any line or piping from the cylinder. *Never work on a pressurized system.* If there is a leak, close the cylinder valve. Blow the system down in a safe and environmentally sound manner in compliance with all federal, state and local laws; then repair the leak. *Never ground a compressed gas cylinder or allow it to become part of an electrical circuit.*

**SPECIAL PRECAUTIONS:** *Use in welding and cutting.* Read and understand the manufacturer's instructions and the precautionary label on the product. See American Standard Z49.1, *Safety in Welding*

*and Cutting*, published by the American Welding Society, PO Box 351040, Miami, FL 33135, and OSHA Publication 2206 (29CFR 1910), US Government Printing Office, Washington, DC 20402, for more information.

*Arcs and sparks can ignite combustible materials.* Prevent fires. Refer to NFPA 51B, "Cutting and Welding Processes." *Do not strike an arc on the cylinder.* The defect produced by an arc burn could lead to cylinder rupture.

*Use in Underwater Breathing.* Suitability of this product for use in underwater breathing must be determined by or under supervision of someone experienced in the use of underwater breathing gas mixtures. This person must be familiar with *how* the product is used; the frequency, duration, and effects of use; the hazards and side effects of use, and the precautions to take to avoid or control them.

**MIXTURES:** When you mix two or more gases or liquefied gases, you can create additional, unexpected hazards. Obtain and evaluate the safety information for each component before you produce the mixture. Consult an industrial hygienist, or other trained person when you evaluate the end product. Remember, gases and liquids have properties that can cause serious injury or death.

#### HAZARD RATING SYSTEMS:

##### NFPA RATINGS:

HEALTH	= 0
FLAMMABILITY	= 0
REACTIVITY	= 0
SPECIAL	= SA (CGA recommends this to designate simple asphyxiant)

##### HMIS RATINGS:

HEALTH	= 0
FLAMMABILITY	= 0
REACTIVITY	= 0

#### STANDARD VALVE CONNECTIONS FOR U.S. AND CANADA:

THREADED:	0-3000 psig	CGA-580
	3001-5500 psig	CGA-680
	5001-7500 psig	CGA-677

PIN-INDEXED YOKE: CGA-930 (Medical Use)

ULTRA-HIGH-INTEGRITY CONNECTION: CGA-718

Use the proper CGA connections. **DO NOT USE ADAPTERS.**

Additional limited-standard connections may apply. See CGA Pamphlet V-1.

Ask your supplier about free Praxair safety literature as referenced on the label for this product; you may also obtain copies by calling 1-800-PRAXAIR. Further information about helium can be found in the following pamphlets published by the Compressed Gas Association, Inc. (CGA), 1725 Jefferson Davis Highway, Arlington, VA 22202-4102, Telephone (703) 412-0900.

- AV-1 *Safe Handling and Storage of Compressed Gases*
- G-9.1 *Commodity Specification for Helium*
- P-1 *Safe Handling of Compressed Gases in Containers*
- P-9 *Inert Gases—Argon, Nitrogen, and Helium*
- P-14 *Accident Prevention in Oxygen-Rich, Oxygen-Deficient Atmospheres*
- SB-2 *Oxygen-Deficient Atmospheres*



SB-8 *Use of Oxy-fuel Gas Welding and Cutting Apparatus*

V-1 *Compressed Gas Cylinder Valve Inlet and Outlet Connections*

--- *Handbook of Compressed Gases, Third Edition*

Praxair asks users of this product to study this Material Safety Data Sheet (MSDS) and become aware of product hazards and safety information. To promote safe use of this product, a user should (1) notify employees, agents and contractors of the information on this MSDS and of any other known product hazards and safety information, (2) furnish this information to each purchaser of the product, and (3) ask each purchaser to notify its employees and customers of the product hazards and safety information.

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The opinions expressed herein are those of qualified experts within Praxair, Inc. We believe that the information contained herein is current as of the date of this Material Safety Data Sheet. Since the use of this information and the conditions of use of the product are not within the control of Praxair, Inc., it is the user's obligation to determine the conditions of safe use of the product.

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Praxair MSDSs are furnished on sale or delivery by Praxair or the independent distributors and suppliers who package and sell our products. To obtain current Praxair MSDSs for these products, contact your Praxair sales representative or local distributor or supplier. If you have questions regarding Praxair MSDSs, would like the form number and date of the latest MSDS, or would like the names of the Praxair suppliers in your area, phone or write the Praxair Call Center (**Phone: 1-800-PRAXAIR; Address: Praxair Call Center, Praxair, Inc., PO Box 44, Tonawanda, NY 14150-7891**).

Praxair is a trademark of Praxair Technology, Inc.

Praxair, Inc.  
39 Old Ridgebury Road  
Danbury CT 06810-5113



**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE

PAGE (2)  OF (3)

BUSINESS NAME (4)	Union Dodge		
CHEMICAL LOCATION (5) (Address, Area, Building, etc.)	Detail Department		
MAP # (if more than one)(6)	1	GRID # (7)	D8

CHEMICAL NAME (8)	Paraffinic Petroleum Distillates, Calcium Sulfonate	TRADE SECRET (11)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COMMON NAME (9)	Waste Oil	* EHS (12)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CAS (13)		* IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS	
FIRE CODE (13)	7		
HAZARD CLASSES*			

\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF-REFER TO INSTRUCTIONS.

TYPE (14)	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	(16)	
PHYSICAL STATE (17)	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS	μCURIES			
HAZARD CATEGORIES (18)	<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input checked="" type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE (19)	221	UNITS* (22)	<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	MAX DAILY AMT (23)	360
DAYS ON SITE (20)	365	* If EHS, amounts must be in lbs.AVG DAILY AMT (24)			300
LARGEST CONTAINER (21)	360	ANNUAL WASTE AMT (25)			2900

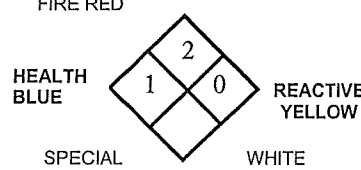
STORAGE CONTAINER (26)	<input checked="" type="checkbox"/> ABOVE GROUND TANK	<input type="checkbox"/> CAN	<input type="checkbox"/> BOX	<input type="checkbox"/> TANK WAGON
	<input type="checkbox"/> UNDER GROUND TANK	<input type="checkbox"/> CARBOY	<input type="checkbox"/> CYLINDER	<input type="checkbox"/> RAIL CAR
	<input type="checkbox"/> TANK INSIDE BUILDING	<input type="checkbox"/> SILO	<input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/> _____
	<input type="checkbox"/> STEEL DRUM	<input type="checkbox"/> FIBER DRUM	<input type="checkbox"/> PLASTIC BOTTLE	
	<input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> BAG	<input type="checkbox"/> TOTE BIN	

PRESSURE STORAGE (27)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT
STORAGE TEMPERATURE (28)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC

(29) %WT	(30) HAZARDOUS COMPONENT	(31) EHS	(32) CAS#
1 85	Paraffinic Petroleum Distillates	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	647426650
2 10	Calcium Sulfonate	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	61789864
3 5	Dirt/Fuel/Water	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**

\*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS

<b>NFPA CLASSIFICATION</b> UN/DOT# 1270 Refer to shipping papers or MSDS DOT HAZARD CLASS 9 Refer to shipping papers or MSDS UFC HAZARD CLASS P3	<b>NFPA 704 PLACARD DIAMOND</b> FIRE RED 
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**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**

**CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE**

(1)  ADD  DELETE  REVISE

PAGE (2)  OF (3)

BUSINESS NAME (4)	<b>Union Dodge</b>		
CHEMICAL LOCATION (5) <small>(Address, Area, Building, etc.)</small>	<b>Detail Department</b>		
MAP # (if more than one)(6)	<input type="text" value="1"/>	GRID # (7)	<input type="text" value="D7"/>

CHEMICAL NAME (8)	<b>Ethylene Glycol</b>	TRADE SECRET (11)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
COMMON NAME (9)	<b>Waste Antifreeze/Coolant</b>	* EHS (12)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CAS (13)		* IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS	
FIRE CODE (13)	<b>7</b>		
HAZARD CLASSES*			

\*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF-REFER TO INSTRUCTIONS.

TYPE (14)	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE <input checked="" type="checkbox"/> WASTE	RADIOACTIVE (15)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	(16)	<input type="text"/>
PHYSICAL STATE (17)	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS	μCURIES			
HAZARD CATEGORIES (18)	<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
STATE WASTE CODE (19)	<b>135</b>	UNITS* (22)	<input checked="" type="checkbox"/> GAL <input type="checkbox"/> CU FT <input type="checkbox"/> LBS <input type="checkbox"/> TONS	MAX DAILY AMT (23)	<b>240</b>
DAYS ON SITE (20)	<b>365</b>	* If EHS, amounts must be in lbs.AVG DAILY AMT (24)			<b>180</b>
LARGEST CONTAINER (21)	<b>240</b>	ANNUAL WASTE AMT (25)			<b>1500</b>

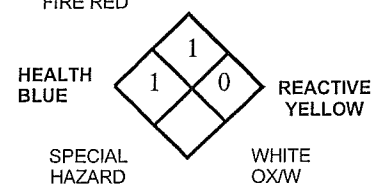
STORAGE CONTAINER (26)	<input checked="" type="checkbox"/> ABOVE GROUND TANK	<input type="checkbox"/> CAN	<input type="checkbox"/> BOX	<input type="checkbox"/> TANK WAGON
	<input type="checkbox"/> UNDER GROUND TANK	<input type="checkbox"/> CARBOY	<input type="checkbox"/> CYLINDER	<input type="checkbox"/> RAIL CAR
	<input type="checkbox"/> TANK INSIDE BUILDING	<input type="checkbox"/> SILO	<input type="checkbox"/> GLASS BOTTLE	<input type="checkbox"/> _____
	<input type="checkbox"/> STEEL DRUM	<input type="checkbox"/> FIBER DRUM	<input type="checkbox"/> PLASTIC BOTTLE	
	<input type="checkbox"/> PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> BAG	<input type="checkbox"/> TOTE BIN	

PRESSURE STORAGE (27)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT
STORAGE TEMPERATURE (28)	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC

(29) %WT	(30) HAZARDOUS COMPONENT	(31) EHS	(32) CAS#
1 <b>50</b>	<b>Ethylene Glycol</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>107211</b>
2 <b>50</b>	<b>Water</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
3		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**

\*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS

<b>NFPA CLASSIFICATION</b> UN/DOT# <u>1993</u> <small>Refer to shipping papers or MSDS</small> DOT HAZARD CLASS <u>9</u> <small>Refer to shipping papers or MSDS</small> UFC HAZARD CLASS <u>P3</u>	<b>NFPA 704 PLACARD DIAMOND</b> FIRE RED 
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**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**

# MATERIAL SAFETY DATA SHEET



**PENNZOIL PRODUCTS COMPANY**

## I. PRODUCT IDENTIFICATION

Manufacturer's Name	PENNZOIL COMPANY	CAS Number: MIXTURE MSDS Code: 000312
Address	P.O. BOX 2967 HOUSTON, TX 77252-2967	
Emergency Telephone No.	(713) 236-6070	<b>NFPA Hazard Identification</b> Degree of Hazard      Hazard Ratings  Health: 1                 0 - Least Fire: 1                    1 - Slight Reactivity: 0            2 - Moderate 3 - High 4 - Extreme
Trade Name	PENNZOIL® LONG-LIFE™ MOTOR OIL SAE 15W-40	
Synonyms	HD 600 SAE 15W-40	

## II. INGREDIENTS

COMPONENT NAME CAS NUMBER	HAZARDOUS IN BLEND	PERCENTAGE		COMPONENT EXPOSURE LIMITS	UNITS
		MIN	MAX		
BASE LUBRICATING OILS MIXTURE	NO	75.00	TO 85.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT
DETERGENT/INHIBITOR SYSTEM TRADE SECRET	NO	10.00	TO 20.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT
VISCOSITY INDEX IMPROVER TRADE SECRET	NO	5.00	TO 15.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT
POUR POINT DEPRESSANT TRADE SECRET	NO		TO 1.00	OSHA PEL ACGIH TLV	NO LIMIT NO LIMIT

BY: ENVIRONMENTAL, SAFETY & HEALTH  
(713) 546-6227

EFFECTIVE DATE: OCTOBER 16, 1992

### DISCLAIMER OF WARRANTY:

THE INFORMATION CONTAINED HEREIN IS BASED UPON DATA AVAILABLE TO US, AND REFLECTS OUR BEST PROFESSIONAL JUDGEMENT. HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY USE, OR ANY OTHER WARRANTY IS EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF SUCH DATA, THE RESULTS TO BE OBTAINED FROM THE USE THEREOF, OR THAT ANY SUCH USE DOES NOT INFRINGE ANY PATENT. SINCE THE INFORMATION CONTAINED HEREIN MAY BE APPLIED UNDER CONDITIONS OF USE BEYOND OUR CONTROL AND WITH WHICH WE MAY BE UNFAMILIAR, WE DO NOT ASSUME ANY RESPONSIBILITY FOR THE RESULTS OF SUCH APPLICATION. THIS INFORMATION IS FURNISHED UPON THE CONDITION THAT THE PERSON RECEIVING IT SHALL MAKE HIS OWN DETERMINATION OF THE SUITABILITY OF THE MATERIAL FOR HIS PARTICULAR PURPOSE.

REQUIRED UNDER USDL SAFETY AND HEALTH REGULATIONS FOR SHIP REPAIRING, SHIPBUILDING, AND SHIPBREAKING  
(29 CFR 1915, 1916, 1917).

## HEALTH EFFECT INFORMATION

### EYE CONTACT

THIS PRODUCT IS PRACTICALLY NON-IRRITATING TO THE EYES UPON DIRECT CONTACT. BASED ON TESTING OF SIMILAR PRODUCTS AND/OR COMPONENTS.

### SKIN CONTACT

AVOID SKIN CONTACT. THIS PRODUCT IS MINIMALLY IRRITATING TO THE SKIN UPON DIRECT CONTACT. BASED ON TESTING OF SIMILAR PRODUCTS AND/OR COMPONENTS. PROLONGED OR REPEATED CONTACT MAY RESULT IN CONTACT DERMATITIS WHICH IS CHARACTERIZED BY DRYNESS, CHAPPING, AND REDDENING. THIS CONDITION MAY MAKE THE SKIN MORE SUSCEPTIBLE TO OTHER IRRITANTS, SENSITIZERS, AND DISEASE. PROLONGED OR REPEATED CONTACT MAY RESULT IN OIL ACNE WHICH IS CHARACTERIZED BY BLACKHEADS WITH POSSIBLE SECONDARY INFECTION. SEE HEALTH DATA SECTION BELOW.

### INHALATION

THIS PRODUCT HAS A LOW VAPOR PRESSURE AND IS NOT EXPECTED TO PRESENT AN INHALATION HAZARD AT AMBIENT CONDITIONS. CAUTION SHOULD BE TAKEN TO PREVENT AEROSOLIZATION OR MISTING OF THIS PRODUCT. THE PERMISSIBLE EXPOSURE LIMIT (PEL) AND THRESHOLD LIMIT VALUE (TLV) FOR THIS PRODUCT AS OIL MIST IS 5 MG/M<sup>3</sup>. EXPOSURES BELOW 5 MG/M<sup>3</sup> APPEAR TO BE WITHOUT SIGNIFICANT HEALTH RISK. THE SHORT-TERM EXPOSURE LIMIT FOR THIS PRODUCT AS AN OIL MIST IS 10 MG/M<sup>3</sup>.

### INGESTION

DO NOT INGEST. THIS PRODUCT IS RELATIVELY NON-TOXIC BY INGESTION. THIS PRODUCT HAS LAXATIVE PROPERTIES AND MAY RESULT IN ABDOMINAL CRAMPS AND DIARRHEA. SEE HEALTH DATA SECTION BELOW.

### HEALTH DATA

ON RARE OCCASIONS, PROLONGED AND REPEATED EXPOSURE TO OIL MIST POSES A RISK OF PULMONARY DISEASE SUCH AS CHRONIC LUNG INFLAMMATION. THIS CONDITION IS USUALLY ASYMPTOMATIC AS A RESULT OF REPEATED SMALL ASPIRATIONS. SHORTNESS OF BREATH AND COUGH ARE THE MOST COMMON SYMPTOMS. THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER HAS CONCLUDED THERE ARE INADEQUATE DATA TO EVALUATE THE CARCINOGENICITY TO EXPERIMENTAL ANIMALS OF THIS CLASS OF PRODUCTS. THUS THIS PRODUCT BELONGS TO IARC CLASSIFICATION GROUP 3, "NOT CLASSIFIABLE AS TO ITS CARCINOGENICITY TO HUMANS." THIS PRODUCT IS NOT CARCINOGENIC ACCORDING TO THE OSHA HAZARD COMMUNICATION STANDARD. FOR GASOLINE-ENGINE MOTOR OILS ONLY. AVOID SKIN CONTACT WITH USED MOTOR OILS. THE IARC HAS CONCLUDED THERE IS SUFFICIENT EVIDENCE THAT USED GASOLINE-ENGINE MOTOR OILS PRODUCE SKIN TUMORS IN EXPERIMENTAL ANIMALS.

**IV. EMERGENCY & FIRST AID PROCEDURES****EYE CONTACT**

IMMEDIATELY FLUSH EYES WITH LARGE AMOUNTS OF WATER AND CONTINUE FLUSHING UNTIL IRRITATION SUBSIDES. IF MATERIAL IS HOT, TREAT FOR THERMAL BURNS AND TAKE VICTIM TO HOSPITAL IMMEDIATELY.

**SKIN CONTACT**

REMOVE CONTAMINATED CLOTHING. WASH CONTAMINATED AREA THOROUGHLY WITH SOAP AND WATER. IF MATERIAL IS HOT, SUBMERGE INJURED AREA IN COLD WATER. IF VICTIM IS SEVERELY BURNED, REMOVE TO A HOSPITAL IMMEDIATELY.

**INHALATION**

THIS MATERIAL HAS A LOW VAPOR PRESSURE AND IS NOT EXPECTED TO PRESENT AN INHALATION EXPOSURE AT AMBIENT CONDITIONS.

**INGESTION**

DO NOT INDUCE VOMITING. SEEK MEDICAL ATTENTION.

**PERSONAL HEALTH PROTECTION INFORMATION****EYE PROTECTION**

EYE PROTECTION IS NOT REQUIRED UNDER CONDITIONS OF NORMAL USE. IF MATERIAL IS HANDLED SUCH THAT IT COULD BE SPLASHED INTO EYES, WEAR PLASTIC FACE SHIELD OR SPLASH-PROOF SAFETY GOGGLES.

**SKIN PROTECTION**

NO SKIN PROTECTION IS REQUIRED FOR SINGLE, SHORT DURATION EXPOSURES. FOR PROLONGED OR REPEATED EXPOSURES, USE IMPERVIOUS CLOTHING (BOOTS, GLOVES, APRONS, ETC.) OVER PARTS OF THE BODY SUBJECT TO EXPOSURE. IF HANDLING HOT MATERIAL, USE INSULATED PROTECTIVE CLOTHING (BOOTS, GLOVES, APRONS, ETC.). LAUNDER SOILED CLOTHES. PROPERLY DISPOSE OF CONTAMINATED LEATHER ARTICLES INCLUDING SHOES, WHICH CANNOT BE DECONTAMINATED.

**RESPIRATORY PROTECTION**

RESPIRATORY PROTECTION IS NOT REQUIRED UNDER CONDITIONS OF NORMAL USE. IF VAPOR OR MIST IS GENERATED WHEN THE MATERIAL IS HEATED OR HANDLED, USE AN ORGANIC VAPOR RESPIRATOR WITH A DUST AND MIST FILTER. ALL RESPIRATORS MUST BE NIOSH CERTIFIED. DO NOT USE COMPRESSED OXYGEN IN HYDROCARBON ATMOSPHERES.

**VENTILATION**

IF VAPOR OR MIST IS GENERATED WHEN THE MATERIAL IS HEATED OR HANDLED, ADEQUATE VENTILATION IN ACCORDANCE WITH GOOD ENGINEERING PRACTICE MUST BE PROVIDED TO MAINTAIN CONCENTRATIONS BELOW THE SPECIFIED EXPOSURE OR FLAMMABLE LIMITS.

**OTHER**

CONSUMPTION OF FOOD AND BEVERAGE SHOULD BE AVOIDED IN WORK AREAS WHERE HYDROCARBONS ARE PRESENT. ALWAYS WASH HANDS AND FACE WITH SOAP AND WATER BEFORE EATING, DRINKING, OR SMOKING.

**VI FIRE PROTECTION INFORMATION**

FLASH POINT 424 F

TEST METHOD C.O.C.

AUTOIGNITION TEMPERATURE > 800 F

TEST METHOD NO DATA

FLAMMABLE LIMITS IN AIR % BY VOL

LOWER NO DATA

UPPER NO DATA

EXTINGUISHING MEDIA

USE DRY CHEMICAL, FOAM, OR CARBON DIOXIDE.

SPECIAL FIRE FIGHTING PROCEDURES

WATER MAY BE INEFFECTIVE BUT CAN BE USED TO COOL CONTAINERS EXPOSED TO HEAT OR FLAME. CAUTION SHOULD BE EXERCISED WHEN USING WATER OR FOAM AS FROTHING MAY OCCUR, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

UNUSUAL FIRE AND EXPLOSIVE CONDITIONS

DENSE SMOKE MAY BE GENERATED WHILE BURNING. CARBON MONOXIDE, CARBON DIOXIDE, AND OTHER OXIDES MAY BE GENERATED AS PRODUCTS OF COMBUSTION.

**VII REACTIVITY DATA**

STABILITY (THERMAL, LIGHT, ETC.)	STABLE	CONDITIONS TO AVOID	NONE
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HAZARDOUS POLYMERIZATION	WILL NOT OCCUR	CONDITIONS TO AVOID	NONE
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INCOMPATIBILITY MATERIALS TO AVOID MAY REACT WITH STRONG OXIDIZING AGENTS.

HAZARDOUS DECOMPOSITION PRODUCTS NONE



### VIII ENVIRONMENTAL PRECAUTIONS

**STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED**

CONSULT HEALTH EFFECT INFORMATION IN SECTION III, PERSONAL HEALTH PROTECTION INFORMATION IN SECTION V, FIRE PROTECTION INFORMATION IN SECTION VI, AND REACTIVITY DATA IN SECTION VII. NOTIFY APPROPRIATE AUTHORITIES OF SPILL. CONTAIN SPILL IMMEDIATELY. DO NOT ALLOW SPILL TO ENTER SEWERS OR WATERCOURSES. REMOVE ALL SOURCES OF IGNITION. ABSORB WITH APPROPRIATE INERT MATERIAL SUCH AS SAND, CLAY, ETC. LARGE SPILLS MAY BE PICKED UP USING VACUUM PUMPS, SHOVELS, BUCKETS, OR OTHER MEANS AND PLACED IN DRUMS OR OTHER SUITABLE CONTAINERS.

**WASTE DISPOSAL METHOD**

ALL DISPOSALS MUST COMPLY WITH FEDERAL, STATE, AND LOCAL REGULATIONS. THE MATERIAL, IF SPILLED OR DISCARDED, MAY BE A REGULATED WASTE. REFER TO STATE AND LOCAL REGULATIONS. CAUTION! IF REGULATED SOLVENTS ARE USED TO CLEAN UP SPILLED MATERIAL, THE RESULTING WASTE MIXTURE MAY BE REGULATED. DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS MAY APPLY FOR TRANSPORTING THIS MATERIAL WHEN SPILLED. WASTE MATERIAL MAY BE LANDFILLED OR INCINERATED AT AN APPROVED FACILITY. MATERIALS SHOULD BE RECYCLED IF POSSIBLE.

### IX MISCELLANEOUS

**HANDLING AND STORAGE REQUIREMENTS**

DO NOT TRANSFER TO UNMARKED CONTAINERS. STORE IN CLOSED CONTAINERS AWAY FROM HEAT, SPARKS, OPEN FLAME, OR OXIDIZING MATERIALS. THIS PRODUCT IS NOT CLASSIFIED AS HAZARDOUS UNDER DOT REGULATIONS. FIRE EXTINGUISHERS SHOULD BE KEPT READILY AVAILABLE. SEE NFPA 30 AND OSHA 1910.106--FLAMMABLE AND COMBUSTIBLE LIQUIDS.

**ADDITIONAL INFORMATION**

THIS MIXTURE MAY BE FORMULATED IN PART WITH COMPONENTS PURCHASED FROM OTHER COMPANIES. IN MANY INSTANCES, ESPECIALLY WHEN PROPRIETARY OR TRADE SECRET MATERIALS ARE USED, PENNZOIL COMPANY MUST RELY UPON THE HAZARD EVALUATION OF SUCH COMPONENTS SUBMITTED TO PENNZOIL BY THAT PRODUCT'S MANUFACTURER OR IMPORTER.

\*\*\*\*\*  
 THIS PRODUCT CONTAINS THE FOLLOWING SARA TITLE III, SECTION 313  
 CHEMICALS:  
 ZINC COMPOUNDS, <2.0%  
 \*\*\*\*\*

ALL INGREDIENTS OF THIS PRODUCT ARE LISTED ON THE TOXIC SUBSTANCES CONTROL ACT (TSCA) INVENTORY.

### X PHYSICAL PROPERTIES

BOILING POINT	> 800 F	PERCENT VOLATILE	N/A
MELTING POINT	- 20 F	VAPOR DENSITY (AIR=1)	N/A
APPEARANCE	CLEAR BRIGHT	EVAPORATION RATE (EE=1)	N/A
ODOR	TYPICAL MOTOR OIL ODOR	SPECIFIC GRAVITY	.8826
VAPOR PRESSURE	N/A	MOLECULAR WEIGHT	VARIES
SOLUBILITY	SOLUBLE IN HYDROCARBONS, EMULSIFIES IN WATER		

# MATERIAL SAFETY DATA SHEET



## I PRODUCT IDENTIFICATION

Manufacturer's Name	PENNZOIL COMPANY	CAS Number: MIXTURE
Address	P.O. BOX 2967 HOUSTON, TX 77252-2967	MSDS Code: 006067
		<b>NFPA Hazard Identification</b> Degree of Hazard   Hazard Ratings Health: 1   0 - Least Fire: 1   1 - Slight Reactivity: 0   2 - Moderate   3 - High   4 - Extreme
Emergency Telephone No.	(713) 236-6070	
Trade Name	PENNZOIL® ATF AUTOMATIC TRANSMISSION FLUID	
Synonyms	PENNZBELL DEXRON-II, HYDRA-FLO DEXRON II	

## II INGREDIENTS

COMPONENT NAME CAS NUMBER	HAZARDOUS IN BLEND	PERCENTAGE		COMPONENT EXPOSURE LIMITS	UNITS
		MIN	MAX		
BASE LUBRICATING OILS MIXTURE	NO	85.00	90.00	OSHA PEL ACGIH TLV	NO LIMIT
DETERGENT/INHIBITOR SYSTEM TRADE SECRET	NO	10.00	15.00	OSHA PEL ACGIH TLV	NO LIMIT
DYE TRADE SECRET	NO	<	1.00	OSHA PEL ACGIH TLV	NO LIMIT

BY: ENVIRONMENTAL, SAFETY & HEALTH  
(713) 546-6227

EFFECTIVE DATE: SEPTEMBER 25, 1992

### DISCLAIMER OF WARRANTY:

THE INFORMATION CONTAINED HEREIN IS BASED UPON DATA AVAILABLE TO US, AND REFLECTS OUR BEST PROFESSIONAL JUDGEMENT. HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY USE, OR ANY OTHER WARRANTY IS EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF SUCH DATA, THE RESULTS TO BE OBTAINED FROM THE USE THEREOF, OR THAT ANY SUCH USE DOES NOT INFRINGE ANY PATENT. SINCE THE INFORMATION CONTAINED HEREIN MAY BE APPLIED UNDER CONDITIONS OF USE BEYOND OUR CONTROL AND WITH WHICH WE MAY BE UNFAMILIAR, WE DO NOT ASSUME ANY RESPONSIBILITY FOR THE RESULTS OF SUCH APPLICATION. THIS INFORMATION IS FURNISHED UPON THE CONDITION THAT THE PERSON RECEIVING IT SHALL MAKE HIS OWN DETERMINATION OF THE SUITABILITY OF THE MATERIAL FOR HIS PARTICULAR PURPOSE.

REQUIRED UNDER USDL SAFETY AND HEALTH REGULATIONS FOR SHIP REPAIRING, SHIPBUILDING, AND SHIPBREAKING (29 CFR 1915, 1916, 1917).

**III HEALTH EFFECT INFORMATION****EYE CONTACT**

THIS PRODUCT IS PRACTICALLY NON-IRRITATING TO THE EYES UPON DIRECT CONTACT. BASED ON TESTING OF SIMILAR PRODUCTS AND/OR COMPONENTS.

**SKIN CONTACT**

AVOID SKIN CONTACT. THIS PRODUCT MAY CAUSE SLIGHT SKIN IRRITATION UPON DIRECT CONTACT. BASED ON TESTING OF SIMILAR PRODUCTS AND/OR COMPONENTS. PROLONGED OR REPEATED CONTACT MAY RESULT IN CONTACT DERMATITIS WHICH IS CHARACTERIZED BY DRYNESS, CHAPPING, AND REDDENING. THIS CONDITION MAY MAKE THE SKIN MORE SUSCEPTIBLE TO OTHER IRRITANTS, SENSITIZERS, AND DISEASE. PROLONGED OR REPEATED CONTACT MAY RESULT IN OIL ACNE WHICH IS CHARACTERIZED BY BLACKHEADS WITH POSSIBLE SECONDARY INFECTION. SEE HEALTH DATA SECTION BELOW.

**INHALATION**

THIS PRODUCT HAS A LOW VAPOR PRESSURE AND IS NOT EXPECTED TO PRESENT AN INHALATION HAZARD AT AMBIENT CONDITIONS. CAUTION SHOULD BE TAKEN TO PREVENT AEROSOLIZATION OR MISTING OF THIS PRODUCT. THE PERMISSIBLE EXPOSURE LIMIT (PEL) AND THRESHOLD LIMIT VALUE (TLV) FOR THIS PRODUCT AS OIL MIST IS 5 MG/M3. EXPOSURES BELOW 5 MG/M3 APPEAR TO BE WITHOUT SIGNIFICANT HEALTH RISK. THE SHORT-TERM EXPOSURE LIMIT FOR THIS PRODUCT AS AN OIL MIST IS 10 MG/M3.

**INGESTION**

DO NOT INGEST. THIS PRODUCT IS RELATIVELY NON-TOXIC BY INGESTION. THIS PRODUCT HAS LAXATIVE PROPERTIES AND MAY RESULT IN ABDOMINAL CRAMPS AND DIARRHEA. SEE HEALTH DATA SECTION BELOW.

**HEALTH DATA**

ON RARE OCCASIONS, PROLONGED AND REPEATED EXPOSURE TO OIL MIST POSES A RISK OF PULMONARY DISEASE SUCH AS CHRONIC LUNG INFLAMMATION. THIS CONDITION IS USUALLY ASYMPTOMATIC AS A RESULT OF REPEATED SMALL ASPIRATIONS. SHORTNESS OF BREATH AND COUGH ARE THE MOST COMMON SYMPTOMS.  
THE INTERNATIONAL AGENCY FOR RESEARCH ON CANCER HAS CONCLUDED THAT HIGHLY REFINED MINERAL OILS ARE GROUP 3 SUBSTANCES, "NOT CLASSIFIABLE AS TO THEIR CARCINOGENICITY TO HUMANS," BASED ON INADEQUATE HUMAN AND INADEQUATE ANIMAL EVIDENCE. THIS SUBSTANCE IS NOT CARCINOGENIC ACCORDING TO THE OSHA HAZARD COMMUNICATION STANDARD.

**IV EMERGENCY & FIRST AID PROCEDURES****EYE CONTACT**

IMMEDIATELY FLUSH EYES WITH LARGE AMOUNTS OF WATER AND CONTINUE FLUSHING UNTIL IRRITATION SUBSIDES. IF MATERIAL IS HOT, TREAT FOR THERMAL BURNS AND TAKE VICTIM TO HOSPITAL IMMEDIATELY.

**SKIN CONTACT**

REMOVE CONTAMINATED CLOTHING. WASH CONTAMINATED AREA THOROUGHLY WITH SOAP AND WATER. IF REDNESS OR IRRITATION OCCURS, SEEK MEDICAL ATTENTION. IF MATERIAL IS HOT, SUBMERGE INJURED AREA IN COLD WATER. IF VICTIM IS SEVERELY BURNED, REMOVE TO A HOSPITAL IMMEDIATELY.

**INHALATION**

THIS MATERIAL HAS A LOW VAPOR PRESSURE AND IS NOT EXPECTED TO PRESENT AN INHALATION EXPOSURE AT AMBIENT CONDITIONS.

**INGESTION**

DO NOT INDUCE VOMITING. SEEK MEDICAL ATTENTION.

**PERSONAL HEALTH PROTECTION INFORMATION****EYE PROTECTION**

EYE PROTECTION IS NOT REQUIRED UNDER CONDITIONS OF NORMAL USE. IF MATERIAL IS HANDLED SUCH THAT IT COULD BE SPLASHED INTO EYES, WEAR PLASTIC FACE SHIELD OR SPLASH-PROOF SAFETY GOGGLES.

**SKIN PROTECTION**

NO SKIN PROTECTION IS REQUIRED FOR SINGLE, SHORT DURATION EXPOSURES. FOR PROLONGED OR REPEATED EXPOSURES, USE IMPERVIOUS CLOTHING (BOOTS, GLOVES, APRONS, ETC.) OVER PARTS OF THE BODY SUBJECT TO EXPOSURE. IF HANDLING HOT MATERIAL, USE INSULATED PROTECTIVE CLOTHING (BOOTS, GLOVES, APRONS, ETC.). LAUNDER SOILED CLOTHES. PROPERLY DISPOSE OF CONTAMINATED LEATHER ARTICLES INCLUDING SHOES, WHICH CANNOT BE DECONTAMINATED.

**RESPIRATORY PROTECTION**

RESPIRATORY PROTECTION IS NOT REQUIRED UNDER CONDITIONS OF NORMAL USE. IF VAPOR OR MIST IS GENERATED WHEN THE MATERIAL IS HEATED OR HANDLED, USE AN ORGANIC VAPOR RESPIRATOR WITH A DUST AND MIST FILTER. ALL RESPIRATORS MUST BE NIOSH CERTIFIED. DO NOT USE COMPRESSED OXYGEN IN HYDROCARBON ATMOSPHERES.

**VENTILATION**

IF VAPOR OR MIST IS GENERATED WHEN THE MATERIAL IS HEATED OR HANDLED, ADEQUATE VENTILATION IN ACCORDANCE WITH GOOD ENGINEERING PRACTICE MUST BE PROVIDED TO MAINTAIN CONCENTRATIONS BELOW THE SPECIFIED EXPOSURE OR FLAMMABLE LIMITS.

**OTHER**

CONSUMPTION OF FOOD AND BEVERAGE SHOULD BE AVOIDED IN WORK AREAS WHERE HYDROCARBONS ARE PRESENT. ALWAYS WASH HANDS AND FACE WITH SOAP AND WATER BEFORE EATING, DRINKING, OR SMOKING.

**VI FIRE PROTECTION INFORMATION**

FLASH POINT 320 F

TEST METHOD C.O.C.

AUTOIGNITION TEMPERATURE NO DATA

TEST METHOD NO DATA

FLAMMABLE LIMITS IN AIR % BY VOL

LOWER NO DATA

UPPER NO DATA

EXTINGUISHING MEDIA

USE DRY CHEMICAL, FOAM, OR CARBON DIOXIDE.

SPECIAL FIRE FIGHTING PROCEDURES

WATER MAY BE INEFFECTIVE BUT CAN BE USED TO COOL CONTAINERS EXPOSED TO HEAT OR FLAME. CAUTION SHOULD BE EXERCISED WHEN USING WATER OR FOAM AS FROTHING MAY OCCUR, ESPECIALLY IF SPRAYED INTO CONTAINERS OF HOT, BURNING LIQUID.

UNUSUAL FIRE AND EXPLOSIVE CONDITIONS

DENSE SMOKE MAY BE GENERATED WHILE BURNING. CARBON MONOXIDE, CARBON DIOXIDE, AND OTHER OXIDES MAY BE GENERATED AS PRODUCTS OF COMBUSTION.

**VII REACTIVITY DATA**

STABILITY (THERMAL, LIGHT, ETC.)

STABLE

CONDITIONS TO AVOID

NONE

HAZARDOUS POLYMERIZATION

WILL NOT OCCUR

CONDITIONS TO AVOID

NONE

INCOMPATIBILITY MATERIALS TO AVOID

MAY REACT WITH STRONG OXIDIZING AGENTS

HAZARDOUS DECOMPOSITION PRODUCTS NONE

**VIII ENVIRONMENTAL PRECAUTIONS****STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED**

CONSULT HEALTH EFFECT INFORMATION IN SECTION III, PERSONAL HEALTH PROTECTION INFORMATION IN SECTION V, FIRE PROTECTION INFORMATION IN SECTION VI, AND REACTIVITY DATA IN SECTION VII. NOTIFY APPROPRIATE AUTHORITIES OF SPILL. CONTAIN SPILL IMMEDIATELY. DO NOT ALLOW SPILL TO ENTER SEWERS OR WATERCOURSES. REMOVE ALL SOURCES OF IGNITION. ABSORB WITH APPROPRIATE INERT MATERIAL SUCH AS SAND, CLAY, ETC. LARGE SPILLS MAY BE PICKED UP USING VACUUM PUMPS, SHOVELS, BUCKETS, OR OTHER MEANS AND PLACED IN DRUMS OR OTHER SUITABLE CONTAINERS.

**WASTE DISPOSAL METHOD**

ALL DISPOSALS MUST COMPLY WITH FEDERAL, STATE, AND LOCAL REGULATIONS. THE MATERIAL, IF SPILLED OR DISCARDED, MAY BE A REGULATED WASTE. REFER TO STATE AND LOCAL REGULATIONS. CAUTION! IF REGULATED SOLVENTS ARE USED TO CLEAN UP SPILLED MATERIAL, THE RESULTING WASTE MIXTURE MAY BE REGULATED. DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS MAY APPLY FOR TRANSPORTING THIS MATERIAL WHEN SPILLED. WASTE MATERIAL MAY BE LANDFILLED OR INCINERATED AT AN APPROVED FACILITY. MATERIALS SHOULD BE RECYCLED IF POSSIBLE.

**IX MISCELLANEOUS****HANDLING AND STORAGE REQUIREMENTS**

DO NOT TRANSFER TO UNMARKED CONTAINERS. STORE IN CLOSED CONTAINERS AWAY FROM HEAT, SPARKS, OPEN FLAME, OR OXIDIZING MATERIALS. THIS PRODUCT IS NOT CLASSIFIED AS HAZARDOUS UNDER DOT REGULATIONS. FIRE EXTINGUISHERS SHOULD BE KEPT READILY AVAILABLE. SEE NFPA 30 AND OSHA 1910.106--FLAMMABLE AND COMBUSTIBLE LIQUIDS.

**ADDITIONAL INFORMATION**

THIS MIXTURE MAY BE FORMULATED IN PART WITH COMPONENTS PURCHASED FROM OTHER COMPANIES. IN MANY INSTANCES, ESPECIALLY WHEN PROPRIETARY OR TRADE SECRET MATERIALS ARE USED, PENNZOIL COMPANY MUST RELY UPON THE HAZARD EVALUATION OF SUCH COMPONENTS SUBMITTED TO PENNZOIL BY THAT PRODUCT'S MANUFACTURER OR IMPORTER.

THIS PRODUCT IS NOT KNOWN TO CONTAIN ANY SARA TITLE III, SECTION 313 REPORTABLE CHEMICALS AT OR GREATER THAN 1.0% (0.1% FOR CARCINOGENS).

ALL INGREDIENTS OF THIS PRODUCT ARE LISTED ON THE TOXIC SUBSTANCES CONTROL ACT (TSCA) INVENTORY.

**X PHYSICAL PROPERTIES**

BOILING POINT	NO DATA	PERCENT VOLATILE	N/A
MELTING POINT	NO DATA	VAPOR DENSITY (AIR=1)	N/A
APPEARANCE	RED, OPAQUE	EVAPORATION RATE (EE=1)	N/A
ODOR	MILD LUBE OIL ODOR	SPECIFIC GRAVITY	.8654
VAPOR PRESSURE	N/A	MOLECULAR WEIGHT	VARIES
SOLUBILITY	SOLUBLE IN HYDROCARBONS		



**GARDEN GROVE FIRE DEPARTMENT  
ENVIRONMENTAL PROTECTION SECTION**

11301 Acacia Parkway  
Garden Grove, CA 92840

Business: 714 741-5600 Haz Mat: 714 741-5636

**Hazardous Materials Business Emergency Plan And  
Inventory Certification Statement**

Business Name: Union Dome  
Site Address: 9898 TRASK AVE

Telephone: (714) 539-5757  
Zip Code: 92644

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
  - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
  - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
  - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.  
(Please check applicable boxes):

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name Mark Henderson

Signature Mark Henderson

Job Title PLS Inspector

Date 5-3-00



# **GARDEN GROVE**



## **FIRE DEPARTMENT**

### **HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

#### **REPORTING FORMS PACKET: PART 2**

#### **BUSINESS EMERGENCY PLAN SHORT VERSION**

**THE FOLLOWING FORMS ARE FOR USE IN THE EVENT OF AN  
ACTUAL OR THREATENING HAZARDOUS MATERIALS  
EMERGENCY.**

**FILL THESE FORMS OUT COMPLETELY AND BE READY TO  
HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN  
THEY ARRIVE AT THE EMERGENCY SCENE.**

**IN THE EVENT OF AN EMERGENCY,**

**CALL 911**

## Emergency Response Action Plan

### 1. Overview:

The quantity and type of hazardous materials handled at the dealership and the nature of our operations present a relatively low risk of a dangerous incident involving exposure to hazardous materials. Further, we rely upon community provided emergency services to provide primary emergency response should such an incident occur. Nevertheless, there are certain emergency response activities that dealership personnel can undertake to do. This is especially true in the event of a spill or other unplanned release of a hazardous material. Should, for example, a bulk oil storage tank fail, a significant release could occur and a prompt dealership response may be required to prevent an environmentally damaging incident.

The dealership can also respond in a very limited way to a fire. It is emphasized, however that the Fire Department should be immediately called for anything except the most minor incident.

Consistent with the above the following are included as elements of this Emergency Response Action Plan.

- Part 1: Spill/Release Response Plan
- Part 2: Fire/Explosion Response Plan
- Part 3: Other Emergencies (earthquake, flood)
- Part 4: Evacuation Procedures

### 2. Emergency Notification and Recall Numbers:

<b>Dealership Personnel</b>	
<u>Name</u>	<u>Title/Position</u>
Mark Himbert	Service Manager
Tom Lee	Controller
Mark Hildom	Parts Manager

<b>Support Agencies and Emergency Services</b>	
State Office of Emergency Services	(800) 852-7550
Garden Grove Fire Department Hazardous Materials Management Division	(714) 741-5636
Garden Grove Fire Department	911 or (714) 534-4341
Garden Grove Police Department	911 or (714) 841-5704
Ambulance	911
Gateway Medical Center	(714) 638-1300

Note: If additional agency/service support is required and cannot be contacted, request assistance from the Garden Grove Fire Department Hazardous Materials Management Division, the State Office of Emergency Services or the emergency operator (telephone number 911).

## Spill/Release Response Plan

### 1. Reporting:

- a. **Obligation To Report:** The dealership is required to provide an immediate verbal report of any release or threatened release of a hazardous material that is harmful or potentially harmful to the environment or human health. No report is required for small non-harmful releases such as a quart of drain oil on the shop floor.
- b. **Reporting Authority:** Any employee who detects a reportable release or threatened release of a hazardous material is to immediately notify his or her supervisor who shall then be responsible for immediately notifying one of the following parties who shall have reporting authority.
- Mark Himbert
  - Tom Lee
  - Mark Hildom

If none of these parties can be notified then the supervisor has the authority to make the necessary report. Further, if the employee who detects the release or threatened release is unable to notify his or her supervisor or other dealership management, that employee is to make the required report.

- c. **Reporting Procedure:** This report is to be made to the Garden Grove Fire Department Hazardous Materials Management Division at (714) 741-5636 and to the State Office of Emergency Services at (800) 852-7550 or (916) 427-4341. The report is to be made as soon as possible so long as it does not impede immediate control of the release or interfere with emergency medical measures and must include the following about the release or threatened release:
- The exact location
  - The name of the person that made the report
  - The type and quantity of hazardous material(s) involved
  - The potential hazard(s) presented (known)

Appropriate emergency response agencies and designated dealership managers are also to be notified. Emergency telephone numbers are listed on page A.1.

- d. **Written Record:** A written record of all verbal notifications is to be prepared by the individual who makes the notification and provided to the general manager. This report may be handwritten and should include the following:
- Date and time of call
  - Person making call
  - Agencies notified
  - Individuals contacted
  - Summary of conversation(s)

## 2. Emergency Equipment at the Dealership:

Union Dodge relies primarily upon community provided services for emergency response. Consequently, the variety and availability of on-site emergency equipment is limited. Response equipment typically present at the dealership includes

- a. **Spill absorption material:** The dealership maintains a supply of absorbent material in all service areas. This material can serve as an effective tool in containing and cleaning up a spill. The material can be used to dam off the flow of a hazardous material. After any release is contained, the absorbent material can be spread over the liquid until it has been placed in sufficient volume to absorb the released liquid. The contaminated absorbent material should then be collected and placed in a drum or other containment for disposal; normally as a hazardous waste.
- b. **Personal Protective Equipment:** This equipment is limited to the following:

<u>Equipment</u>	<u>Location</u>
Safety Glasses	Service dept. (issued to technicians)
Rubber Gloves	Parts washers
Fire Extinguishers	All services areas

This equipment is available for use when routinely handling hazardous materials common to this dealership. It can also be used under emergency conditions.

- c. **Hazardous waste hauler:** Under certain conditions, hazardous waste haulers can be of great service during a release or threatened release of a hazardous material. For example, a hauler can empty a tank that appears to be failing. If a spill is contained, they may be able to pump up a substantial portion of the liquid, thereby reducing the time and cost of cleanup. The following haulers should be contacted in the event of an emergency:

- Lube/Used Oil, Filters, Antifreeze: Asbury Environmental Services, (310) 886-3400

Note: In the event the above haulers cannot be contacted, additional haulers can normally be located in the yellow pages of the telephone book under "Oils-Waste" and "Waste Disposal-Industrial".

## 3. Spill Containment and Clean Up:

- a. Shut off and eliminate all sources of ignition.
- b. Attempt to prevent any additional release (if possible). An example would be closing a leaking valve or turning off a pump that is causing a release.
- c. Contain the spill by diking around it using sand, earth or other absorbent material. Ensure special attention to preventing spilled material from reaching a sewer or storm drain inlet.
- d. Absorb spilled material using sand, earth or other absorbent. Floor cleaning/sweeping materials are appropriate and are normally available.

- e. Avoid skin contact and breathing vapors. Wear appropriate protective clothing and equipment. This equipment can include chemical resistant gloves, eye protection and supplied air respirators.
- f. Ventilate the area with local exhaust systems or by opening available doors and windows.

Note: Avoid use of compressed air to speed evaporation of spilled liquid. This practice increases airborne concentrations and increases the possibility of injuries such as eye damage.

- g. Dispose of contaminated absorbent in accordance with applicable regulations. This will normally involve disposal of the material as a hazardous waste. If the material is a corrosive, place contaminated absorbent material in polyethylene or polyethylene-lined container for disposal.

Note: If the material released is a corrosive (i.e., battery acid), it may be possible to neutralize it after it has been contained. For information on how to neutralize it, the dealership should call the emergency numbers provided on the product Material Safety Data Sheet.

**4. First Aid Procedures:** Each Material Safety Data Sheet includes first aid information specific to the chemical and should be immediately reviewed to determine proper first aid activities. A physician should also be immediately consulted. General first aid responses include:

- a. **Eye Contact:** Flush with large amounts of water for at least 15 minutes. Occasionally lift upper and lower lids. Consult a physician.
- b. **Skin Contact:** Remove contaminated clothing and immediately flush contaminated areas with large amounts of water.
- c. **Inhalation:** If overcome or affected by vapors, remove from exposure and call a physician immediately.
- d. **Ingestion:** Call emergency medical aid immediately. Consult MSDS to determine if vomiting should be induced or if individual should be provided other first aid measures.

**5. Evacuation:** Supervisors have the authority to direct evacuation. Refer to Part 4 of this Action Plan.

## Fire or Explosion Response Plan

1. **Fire Prevention:** The best means of managing the fire/explosion hazard at the dealership is to prevent any such event. In that regard, the dealership has prepared a Fire Prevention Plan that is included as Exhibit (a) to this Response Plan.
2. **Reporting:** Any fire or explosion should be reported immediately to the fire department. Telephone number 911. For additional notifications see page A.1.
3. **Firefighting Activities:**
  - a. **Fire Department:** The dealership will rely primarily upon the fire department for response to a fire or explosion at the facility. The dealership is not equipped, nor are personnel trained to respond to anything except the smallest fire. A fire in a trash can or in a pile of rags could be an example of a small fire.
  - b. **Dealership Firefighting Activities:**
    - i. **Fire Fighting Equipment:** Dealership equipment is limited to small, hand-held extinguishers located throughout the dealership. Properly used, these extinguishers can put out a small fire or control it until the fire department arrives. Portable fire extinguishers are not designed to fight large or spreading fires.

These extinguishers carry notations that indicate which class of fire they can be used to fight. These notations consist of a series of numbers and letters (ex: 2A, 20BC) and are further explained as follows:

- **"A":** Effective against wood, paper and rubbish. Many fire extinguishers have a triangle surrounding the A. The triangle is the international symbol for an A type fire. The numbers in front of the A, in our example the number 2, means that the extinguisher has been rated as being capable of putting out an A type fire two square feet in area.
- **"B":** Effective against flammable and combustible liquids. The square that often surrounds the B is the international symbol for a liquid fire. The number in front of the B, in our example the number 20, is a relative term and means only that the extinguisher can handle a B fire 20 times larger than an extinguisher rated 1B.
- **"C":** Effective against electrical fires. The circle that may be around the letter is the international symbol for an electrical fire. There is no number rating system for the C designation on a fire extinguisher.

A 2A, 20BC extinguisher may therefore be used on any fire that might be anticipated at the dealership. Of note, most of the portable fire extinguishers present at the dealership are rated as "ABC" units. Further, a "BC" extinguisher may be effective on a Class A fire.

ii. **Precautions:** Before any effort is made to fight a fire, the individual(s) should make sure of the following:

- Everyone has left or is leaving the building.
- The fire department has been notified.
- The fire is confined to a small area and is not spreading beyond the immediate area.
- The individual using the extinguisher has an unobstructed escape route to which the fire will not spread.
- The individual using the extinguisher is trained in its proper use.

**It is reckless to fight a fire under any other circumstances. Instead, leave immediately.**

iii. **Use of a Portable Fire Extinguisher:** There are general guidelines that apply to the use of portable fire extinguishers. In general, an individual using an extinguisher should stand six to eight feet away from the fire and follow the four step PASS procedure. If the fire does not go out immediately, the individual should leave the area at once. The **PASS** procedure is as follows:

- **Pull Pin:** This unlocks the operating lever on the extinguisher and allows discharge of the extinguisher. Some extinguishers may have other devices that prevent inadvertent operation.
- **Aim Low:** Point the extinguisher nozzle (or hose) at the base of the fire.
- **Squeeze:** Squeeze the lever below the handle. This discharges the extinguishing agent. Releasing the lever will stop the discharge. Some extinguishers have a button that can be pressed for release of the extinguishing agent.
- **Sweep From Side to Side:** Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth across the fire until the flames appear to be out. Watch the fire area. If the fire reignites, repeat the process.

#### 4. **First Aid Procedures:**

- a. **Smoke Inhalation:** Remove the individual to fresh air immediately. Call a physician immediately. Report the situation to representatives of the Fire Department or other emergency response organizations on the scene.
- b. **Eye Irritation:** Flush with large amounts of water for 15 minutes or until irritation subsides. Consult a physician.
- c. **Skin contact (dermal):** Remove contaminated clothing and wash skin thoroughly with soap and water. If material is a caustic, flush thoroughly with large amounts of fresh water.

- d. **Ingestion:** Call emergency medical aid immediately. Consult the appropriate Material Safety Data Sheet (MSDS) to determine if vomiting should be induced or if individual should be provided other first aid measures.
- e. **Burns:** Remove the individual from the heat source and call a physician immediately. Report the situation to representatives of the Fire Department or other emergency response organizations on the scene.

5. **Evacuation:** Supervisors have the authority to direct evacuation. Refer to Part 4 of this Action Plan.



## Fire Prevention Plan

1. **Potential Fire Hazards:** The dealership stores the number of products that are potential fire hazards. These products generally fall into one of the following categories:
  - a. Flammable liquids such as gasoline, some paints and paint related products, and lacquer thinners.
  - b. Flammable gases. Acetylene is a good example.
  - c. Combustible liquids such as diesel fuel, lubricating oils and some solvents.
2. **Proper Handling and Storage Procedures:** Flammable materials are to be used only in well ventilated areas. This will prevent a buildup of vapors to a level that could pose a health or fire/explosion hazard. Containers of flammable and combustible materials are to be closed when not in use. They are also not to be stored near a heat or ignition source. Smoking is not permitted when working with flammable liquids. Compressed gases are to be securely stowed at all times and, when not in use, valves are to be closed.
3. **Responsibilities:** Individual employees are responsible for keeping their work areas free of excessive debris and unwarranted accumulations of flammable and combustible materials.
  - a. Supervisors are responsible for the overall safety of the work areas under their respective controls.
  - b. Subordinate employees adequately maintain their work areas. This includes ensuring that an employee does not accumulate any excessive amount of flammable or combustible materials at his work area.
  - c. Available on-site fire fighting and fire suppression equipment is properly maintained and available for immediate use.
  - d. Spills of flammable and combustible liquids are contained and cleaned up according to dealership guidelines.
4. **Training:** Supervisors shall ensure that subordinate employees receive on this Plan and how to respond in the event of a fire emergency. In particular, this training shall include:
  - a. Fire/Explosion Response
  - b. Facility Evacuation Procedures

## Other Emergencies

### 1. Flood:

With regard to hazardous materials, the primary concern in a flood is the loss or displacement of these materials by flood water. For example, water can run into an unsecured underground oil storage tank and, since the water is heavier than the oil, it will displace the oil. If flood waters rise high enough, above ground tanks and drums could be similarly affected.

When flooding is threatened, it is therefore important to ensure that all hazardous material containers are tightly closed or otherwise fastened shut. Further, steps should be taken to tie down or otherwise secure drums, etc. that might float free during a flood.

In addition, utilities to the dealership should be shut off.

Any flooding that would result from broken pipes should be incidental and would normally be controlled by shutting off water service to the building. Should assistance be required, authorities should be notified by calling 911.

### 2. Earthquake:

Individual safety in the event of an earthquake is beyond the scope of this Hazardous Materials Emergency Response Action Plan. The following, however, is noted:

- a. **Facility Evacuation:** Part 4 of this Action Plan provides details on facility evacuation procedures.
- b. **Spill clean up:** When the dealership facility is determined to be safe to enter, commence clean up activities as outlined in Part 1 of this plan.

## Evacuation Procedures

Under certain circumstances, most likely a fire, it may be necessary to evacuate the dealership.

In the event a supervisor concludes that evacuation is required to protect the health and safety of subordinates, that supervisor has the authority to evacuate those serving under his direction. The supervisor shall, however, ensure that other appropriate personnel at the dealership are notified of the decision to evacuate.

The key to a successful evacuation is accountability. Supervisors must be able to quickly account for assigned personnel and to report any who may be missing. With that in mind, evacuation procedures shall be as follows:

1. Order to evacuate is given by Supervisor
2. If time allows, the following activities should be performed:
  - a. Shut off all power to the dealership or area being evacuated
  - b. Close all doors, windows, vents, etc.
  - c. Call 911 for emergency response support (fire dept., etc.).
3. **All employees shall promptly evacuate the facility by using the exit point most convenient to each. Employees shall assemble in the parking lot area adjacent to the service drive entrance along Trask Avenue.**
4. Notify adjacent businesses of the incident that necessitated the evacuation.

Following the evacuation, supervisors shall account for their personnel. In the event someone is determined to be missing, that fact shall be reported to the evacuation supervisor who shall immediately notify the emergency response organization (fire department, etc.). If one of these senior dealership personnel is not available, the supervisor shall personally report any unaccounted personnel to the emergency response organization.

- Notes:
- (1) No one should reenter the dealership in an effort to locate a missing individual. That is the task of the Fire Department or other emergency response organization. Individuals with these organizations are properly trained and equipped to undertake such a task.
  - (2) Personnel shall not leave the evacuation assembly point without the specific approval of their supervisor.
  - (3) Supervisors shall render all possible assistance to fire department personnel and other emergency responders. This shall include providing information on the general location and nature of hazardous materials located in the dealership.

# *Employee Training Plan for UNION DODGE*

## **1. Objective:**

To ensure that all dealership employees are aware of the dangers associated with hazardous materials and are properly trained in emergency procedures to be followed in the event of a reportable release or threatened release of a hazardous material.

## **2. Training Guidance:**

Training in emergency response and safe handling procedures will be provided for each category of hazardous materials handled at the dealership. These procedures are included as Attachment (A) to this Business Plan.

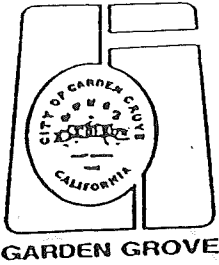
## **3. Training Schedule:**

- a. **Annual Training:** All employees will receive annual training on the dealership's Emergency Response Action Plan (see Attachment (A)). Employees involved in vehicle maintenance and repair will receive training on Parts 1-4 of the plan. Sales and administration/finance staff need only receive training in Parts 2-4.
- b. **New Employee Training:** Each new employee will receive required training prior to his or her initial work assignment.

## **4. Responsibility:**

The Environmental Compliance Coordinator is responsible for ensuring training is provided in accordance with the requirements noted above and for ensuring that each employee certifies receipt of training. A record of this training is to be placed in the file of each employee receiving it and is to include the following:

- Employee name and social security number
- Date of training
- Content of training
- Name of instructor



CITY OF GARDEN GROVE, CALIFORNIA  
 MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642  
 714-741-5600

BUSINESS EMERGENCY PLAN

Business Name Patterson Dodge

Business Address 9898 Trask Ave City G. Grove State CA Zip 92644

Mailing Address P.O. Box 399 City G. Grove State CA Zip 92642

Business Phone (714) 539-5757 Business License # 149009

Fax Number (714) 539-2181

*Charles Lee Gen MGR.*

Owner/Operator: Name Jeff Patterson Phone Number (714) 539-5757

Address 9898 Trask Ave City G. Grove State CA Zip 92644

Type of Business Operation New Car Dealership

EPA # CAD 982313199 SIC Code 5511

Emergency Contacts: Name Jeff Patterson

Address 9898 Trask Ave City G. Grove State CA Zip 92644

24 Hour Phone Number \_\_\_\_\_ Phone Number (714) 539-5757

Property Owner: Name Kent Browning Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total Number of Employees 31 Dun and Brad Street Numbers \_\_\_\_\_

Office Use Only

MLI# 12355 Short \_\_\_\_\_ Long

*ok lp AD 12/13/92  
1-25-95 MB*

BUSINESS NAME: Patterson Dodge  
 ADDRESS: 9898 Trask Ave, Garden Grove, CA. 92647  
 MLI # \_\_\_\_\_ (office use only)

**HAZARDOUS MATER**  
 THIS FORM IS

1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	3. CAS NO.	4.	5.	6.	7.
			SARA Hazard Class  Table 1	Physical State  Table 2	MAX. DAILY AMOUN  Table 3	A D A N  T <sub>2</sub>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10						
11						
12						
13						
14						
15						

<b>Table#1 SARA Hazard</b>		<b>Table#2</b>	<b>TABLE # 3 Amount Chart</b>			<b>Table#4 Container Type</b>	
Physical	Health	Physical State	Value	Amount	Range	A- Aboveground Tank	I- Insulated Tank(Cr
1-Fire	4-Immediate (Acute)	P-Pure	00	0	99	B- Bag(s)	J- Metal Containers
2-Sudden Release of Pressure	5-Delayed (Chronic)	M-Mixture	01	100	299	C- Box(s)	K- Movable Pressuriz
3-Reactivity		S-Solid (Report pounds)	02	300	599	D- Carboy(s)	L- Plastic Containers
		L-Liquid (Report gallons)	03	600	999	E- Drum(s) or Barrel(s)	M- Rail Car
		G-Gas (Report cubic feet)	04	1000	5999	F- Fixed Pressurized Cylinders	N- Silo
			05	6000	9999	G- Glass Containers	O- Tank inside buildin
			06	10000	19999	H- In Machinery or Equip.	P- Underground Tank
			07	20000	49999+		Q- Other



A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 days of any of the following events:

1. Change of business address.
2. Change of business ownership.
3. Change of business name.
4. Cessation of business.
5. Use of a previously undisclosed hazardous material.
6. A 100% increase in the quantity of a previously disclosed material.

	YES	NO
1. Are there any underground storage containers located on the business property?	_____	<input checked="" type="checkbox"/>
2. Is trade secret protection requested for any of the information included in this disclosure?	_____	<input checked="" type="checkbox"/>
3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property?	<input checked="" type="checkbox"/>	_____
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?	_____	<input checked="" type="checkbox"/>

I certify, under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name of Owner: Jeff Patterson

Print Name of Document Preparer: Jeff Patterson

Signature of Owner/Operator: Jeff Patterson Date: 1-19-95

NOTE: Keep a copy of entire disclosure packet for your records.

RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND MSDS SHEETS TO THE GARDEN GROVE FIRE DEPARTMENT



1-19-95

DATE: --  
PAGE # 1 of 1

**BUSINESS NAME: Patterson Dodge**  
**ADDRESS: 5898 Trask Ave, Garden Grove, CA 92644**  
**HAZARDOUS MATERIALS DISCLOSURE FORM**  
 THIS FORM IS TO BE TYPEWRITTEN.

1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % wgt on MSDS)	3. CAS NO.	4. HAZARDOUS CLASS	5. PHYSICAL STATE	6. MAX DAILY AMOUNT	7. AVE DAILY AMOUNT	8. DATE ON SITE	9. CONTAINER TYPE	10. STORAGE CODE	11. LOCATION	12. STATE WASTE NUMBER	13. DOT/UN/NA NUMBER	14. HAZARD CLASS
1. Motor Oil	Refined Base Oils 90% Calcium Sulfonate 1% Additives 9%	64742-54-7	1.5 M	M	03	03	365	A, E	1/1	Z Service Areas		1270	3
2. Transmission Fluid	Refined Base Oils 90% Additives 10%	64742-54-7	1.5 M	M	02	02	365	A, E	1/1	Z Service Areas		1270	3
3. Coolant	Ethylene Glycol 9% Silicates 1% Borates 1%	107211	1.5 M	M	01	01	365	L	1/1	Z Parts Department		1986	3
4. Parts Cleaning Solvent	Mineral Spirits 90% Oil & Grease 10%	8052413	1.5 P-L	P-L	00	00	365	E	1/1	Z Service Areas	213	1255	3
5. Waste Coolant	Ethylene Spirits 90% Water & Dirt 10%	107211	1.5 M	M	02	01	365	A, E	1/1	Z Service Areas	135	9189	3
6. Waste Oil	Refined Lube Oils 90% Water & Dirt 10%	64742-54-7	1.5 M	M	02	02	365	A	1/1	Z Service Areas	221	1270	3
7. Acetylene	Acetylene	74-86-2	1.5 PG	PG	01	00	365	F	2/1	Z Service Areas		1001	10
8. Oxygen	Oxygen, Compressed	7882-44-7	5	PG	01	00	365	F	2/1	Z Service Areas		1072	15/17
9. R12 Refrigerant	Dichlorodifluoromethane	75-71-8	4	PG	00	00	365	F	3/1	Z Service, Parts Areas		1028	15
10. R134 Refrigerant	Tetrafluoroethane	811-97-2	2	PG	00	00	365	F	3/1	Z Service, Parts Areas		1078	15
11. Brake Cleaner	Trichloroethane Perchloroethylene Carbon Dioxide	79-01-06 124-38-9 124-38-9	1.4 MG	MG	00	00	365	J	3/1	Z Parts Department		2831	20

**Table 1: Physical**  
 1. Pure  
 2. Mixture  
 3. Solid (liquid powder)  
 4. Liquid (liquid gallon)  
 5. Gas (liquid cubic foot)  
 6. Gas (liquid cubic foot)

**Table 2: Health**  
 4. Immediate (Acute)  
 5. Delayed (Chronic)

**Table 3: Physical State**  
 P: Pure  
 M: Mixture  
 S: Solid (liquid powder)  
 L: Liquid (liquid gallon)  
 G: Gas (liquid cubic foot)

**Table 4: Container Type**  
 1. Insulated Tank (Cryogenics)  
 2. Metal Containers  
 3. Movable Pressurized Cylinders  
 4. Plastic Containers  
 5. Drum(s) or Barrel(s)  
 6. Fixed Pressurized Cylinders  
 7. Gas Containers  
 8. In Motor Vehicle or Trailer  
 9. Other

**Table 5: Storage Code**  
 Pressure / Temperature  
 1. Ambient  
 2. Less than ambient  
 3. Greater than ambient  
 4. Cryogenic  
 5. Ambient - room pressure or temperature  
 6. Cryogenic  
 7. Ambient - room pressure or temperature

**Table 6: Hazard Class**  
 1. Flammable Gas  
 2. Corrosive  
 3. Compressed Gas  
 4. Flammable Liquid  
 5. Corrosive  
 6. Flammable Solid  
 7. Oxidizing  
 8. Toxic  
 9. Explosive  
 10. Flammable Solid  
 11. Flammable Liquid  
 12. Flammable Solid  
 13. Toxic  
 14. Irritant  
 15. Multiple Hazardous  
 16. Explosive  
 17. Organic Peroxide  
 18. Poison A  
 19. Poison B  
 20. Poison C  
 21. Poison D  
 22. Poison E  
 23. Poison F  
 24. Poison G  
 25. Poison H  
 26. Poison I  
 27. Poison J  
 28. Poison K  
 29. Poison L  
 30. Poison M  
 31. Poison N  
 32. Poison O  
 33. Poison P  
 34. Poison Q  
 35. Poison R  
 36. Poison S  
 37. Poison T  
 38. Poison U  
 39. Poison V  
 40. Poison W  
 41. Poison X  
 42. Poison Y  
 43. Poison Z