



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

**TEL: (714) 741-5600**  
**FAX: (714) 741-5640**

January 4, 2016

Kasia Edlund

Records Search for 12821 Knott Ave., Garden Grove, CA

Dear Sir/Madam:

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

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

By: Thanh Nguyen  
Fire Captain/Senior Fire Protection Specialist

**Linders**  
furniture  
www.lindersfurniture.com

Over for alternate contact  
Mark Kantor  
Director of Operations

12821 Knott Avenue  
Garden Grove, CA 92841  
(714) 657-7599 ext. 215  
FAX: (714) 657-7163  
markkantor@lindersfurniture.com

# GARDEN GROVE



## FIRE DEPARTMENT

# HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## REPORTING FORMS PACKET

**SHORT VERSION**

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>1961</u>
BUSINESS NAME	<u>Linders Furniture</u>
BUSINESS ADDRESS	<u>12821 Knott Ave</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</u>
NEW BUSINESS:	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>  </u> 4D <u>  </u> BUSLIST <u>  </u> CALARP: <u>  </u> CUPA: <u>  </u> GIS <u>  </u>
FEE	_____



# 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 1 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	LINDERS FURNITURE		4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS	12821 KNOTT AVE.		6		
CITY	GARDEN GROVE	STATE	7	CA	8
DUN & BRADSTREET	11-282-3174	SIC CODE (4 DIGIT #)	10	FIRE DISTRICT	12
COUNTY	ORANGE		13		
BUSINESS OPERATOR NAME	Philip Linder & Associates	OPERATOR'S PHONE	14	(714) 657-7599	15

### BUSINESS OWNER

OWNER NAME	Philip Linder & Associates	OWNER PHONE	16	(714) 657-7599	17
OWNER MAILING ADDRESS	12821 KNOTT AVE		18		
CITY	GARDEN GROVE	STATE	19	CA	20
		ZIP		92841	21

### ENVIRONMENTAL CONTACT

CONTACT NAME	MARK KANTOR	CONTACT PHONE	22	(714) 421-5346	23
CONTACT MAILING ADDRESS	12821 KNOTT AVE.		24		
CITY	GARDEN GROVE	STATE	25	CA	26
		ZIP		92841	27

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28	MARK KANTOR	NAME	33	Richard Smith
TITLE	29	DIRECTOR OF OPERATIONS	TITLE	34	WAREHOUSE MANAGER
BUSINESS PHONE	30	(714) 421-5346	BUSINESS PHONE	35	(714) 657-7599
24-HR. PHONE	31	(714) 421-5346	24-HR. PHONE	36	(714) 719-0631
PAGER #	32		PAGER #	37	

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	RETAIL FURNITURE WAREHOUSE	TOTAL # OF EMPLOYEES	39	45
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION	41	
PROPERTY OWNER NAME	42	WestCore Properties	ADDRESS	43	879 W. 190th ST. GARDENA CA 90248
			PHONE	44	(310) 324-6500
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	<i>Mark Kantor</i>	DATE	46	2/13/08
NAME OF SIGNER (print)	47	MARK KANTOR	NAME OF DOCUMENT PREPARER (print)	49	MARK KANTOR
TITLE OF SIGNER	48	DIRECTOR OF OPERATIONS	TITLE OF DOCUMENT PREPARER	50	DIRECTOR OF OPERATIONS



# 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 GCFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME				BUSINESS PHONE	5
BUSINESS SITE ADDRESS					6
CITY	GARDEN GROVE			STATE	8 CA
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE			13	
BUSINESS OPERATOR NAME	14		OPERATOR'S PHONE		15

### BUSINESS OWNER

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

### ENVIRONMENTAL CONTACT

CONTACT NAME	JOHN FOUCLER			CONTACT PHONE	23 (760) 902-7575
CONTACT MAILING ADDRESS					24
CITY	25	STATE	26	ZIP	27

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28	NAME	33
TITLE	29	TITLE	34
BUSINESS PHONE	30	BUSINESS PHONE	35
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
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION
PROPERTY OWNER NAME	42	ADDRESS	43
			PHONE

**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)			NAME OF DOCUMENT PREPARER (print)	
TITLE OF SIGNER			TITLE OF DOCUMENT PREPARER	



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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 1 of \_\_\_

I. 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.
Philip Lindner & Associates																			

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
<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. ✓ 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? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. ✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) 6. ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. ✓ 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. ✓ 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? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. ✓ EPA ID NUMBER - provide at the top of this page 10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler) 11. ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> Cal-ARP: California Accidental Release Prevention Program H&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. ✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME <u>LINDERS FURNITURE</u>	3
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### I. FACILITY INFORMATION

CHEMICAL LOCATION	12821 KNOTT AVE GARDEN GROVE, CA				4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	CY	7
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### II. CHEMICAL INFORMATION

CHEMICAL NAME <u>DIESEL FUEL #2</u>	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 <u>Ultra Low Sulfur (EPA) Diesel #2</u>	9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	68476-34-6	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	3	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 type="checkbox"/> No	15	CURIES	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	18
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AVERAGE DAILY AMOUNT	114 GALLONS	19	MAXIMUM DAILY AMOUNT	114 GALLONS	20	ANNUAL WASTE AMOUNT	N/A	21	STATE WASTE CODE	N/A	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	FILLED WEEKLY (FRI)	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 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 checked="" 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
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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)	30	EHS	31	CAS #	32
1	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
2	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
3	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
4	29		30	<input type="checkbox"/> Yes <input 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.

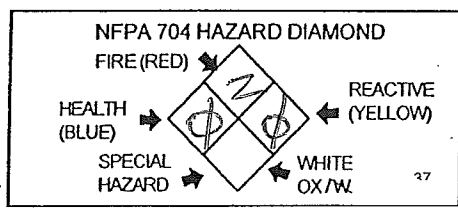
### PLACARDING INFORMATION

UNDOT # 1993 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS 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

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM  
BUSINESS EMERGENCY PLAN**

**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	PHONE NUMBERS
Garden Grove Fire Department, Police, Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802
Individual responsible for calling these agencies:	

Provide the following information when you call:

- Name of the person and business
- Business street address
- Location of the incident
- Type of incident (spill, gas release, etc.)
- The name(s) of the chemical substance(s) involved
- The amount of the chemical substance(s) involved
- The extent of injuries, if any
- Possible hazards to human health and/or the environment
- Emergency call-back phone number (\_\_\_\_\_) \_\_\_\_\_

If a chemical spill or release at your facility could create a toxic cloud or a liquid stream that could drift beyond your facility, then, identify nearby facilities that could be in imminent danger.

To the North  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

To the South  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

To the East  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

To the West  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM  
BUSINESS EMERGENCY PLAN**

**OPTIONAL NOTIFICATIONS:**

1. Hazardous Waste Contractor  
Name: MARK KANTOR (714) 421-5346
2. Insurance Company  
Name: St. Paul TRAVELERS
3. Poison Control Center - 24-Hour 1 (800) 876-4766

**EVACUATION PLANS AND PROCEDURES:**

**Evacuation Alarms** - describe the type of alarm signals that will be used to start an evacuation at this facility (vocal, paging system, manual alarm, etc.):

VOICE PAGING

**Evacuation Drills**

Evacuation drills and records proving you have held such drills are required by California law. The drill record does NOT have to be provided to the Fire Department with this business plan, but 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. For your convenience, a form for recording list information is included with this packet. Make additional copies as needed.

The following four forms:

- A) Evacuation Drill Record
- B) Emergency Coordinator Task Completion Sheet
- C) Emergency Chemical Disclosure Form
- D) Training Record

These forms are designed to assist you in organizing, planning and maintaining permanent records. They are to be retained at the business, and may be requested by emergency responders upon their arrival or during your annual fire inspection.



**GARDEN GROVE FIRE DEPARTMENT  
EVACUATION DRILL RECORD**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

---

Date of Evacuation Drill: \_\_\_\_\_

Brief Description of Drill: \_\_\_\_\_

---

Facilitator's Name: \_\_\_\_\_

Facilitator's Title: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I facilitated  
the evacuation drill as described above.

Signature of Facilitator: \_\_\_\_\_

Date Signed: \_\_\_\_\_

---

Date of Evacuation Drill: \_\_\_\_\_

Brief Description of Drill: \_\_\_\_\_

---

Facilitator's Name: \_\_\_\_\_

Facilitator's Title: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I facilitated  
the evacuation drill as described above.

Signature of Facilitator: \_\_\_\_\_

Date Signed: \_\_\_\_\_

---

THIS RECORD TO BE RETAINED AT THE BUSINESS.  
MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.



**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM  
EMERGENCY CHEMICAL DISCLOSURE FORM**

Complete the following information for all hazardous chemicals involved in or potentially affected by the incident. Make as many additional copies of this form as you may require, IN ADVANCE, and keep the copies in a convenient place for your immediate use during an emergency.

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

THIS FORM SHALL BE GIVEN TO THE EMERGENCY RESPONDERS  
UPON THEIR ARRIVAL AT THE FACILITY.

**GARDEN GROVE FIRE DEPARTMENT  
TRAINING RECORDS  
FOR HAZARDOUS MATERIALS AND EMERGENCIES**

In addition to planning and conducting training programs, each employer should maintain training records for no less than three years. For your convenience, a form for recording this information is provided for your use. These reports do not have to be mailed back to the Fire Department with the Business Plan, but should be available to Fire Department personnel upon request. Make as many additional copies of these forms as you need.

---

Employee Name: \_\_\_\_\_  
Employee Title: \_\_\_\_\_  
Training Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date Completed: \_\_\_\_\_

---

Employee Name: \_\_\_\_\_  
Employee Title: \_\_\_\_\_  
Training Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date Completed: \_\_\_\_\_

---

Employee Name: \_\_\_\_\_  
Employee Title: \_\_\_\_\_  
Training Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date Completed: \_\_\_\_\_

---

Employee Name: \_\_\_\_\_  
Employee Title: \_\_\_\_\_  
Training Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date Completed: \_\_\_\_\_

THIS RECORD TO BE RETAINED AT THE BUSINESS.  
MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN  
EVACUATION PLANNING**

Describe the evacuation routes, emergency exits, and staging areas for employees in each work area at this facility. (A "staging area" is a specific location where your personnel meet after an evacuation, where you make sure everyone evacuated safely.)

---

1. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

---

2. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

---

3. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

---

4. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

---

5. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

---

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**EMPLOYEE RESPONSIBILITIES:**

Every business is required to develop an emergency plan. Part of this plan shall include the pre-assignment of important emergency duties to specific employees, and training of employees to carry out these emergency duties. Provide this information below for those employees who will carry out the emergency duties:

JOB TITLE: \_\_\_\_\_

EMERGENCY FUNCTION(S): \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMERGENCY FUNCTION(S): \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMERGENCY FUNCTION(S): \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.



**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**PREVENTION:**

Part of the emergency pre-planning process is to identify potential hazards BEFORE an emergency, then either eliminate the hazard (if feasible) or prepare to handle the hazard should an emergency occur. To help you in this task, the form below is designed to help you identify potential hazards and to plan for minimizing the hazard. Complete this information for each hazardous materials storage location within your facility.

<u>HAZARDOUS MATERIALS STORAGE LOCATION</u>	<u>PREVENTATIVE MEASURE</u>
1. <u>Diesel TANK</u>	<u>SPILL KIT &amp; CANOPY</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

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

**Prevention measures to be taken at this location:**

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

Estimated date of completion: \_\_\_\_\_

Actual date of completion: \_\_\_\_\_

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.



**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.

**IN ADDITION, IF A BUSINESS HANDLES EXTREMELY (ACUTELY) HAZARDOUS MATERIALS, THE BUSINESS MUST NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS:**

1. A modification, change, or addition to your facility which either increases your usage of extremely hazardous materials by 10% or greater, or substantially increases the risk in handling extremely hazardous materials at that address.

Your business is required by State law to retain a copy of this entire 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.

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**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: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_