



CITY OF GARDEN GROVE
FIRE DEPARTMENT

Tel: (714) 741-5600
Fax: (714) 741-5640

3/11/2016

Benjamin Bui
(714) 600-7351

RE: Records Search for 10721 Westminster Avenue, Garden Grove CA
92843

Dear Mr. Bui:

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 'Thanh Nguyen', written in a cursive style.

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

Db Name RAM'S SERVICE

Complex

Address

10721

WESTMINSTER

Ave

92840

Business Information

Business License No. 113180

Dunn and Bradstreet -

Sic Code- 7538

Fax

E-Mail

Business Owner Name Melkon Atarian Home Phone 7145372061 Property Use

Construction Information

Construction type-

Occupancy group- S3

Occupancy Load- 0

Building Sq.ft- 0

Contacts Information

Property Owner

Melkon Atarian

10721 Westminster Ave.

Garden Grove ,CA 92843

7145372061

Building Owner

Contacts

Inspection Information

Deleted and Archived by James

File number 49

Inspector- FPB N

business closed.

Inspection History

2/27/03 Time 09:15

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 1705 Patrick Collins by Valerie Thorpe

3/13/03 Time 08:10

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

Notes - Fire Code Permit printed for a paid invoice

3/3/03 Time 08:40

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

2/11/03 Time 10:27

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

Visits

2/27/03

Inspector Id- 1705 Name - Patrick Collins

Insp. Type -

Category - Life Safety

Comments - No Violations

Violations

Permits

Permit No- 491011

Permit description- HOT WORK - welding and cutting

Permit No- 801031

Permit description- HAZARDOUS MATERIALS - use, handling or storage

Permit No- 291021

Permit description- MOTOR VEHICLE REPAIR / SERVICING

Permit No- 821021

Permit description- LIQUEFIED PETROLEUM GASES - more than 120 gallons

EPS Information

Business Operator - Levon Atarian

Phone - 7145372061

Environmental Contact - Melkon Atarian

phone - 7145372061

address - 10721 Westminster Ave., Garden Grove CA 92843

Chemical Information

Chemical Name - PROPANE

Common name - PROPANE - LPG

Chemical Name - WASTE OIL

Common name - WASTE OIL

Common name - WASTE OIL

Chemical Name - MOTOR OIL

Common name - MOTOR OIL

Tank Information

Tank Owner Name -

Phone -

Address-

Disclosure Local Information

Invoices

Date Billed 1/30/03

- Bill type - Chemical/Tank

Items

Date Billed 3/3/03

- Bill type - Permit Bill

Items

Date Billed 12/19/02

- Bill type - Permit Bill

Items

External Invoices

Notes

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10721

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Ave

92840

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Sic Code- 7538

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Phone -

Address-

Disclosure Local Information

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Date Billed 1/30/03

- Bill type - Chemical/Tank

Items

Date Billed 3/3/03

- Bill type - Permit Bill

Items

Date Billed 12/19/02

- Bill type - Permit Bill

Items

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Items

Date Billed 3/3/03

- Bill type - Permit Bill

Items

Date Billed 12/19/02

- Bill type - Permit Bill

Items

External Invoices

Notes

File No	Permit No	DBA / Address/Permit description	Date Expires
8018	821021	CHO LON AUTO CENTER 10721 WESTMINSTER Ave LIQUEFIED PETROLEUM GASES - more than 120 gallons	<u>3</u> 2016
8018	801031	CHO LON AUTO CENTER 10721 WESTMINSTER Ave HAZARDOUS MATERIALS - use, handling or storage	<u>3</u> 2016
8018	491011	CHO LON AUTO CENTER 10721 WESTMINSTER Ave HOT WORK - welding and cutting / open flame	<u>3</u> 2016
8018	291021	CHO LON AUTO CENTER 10721 WESTMINSTER Ave MOTOR VEHICLE REPAIR / SERVICING	<u>3</u> 2016

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>9018</u>
BUSINESS NAME	<u>Cho Jon Auto Center</u>
BUSINESS ADDRESS	<u>10721 Westminster 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>4D</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 ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD) 3 0 0 3 5										BEGINNING DATE 5/13/04		ENDING DATE 12/31/04	
BUSINESS NAME CHO LON AUTO CENTER										BUSINESS PHONE 714-537-2061			
BUSINESS SITE ADDRESS 10721 WESTMINSTER AVE										STATE CA		ZIP 92843	
CITY GARDEN GROVE										SIC CODE (4 DIGIT #)		FIRE DISTRICT	
DUN & BRADSTREET										COUNTY ORANGE		BUSINESS OPERATOR NAME TOMMY DO	
										OPERATOR'S PHONE 714-537-2061			

BUSINESS OWNER

OWNER NAME [REDACTED]										OWNER PHONE [REDACTED]			
OWNER MAILING ADDRESS [REDACTED]										STATE [REDACTED]		ZIP [REDACTED]	
CITY [REDACTED]													

ENVIRONMENTAL CONTACT

CONTACT NAME SAME AS ABOVE										CONTACT PHONE			
CONTACT MAILING ADDRESS										STATE		ZIP	
CITY													

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME [REDACTED]										NAME KELLEE DIEU	
TITLE [REDACTED]										TITLE PARTNER	
BUSINESS PHONE [REDACTED]										BUSINESS PHONE [REDACTED]	
24-HR. PHONE [REDACTED]										24-HR. PHONE [REDACTED]	
PAGER # [REDACTED]										PAGER # [REDACTED]	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION: AUTO REPAIR & SMOG										TOTAL # OF EMPLOYEES 1			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)										ATTENTION			
PROPERTY OWNER NAME TOMMY DO & KELLEE DIEU										ADDRESS SAME		PHONE 714-537-2061	
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 [Signature]		DATE 05.13.04	
NAME OF SIGNER (print) KELLEE DIEU										NAME OF DOCUMENT PREPARER (print) KELLEE DIEU			
TITLE OF SIGNER PARTNER										TITLE OF DOCUMENT PREPARER OWNER			



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

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.	

0000 27718

CHD LON AUTO CENTER

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 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. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) 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)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 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 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 <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. <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) 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) 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS 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. <input checked="" type="checkbox"/> 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	BUSINESS NAME	CTD LOW AUTO CENTER
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I. FACILITY INFORMATION

CHEMICAL LOCATION	10721 EXTENSION EAST OF BUILDING		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
GRID #	L-4		

II. CHEMICAL INFORMATION

CHEMICAL NAME	PROPANE	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	PROPANE	* If EPCRA see instructions			
CAS #	74-98-6	FIRE CODE HAZARD CLASSES (supplied by GFDI)	FLAMMABLE LIQUID		
TYPE (Check one only)	<input checked="" type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES	
PHYSICAL STATE (Check one only)	<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	FED HAZARD CATEGORIES		<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE	
				<input type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	350	MAXIMUM DAILY AMOUNT	350	ANNUAL WASTE AMOUNT	21
UNITS	<input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	DAYS ON SITE	365	LARGEST CONTAINER	350
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 type="checkbox"/> o PLASTIC CONTAINER <input type="checkbox"/> p IN MACH OR EQUIP	<input type="checkbox"/> q TANK WAGON <input type="checkbox"/> r RAIL CAR <input type="checkbox"/> s TOTE BIN <input type="checkbox"/> t OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC				

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

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

PLACARDING INFORMATION

UNDOT #	2.1	33	
DOT HAZARD CLASS	1978	34	
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO	35	
X	If EPCRA, Please Sign Here	36	

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Ferron Kelly

Ferrellgas Material Safety Data Sheet - Propane

Ferrellgas

One Liberty Plaza

Liberty, MO 64068

Section 1: Emergency Information

24 Hour
Emergency
Number

Call 1-800-424-9300 (Chemtrec) in case of emergencies involving propane.

Warning!

Extremely flammable compressed gas.

- Asphyxiant in high concentrations.
 - Skin contact with liquid causes burns similar to frostbite.
 - Ethyl mercaptan used as a warning agent may not be entirely effective in all situations.
- Read the warnings in section 9.

NFPA hazard
rating

Hazard ratings are in the following table

Health hazard = 1

Fire hazard = 4

Reactivity = 0



Where:

0 = Least

1 = Slight

2 = Moderate

3 = High

4 = Extreme

General MSDS
assistance

Call 816-792-6916 for general assistance with questions about this MSDS.

Section 2: Hazardous Components/Identity Information

Product

Propane - odorized

Chemical name

Propane

Chemical family

Liquefied Petroleum Gas (Paraffinic Hydrocarbons)

Hazardous
components

Propane may contain various percentages of these hazardous components, depending on the source of supply.

Component	CAS Number	Percentage
Propane	74-98-6	85 - 100
Propylene	115-107-1	0 - 10
Butane and heavier	106-97-8	0 - 2.5
Ethane	74-84-0	0 - 5
Ethyl Mercaptan (Odorant)	75-08-1	<0.1

Section 3: Health Information

Purpose The health effects are consistent with requirements of the OSHA Hazard Communication Standard (29 CFR 1910.1200).

Eye contact Direct contact with liquid propane can result in eye burns.

Skin contact Direct contact with liquid propane can result in skin burns (frostbite).

Inhalation This product is classified as a simple asphyxiant. High vapor concentrations may produce a reversible central nervous system depression (anesthesia). Higher concentrations may produce asphyxiation.

Ingestion Ingestion is not likely.

Signs and symptoms Eye or skin burns (frostbite) as noted previously. Early to moderate central nervous system depression may be evidenced by giddiness, headache, dizziness and nausea. In extreme cases, unconsciousness may occur. Asphyxiation may be noted by a sudden loss of consciousness. Death may quickly follow.

Aggravated medical conditions Caution is recommended for personnel with pre-existing central nervous system or chronic respiratory diseases.

Acute toxicity data Acute toxicity data is not applicable to this product.

Carcinogenicity This product is not classified as a carcinogen.

Occupational exposure limits Use this table to determine the allowable exposure limits for personnel.

	OSHA		ACGIH	
	PEL/TWA	PEL/Ceiling	TLV/TWA	TLV/STEL
Propane: 1,000 PPM	Not established		Butane: 800 PPM	Not established
Butane: 800 PPM				

Cardiac effects While there is no evidence that exposure to industrially acceptable levels of hydrocarbons have produced cardiac effects in humans, animal studies have shown that inhalation of high vapor levels of the components of this product have produced cardiac sensitization. Such sensitization may cause fatal changes in heart rhythms. This latter effect was shown to be enhanced by hypoxia or the injection of adrenaline-like agents.

Effects of propylene Laboratory animals exposed to high levels of propylene for prolonged periods of time showed evidence of effects in the liver, kidneys, and nasal cavity.

Section 4: Emergency and First Aid Procedures

Purpose	Follow these procedures in case of personal injuries resulting from use of this product.
Eye contact with liquid	Flush eyes with water. Get medical attention.
Skin contact with liquid	Flush with water. If frostbite or burn occurs, get medical attention.
Inhalation	Remove victim to fresh air and provide oxygen if breathing is difficult. Seek immediate medical attention if victim is not breathing. Give artificial respiration.
Ingestion	Not applicable to this product.

Section 5: Physical Data

Physical properties

Refer to this table for the physical properties of this product.

Property	Value
Appearance and odor	Colorless gas, liquid under pressure. Mercaptan "rotten eggs" odor
Boiling point	-44 degrees F.
Evaporation rate (Butyl Acetate = 1)	<1 (diffuses readily)
Flash point	-156 degrees F.
Liquid to vapor expansion ratio	1:270
Molecular weight	44.096
Solubility in water	Slight
Specific gravity (liquid)	0.500 - 0.510 (Water = 1)
Specific gravity (vapor)	1.52 (Air = 1)
Vapor pressure (maximum)	208 PSIG @ 100 degrees F.

Section 6: Fire and Explosion Hazards

Flammability limits	Flammability limits by volume in air. <ul style="list-style-type: none"> • Lower 2.15 percent • Upper 9.6 percent
Ignition temperature	Auto Ignition temperature is 940 degrees, F.
Extinguishing media	Allow product to burn if source cannot be shut off safely. <ul style="list-style-type: none"> • Class B-C or A-B-C dry chemical or halon extinguishers can be used on small fires. • Apply water from a safe distance to cool containers, surrounding equipment, and structures.

Continued on next page

Section 6: Fire and Explosion Hazards, Continued

Special fire fighting procedures and precautions Extremely flammable. Containers may explode if not sufficiently cooled with water spray. Evacuate surrounding area of unprotected personnel and isolate. Do not enter confined fire space without full bunker gear (helmet with face shield, bunker coats, gloves, and rubber boots) and a positive pressure NIOSH approved self contained breathing apparatus.

Section 7: Reactivity

Stability and hazardous polymerization This product is stable. Hazardous polymerization will not occur.

Conditions and materials to avoid Avoid heat, sparks, flame and contact with strong oxidizing agents. Avoid buildups of static electricity.

- Prevent vapor accumulation.

Hazardous decomposition products Carbon monoxide and unidentified organic products may be formed during combustion.

Section 8: Employee Protection

Respiratory protection Use a NIOSH approved respirator as required when airborne exposure limits are exceeded.

- In accord with 29 CFR 1910.134, use either an atmosphere supplying respirator or an air purifying respirator for organic vapors.

Protective clothing Avoid liquid contact with eyes or skin.

- Wear safety glasses or goggles as appropriate.
- Wear protective clothing as appropriate.

Additional protective measures Use explosion-proof ventilation as required to control vapor concentrations.

Section 9: Precautions For Safe Handling and Use

Release, spill or leak procedures **Warning!** Extremely flammable.

- Eliminate sources of ignition.
- Isolate hazard area and deny entry to unnecessary or unprotected personnel.
- Stay upwind and keep out of low areas.
- Notify local fire department.
- Disperse vapor clouds with water spray.
- Shut off source of leak only if it can be done safely.

Continued on next page

Section 9: Precautions For Safe Handling and Use, Continued

Training	<p>Train all personnel involved in handling propane in proper handling and operating procedures.</p> <ul style="list-style-type: none"> • Document all training.
Handling and storing	<p>Handle and store propane in accordance with NFPA 58 and local fire codes.</p> <ul style="list-style-type: none"> • Keep containers away from heat sources or temperatures exceeding 130 degrees F. • Do not drop or roll any container. • Store and transport containers with relief valves in vapor space. • Keep all container valves closed when not in use. • Keep protective caps (if applicable) on containers when not in use.
DOT cylinders	<p>Take these precautions when using DOT cylinders.</p> <ul style="list-style-type: none"> • Periodically inspect and requalify DOT cylinders in accordance with DOT and NFPA 58 codes. • Store and use cylinders with valves off and the relief valves in the container vapor space. • Shut all valves and follow recommended procedures before exchanging cylinders.
Special precautions	<p>Containers, even those that have been emptied, can contain explosive vapors.</p> <ul style="list-style-type: none"> • Do not cut, drill, grind, weld or perform similar operations on or near containers.
Propane odorization	<p>Warning! Any smell of odorant, even a faint one, may indicate a dangerous situation.</p> <p>Ethyl mercaptan is the preferred warning agent for propane. Although ethyl mercaptan has excellent warning properties, "It is recognized that no odorant will be completely effective as a warning agent in every circumstance" (NFPA 58 A-1-4.1, 1992 edition).</p> <p>Instances in which odorants may lose their effectiveness include, but are not limited to:</p> <ul style="list-style-type: none"> • Odor may fade due to chemical oxidation in improperly prepared new tanks and cylinders or rust, air, and water in used containers that have been allowed to stand open to the atmosphere. • Odor may be absorbed and adsorbed by the walls of containers and distribution systems. • Odor in the gas escaping from underground leaks may be absorbed by certain types of soils. • Effectiveness of the odorant may be reduced by cold temperatures. • Other odors, such as from cooking or from a musty basement, may mask or cover up the mercaptan odor in propane. • Exposure to the mercaptan odor of propane for extended periods of time may affect a person's ability to detect the odorant. • Physical disabilities or the use of alcohol, tobacco, or drugs may decrease a person's ability to detect the odorant.

Section 10: Transportation Requirements

DOT shipping name	Liquefied Petroleum Gas
DOT classification	Division 2.1 (Flammable Gas)
Other DOT requirements	UN 1075, Hazardous Materials Guide Number 115.

Section 11: Other Regulatory Controls

EPA/TSCA The components of this product are listed on the EPA/TSCA inventory of chemical substances.

EPA Hazard Classification This product is classified by 40 CFR 372 (SARA Section 313) as:

Acute Hazard	Chronic Hazard	Fire Hazard	Pressure Hazard	Reactive Hazard
XXX		XXX	XXX	

Ozone depleting substances This product does not contain, nor was it directly manufactured with, any class I or class II ozone depleting substances.

RCRA Information This product is not subject to 40CFR 268.30 ban on the disposal of hazardous wastes.

If this product becomes a waste material, it would be an ignitable hazardous waste, having a waste code number D0001. Refer to latest EPA or state regulations regarding proper disposal. Under EPA-RCRA, containers are considered hazardous unless depressurized to a pressure approaching atmospheric. Depressurize containers at a controlled rate to a flare.

State regulatory information The ingredients in this product are specifically listed by individual states; other product specific health and safety data in other sections of the MSDS may also be applicable for state requirements.

- Contact the appropriate agency in your state for details on your regulatory requirements.

Section 12: Supplemental Information

Disclaimer of liability The information in this MSDS was obtained from sources which we believe are reliable. However, the information is provided without any warranty, express or implied, regarding its correctness.

The conditions or methods of handling, storage, use and disposal of this product are beyond our control and may be beyond our knowledge. For this and other reasons, we do not assume responsibility and expressly disclaim liability for loss, damage, or expense arising out of or in any way connected with the handling, storage, use, or disposal of this product.

Issue information This MSDS supersedes all previous editions.

- Issued November, 1999
- Issued by: C.C. Slisz, Manager of Safety
Ferrellgas
One Liberty Plaza
Liberty, MO 64068



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

Page ___ of ___ 2

ADD DELETE REVISED 1

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	CHO LON AUTO CENTER
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I. FACILITY INFORMATION

CHEMICAL LOCATION	EXTENSION NORTHWEST OF BUILDING 10721 WESTMINSTER AVE GARDEN GROVE CA 92843		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
GRID #	A-1, A-2		

II. CHEMICAL INFORMATION

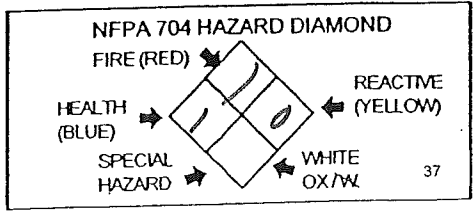
CHEMICAL NAME	WASTE OIL		WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	WASTE OIL				An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS #	64742-54-17	FIRE CODE HAZARD CLASSES (supplied by GGFD)	COMBUSTIBLE LIQUID			
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	330	MAXIMUM DAILY AMOUNT	330	ANNUAL WASTE AMOUNT	221	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER		
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 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"/> l. FIBER DRUM <input type="checkbox"/> t. BAG(S) <input type="checkbox"/> t. 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	
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100	PETROLEUM DISTILLATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-54-7
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
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 #	1270	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS		34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO	35
X		36
If EPCRA, Please Sign Here		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Compounding
Blending
Packaging

MATERIAL SAFETY DATA SHEETS

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

GENERIC NAME: HEAVY DUTY

ISSUE DATE: May 16, 2002

THIS GENERIC MSDS REPRESENTS THE FOLLOWING U.S. LUBRICANTS PRODUCTS:
U.S. LUBRICANTS HEAVY DUTY SF 10, 30, 40, 50, 10W30, 10W40, 15W40, 20W50, 5W30

CAS NUMBER: MIXTURE
SYNONYMS / GENERAL NAMES: MIXTURE
24 HOUR EMERGENCY TELEPHONE: (CHEMTREC) 1-800-424-9300
TECHNICAL INFORMATION: 909) 469-1880

2. COMPOSITION / INFORMATION ON INGREDIENTS / HAZARDOUS INGREDIENTS

COMPONENTS	CAS NO.	%	HAZARD DATA
HIGHLY-REFINED PETROLEUM LUBRICANT OILS	MIXTURE	>95	ORAL (LD50): >5000 mg/kg (rat)
ZINC ALKYL DITHIOPHOSPHATE	68649-42-3	<1	DERMAL (LD50): >2000 mg/kg (rabbit)

3. HAZARDOUS IDENTIFICATION

ROUTES OF ENTRY: NO
TARGET ORGANS: NO
IRRITANCY: May cause allergic sensitizing skin reaction.
REPRODUCTIVE EFFECTS: NO
CANCER INFORMATION: NO

4. FIRST AID MEASURES

EYES: Flush with water at least 15 minutes. Get medical attention if eye irritation develops or persists.
SKIN: Wash with soap and water. Get medical attention if irritation develops. Launder contaminated clothing before reuse.
ORAL: DO NOT INDUCE VOMITING. If conscious, give 2 glasses of water. Get immediate medical attention.
INHALATION: Remove exposed person to fresh air if adverse effects are observed.
ADDITIONAL: Note to physician: Treat symptomatically.

5. FIRE FIGHTING MEASURES

FLASH POINT, °C (°F): 198°C (390°F)
FLAMMABLE LIMITS (% BY VOLUME IN AIR): LOWER: NO UPPER: NO
EXTINGUISHING MEDIA: CO₂, dry chemical, or foam. Water can be used to cool and protect exposed material.
SPECIAL FIRE FIGHTING PROCEDURES: Recommend wearing self-contained breathing apparatus. Water may cause splattering. Material will float on water. Use water to cool containers exposed to fire.
AUTOIGNITION TEMPERATURE: NO
EXPLOSION DATA: Material does not have explosive properties.
NFPA RATING: HEALTH: 1 FLAMMABILITY: 1 REACTIVITY: 0

6. ACCIDENTAL RELEASE MEASURES

SPILL PROCEDURES: Personal Protective Equipment must be worn, see Personal Protection Section for PPE recommendations. Ventilate area if spilled in confined space or other poorly ventilated areas. Prevent entry into sewers and waterways. Pick up free liquids for recycle and/or disposal. Residual liquid can be absorbed on inert material. Check under Transportation Section (DOT/CERCLA) for hazardous substances and Other Regulatory Information Section (SARA) for hazardous substances to determine regulatory reporting requirements for spills.

NA - NOT APPLICABLE
ESTABLISHED

ND - NO DATA

NE - NOT

REVISED: 112498

Page 1 of 4

NA - NOT APPLICABLE
ESTABLISHED

ND - NO DATA

NE - NOT

12. HEALTH INFORMATION

HMS CODE: HEALTH: 1 FIRE: 1 REACTIVITY: 0
PRECAUTIONARY LABELS: This material has no known hazards.

13. DISPOSAL CONSIDERATIONS

WASTE DISPOSAL: Disposal should be in compliance with federal, provincial and local laws.

14. TRANSPORT INFORMATION

DOT (DEPARTMENT OF TRANSPORTATION)
PROPER SHIPPING NAME: Petroleum Lubrication Oil
HAZARD CLASS: Non-Hazardous
HAZARD IDENTIFICATION NUMBER: None assigned
DOT PLACARD: None
COMPATIBILITY CATEGORY: Group 33

15. REGULATORY INFORMATION

SARA SECTION 313 - TOXIC CHEMICALS:

This product does contain toxic chemicals under SARA Section 313 and 40 CFR Part 372.

COMPONENTS	CAS #	%
Zinc Compounds	ND	<2.0

SARA SECTION 311 - HAZARD CATEGORIES:

This product may meet one or more of the criteria for the hazard categories defined in 40 CFR Part 370 as established by Sections 311 and 312 of SARA as indicated below:

NO	IMMEDIATE (ACUTE) HEALTH HAZARD	NO	SUDDEN RELEASE OF PRESSURE HAZARD
NO	DELAYED (CHRONIC) HEALTH HAZARD	NO	REACTIVE HAZARD
NO	FIRE HAZARD		

SARA SECTION 302 - EXTREMELY HAZARDOUS WASTE

This product is not known to contain any components in concentrations greater than one percent that are listed as Extremely Hazardous Substances in 40 CFR Part 356 pursuant to the requirements of Section 302(a) of SARA.

CLEAN WATER ACT (CWA):

Under the CWA, discharges of crude oil and petroleum products to surface water without proper Federal and State permits must be reported immediately to the National Response Center at (800) 424-8802.

CERCLA HAZARDOUS SUBSTANCES:

As defined by CERCLA, the term "hazardous substance" does not include petroleum oil, including crude oil or any fraction thereof which is not otherwise specifically listed or designated as a hazardous substance.

U.S. TSCA INVENTORY:

All components of this material are on the US TSCA Inventory.

16. OTHER INFORMATION

THE INFORMATION IN THIS MATERIAL SAFETY DATA SHEET SHOULD BE PROVIDED TO ALL WHO WILL USE, HANDLE, STORE, TRANSPORT, OR OTHERWISE BE EXPOSED TO THIS PRODUCT. THIS INFORMATION HAS BEEN PREPARED FOR THE GUIDANCE OF PLANT ENGINEERING, OPERATIONS AND MANAGEMENT AND FOR PERSONS WORKING WITH OR HANDLING THIS PRODUCT. U.S. Lubricants BELIEVES THIS INFORMATION TO BE RELIABLE AND UP TO DATE AS OF THE DATE OF PUBLICATION, BUT MAKES NO WARRANTY THAT IT IS.

OSHA HAZARD RATING	least - 0	slight - 1	moderate - 2	high - 3	extreme - 4
HMS HEALTH RATING	least - 0	slight - 1	moderate - 2	high - 3	extreme - 4

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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

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.)

VOCAL

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.

OFFICE & GARAGE

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 are available at your business. (List below any mitigation procedures specific to your business, if any.)

911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

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

Phone Numbers

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

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

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___ Cylinders 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 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.

INSIDE 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: 

NAME: VALERIE DIEU

TITLE: OWNER

DATE: 05.13.04



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



GARDEN GROVE FIRE DEPARTMENT
 11301 Acacia Parkway
 Garden Grove, CA 92840
 Bus. (714) 741-5600 Fax (714) 741-5640
 Hazardous Materials Coordinator
 (714) 741-5636

Date: 2-23-06
 Address: 10721 WESTMINSTER File No: 8018
 Occupant or DBA: CHO LON
 Owner/Manager: TOMMY DO Phone: 714) 537-2061

California Health and Safety code, section 6.95, you are required to properly complete the Business Emergency Plan(BMP) packet. You are required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material safety data sheets within fifteen (15) days to the Garden Grove Fire Department. HazMat Coord. (714) 741-5636

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

Violations(s): CA Health and Safety Code Chapter 6.95, Article 1 and Title 19, §2729 et seq, California Code of Regulations (CCR)

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)], CFC 8001.3.2
- Failure to review and/ or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]

Violations(s): California Fire Code 2001, Articles 79 & 80, Title 19 Part 9, California Code of Regulations(CCR).

- Provide for secondary containment for hazardous materials liquids and solids (CFC 8003.1.3.3)
- Provide spill control for hazardous materials liquids (CFC 8003.1.3.2)
- Provide approved cabinet if more than 10 gallons of flammable liquids (CFC 7902.5)
- Provide placarding and signs (NFPA 704, CFC Article 79 §7901.9, Article 80 §8001.7-8)
- No Violations Found**

Additional Violations and/ or Notes:

3-9-06 NO IMPROVEMENT
3/30/06 - OWNER MADE PROGRESS ON CLEARING OUT FMPT 55 GAL DRUMS,
STILL IN PROCESS OF GETTING 2ND CONTAINMENT.

Responsible party: Tommy Re-inspection date: 3-7-06

The above are violations of California law and require immediate correction. Failure to correct violations is subject to civil penalties.

Fire Dept. Inspector: JIM GOETZE ID#: _____

Condition upon re-inspection: _____ Date: _____

with spill control and secondary containment in accordance with Section 8003.1.3.

EXCEPTION: Outdoor storage of containers on approved containment pallets in accordance with Section 8003.1.3.4.

8003.1.3.2 Spill control for hazardous materials liquids. Rooms, buildings or areas used for the storage of hazardous materials liquids in individual vessels having a capacity of more than 55 gallons (208.2 L) or when the aggregate capacity of multiple vessels exceeds 1,000 gallons (3785 L) shall be provided with spill control to prevent the flow of liquids to adjoining areas. Floors in indoor locations and similar surfaces in outdoor locations shall be constructed to contain a spill from the largest single vessel by one of the following methods:

1. Liquid-tight sloped or recessed floors in indoor locations or similar areas in outdoor locations,
2. Liquid-tight floors in indoor locations or similar areas in outdoor locations provided with liquid-tight raised or recessed sills or dikes, or
3. Sumps and collection systems.

Except for surfacing, the floors, sills, dikes, sumps and collection systems shall be constructed of noncombustible material, and the liquid-tight seal shall be compatible with the material stored. When liquid-tight sills or dikes are provided, they are not required at perimeter openings which are provided with an open-grate trench across the opening that connects to an approved collection system.

8003.1.3.3 Secondary containment for hazardous materials liquids and solids. When required by Table 8003.1-B, buildings, rooms or areas used for the storage of hazardous materials liquids or solids shall be provided with secondary containment in accordance with this section when the capacity of an individual vessel or the aggregate capacity of multiple vessels exceeds the following:

Liquids:	Capacity of an individual vessel exceeds 55 gallons (208.2 L) or the aggregate capacity of multiple vessels exceeds 1,000 gallons (3785 L).
Solids:	Capacity of an individual vessel exceeds 550 pounds (248.8 kg) or the aggregate capacity of multiple vessels exceeds 10,000 pounds (4524.8 kg).

The building, room or area shall contain or drain the hazardous materials and fire-protection water through the use of one of the following methods:

1. Liquid-tight sloped or recessed floors in indoor locations or similar areas in outdoor locations,
2. Liquid-tight floors in indoor locations or similar areas in outdoor locations provided with liquid-tight raised or recessed sills or dikes,
3. Sumps and collection systems, or
4. Drainage systems leading to an approved location.

Incompatible materials shall be separated from each other in the secondary containment system.

Secondary containment for indoor storage areas shall be designed to contain a spill from the largest vessel plus the design flow volume of fire-protection water calculated to discharge from the fire-extinguishing system over the minimum required system design area or area of the room or area in which the storage is located, whichever is smaller, for a period of 20 minutes.

Secondary containment for outdoor storage areas shall be designed to contain a spill from the largest individual vessel. If the

area is open to rainfall, secondary containment shall be designed to include the volume of a 24-hour rainfall as determined by a 25-year storm and provisions shall be made to drain accumulations of groundwater and rainwater.

A monitoring method shall be provided to detect hazardous materials in the secondary containment system. The monitoring method is allowed to be visual inspection of the primary or secondary containment, or other approved means. Where secondary containment is subject to the intrusion of water, a monitoring method for detecting water shall be provided. When monitoring devices are provided, they shall be connected to distinct visual or audible alarms.

Drainage systems shall be in accordance with the Plumbing Code and the following:

1. The slope of floors in indoor locations or similar areas in outdoor locations to drains shall not be less than 1 percent,
2. Drains from indoor storage areas shall be sized to carry the volume of the fire-protection water as determined by the design density discharged from the automatic fire-extinguishing system over the minimum required system design area or area of the room or area in which the storage is located, whichever is smaller,
3. Drains from outdoor storage areas shall be sized to carry the volume of the fire flow and the volume of a 24-hour rainfall as determined by a 25-year storm,
4. Materials of construction for drainage systems shall be compatible with the materials stored,
5. Incompatible materials shall be separated from each other in the drainage system, and
6. Drains shall terminate in an approved location away from buildings, valves, means of egress, fire access roadways, adjoining property and storm drains.

8003.1.3.4 Containment pallets. When used as a substitute for spill control and secondary containment for outdoor storage in accordance with the exception in Section 8003.1.3.1, containment pallets shall comply with the following:

1. A liquid-tight sump accessible for visual inspection shall be provided,
2. The sump shall be designed to contain not less than 66 gallons (249.8 L),
3. Exposed surfaces shall be compatible with material stored, and
4. Containment pallets shall be protected to prevent collection of rainwater within the sump.

8003.1.4 Ventilation.

8003.1.4.1 General. Indoor storage areas and storage buildings shall be provided with mechanical exhaust ventilation or natural ventilation where natural ventilation can be shown to be acceptable for the materials as stored.

EXCEPTION: Storage areas for flammable solids. See also Article 76.

8003.1.4.2 System requirements. Exhaust ventilation systems shall comply with all of the following:

1. Installation shall be in accordance with the Mechanical Code,
2. Mechanical ventilation shall be at a rate of not less than 1 cubic foot per minute per square foot (5.1 l/s per m²) of floor area over the storage area,
3. Systems shall operate continuously unless alternate designs are approved,



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: CHO LON
Site Address: 10721 WESTMINSTER

Telephone: 714) 537 2061
Zip Code: 92843

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 TOMMY DO
Job Title OWNER
Fire Department Inspector R. MACIAS

Signature [Signature]
Date 7/8/08
ID # _____



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: CHO LON AUTO CENTER Telephone: (714) 537-2061
Site Address: 10721 WESTMINSTER AVE GARDEN GROVE Zip Code: 92843

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.
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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 TOMMY DO
Job Title OWNER

Signature [Signature]
Date 4/11/11

Yellow Copy - Retain for Business Records



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	RAMS SERVICE			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	10721 WESTMINSTER AVE				6
CITY	7	STATE	8	ZIP	9
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	10721 WESTMINSTER AVE		
CITY	19	STATE	20
	GARDEN GROVE	CA	ZIP 92843

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS	24		
CITY	25	STATE	26
			ZIP 27

EMERGENCY CONTACTS

PRIMARY	EMERGENCY CONTACTS	SECONDARY
NAME 28	MELKON ATARIAN	NAME 33
TITLE 29	Owner	TITLE 34
BUSINESS PHONE 30		BUSINESS PHONE 35
24-HR. PHONE 31	714 637 3	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	41
PROPERTY OWNER NAME 42	MELKON ATARIAN	ADDRESS 43	PHONE 44
		3607 E. Meadowridge RD	714 637-5153
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
			3-26-03
NAME OF SIGNER (print) 47	MELKON ATARIAN	NAME OF DOCUMENT PREPARER (print) 49	MELKON ATARIAN
TITLE OF SIGNER 48	Owner	TITLE OF DOCUMENT PREPARER 50	Owner



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page ___ of ___ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	RAMS Service
--------------	-----------	---------------	--------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	External waste well
-------------------	---------------------

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	GRID #	A-3 A-3
-----------------------------	---	-------	---	--------	---------

II. CHEMICAL INFORMATION

CHEMICAL NAME	Motor oil waste	WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	-----------------	-------	---	--------------	---

COMMON NAME	same	An EHS Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------	------	-----------------	--

CAS #	64742-54-7	FIRE CODE HAZARD CLASSES (supplied by GGFD)	30-035
-------	------------	---	--------

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CURIES	
----------------------------	--	-------------	--	--------	--

PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	---	-----------------------	---

AVERAGE DAILY AMOUNT	55	MAXIMUM DAILY AMOUNT	220 Gallon	ANNUAL WASTE AMOUNT		STATE WASTE CODE	
----------------------	----	----------------------	------------	---------------------	--	------------------	--

UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	55 Gallon
-------	---	--------------	-----	-------------------	-----------

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input 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
--	---

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100	petroleum Distillates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-54-7
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

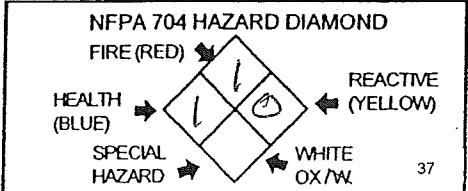
PLACARDING INFORMATION

UNDOT #	1270
---------	------

DOT HAZARD CLASS	
------------------	--

EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO
-------	--

X	If EPCRA, Please Sign Here
---	----------------------------



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page ____ of ____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	RANA Service
--------------	-----------	---------------	--------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	Internal west wall		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
		GRID #	B-4-B-5

II. CHEMICAL INFORMATION

CHEMICAL NAME	MOTOR OIL	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	same	An EHS Chemical		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CAS #	64742-54-7	FIRE CODE HAZARD CLASSES (supplied by GGFD)		30-035	
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CURIES	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	5 QTS	MAXIMUM DAILY AMOUNT	40 Gallon	ANNUAL WASTE AMOUNT	2 1/2 Gallon
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	
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
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		<input type="checkbox"/> d. CRYOGENIC		

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100	petroleum Distillates	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<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.

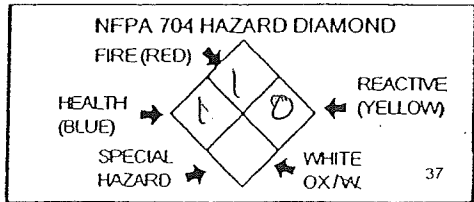
PLACARDING INFORMATION

UNDOT # 1270 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ Refer to shipping papers or MSDS

EPCRA YES NO

X _____ If EPCRA, Please Sign Here



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CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 1 OF 3) 2

BUSINESS NAME (4) Rams Service
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 10721 Westminster Ave. Northeast section (east of office)
 MAP # (if more than one) (6) _____ GRID # (7) _____

CHEMICAL NAME (8) Aliphatic Hydrocarbon TRADE SECRET (11) Y N
 COMMON NAME (9) Propane - Lpg AHM / *EHS (12) Y N
 CAS # (10) Hazardous component (74-98-6) *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 FIRE CODE HAZARD CLASSES* (13) IA

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

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) N/A UNITS (22) GAL CU FT MAX DAILY AMT (23) 500 gal
 DAYS ON SITE (20) 365 day *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 250 gal
 LARGEST CONTAINER (21) 500 gal ANNUAL WASTE AMT (25) 0
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<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.

NFPA CLASSIFICATION _____
 UN/DOT # UN 1075 / 1978
 Refer to shipping papers or MSDS
 DOT HAZARD CLASS _____
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____

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

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 2 OF 3) 2

BUSINESS NAME (4) Rams Service
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) 10721 Westminister Avenue northwest in back of service bay
 MAP # (if more than one) (6) _____ GRID # (7) _____

CHEMICAL NAME (8) Petroleum distillates TRADE SECRET (11) Y N
 COMMON NAME (9) Waste oil AHM/*EHS (12) Y N
 CAS # (10) 647-42-65
 FIRE CODE HAZARD CLASSES* (13) III B
 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS

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

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) 221 UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 165 gal
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 82.5 gal
 LARGEST CONTAINER (21) 55 gal drum ANNUAL WASTE AMT (25) 330 gal
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<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.

NFPA CLASSIFICATION
 UN/DOT # 1270 Refer to shipping papers or MSDS
 DOT HAZARD CLASS 9 Refer to shipping papers or MSDS
 UFC HAZARD CLASS P3

NFPA 704 HAZARD DIAMOND
 FIRE RED
 HEALTH BLUE
 REACTIVE YELLOW
 SPECIAL HAZARD
 WHITE OX/WX

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIAL

THIS FORM TO

BUSINESS NAME: _____

ADDRESS: _____

MLI # _____ (office use only)

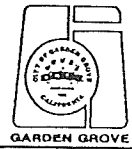
1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	3. CAS NO. CAS NO.	4. SARA Hazard Class Table 1	5. Physical State Table 2	6. MAX. DAILY AMOUNT Table 3	7.
1. UNLEADED GAS			1-4	L	06	
2. REGULAR GAS			1-4	L	06	
3. UNLEADED SUPREME			1-4	L	06	
4. WASTE OIL			1-4	L	02	
5. SAFETY KLEEN			15	L	00	
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Table#1 SARA Hazard	Table#2	TABLE # 3 Amount Chart	Table#4 Container Type																													
Physical 1-Fire 2-Sudden Release of Pressure 3-Reactivity Health 4-Immediate (Acute) 5-Delayed (Chronic)	Physical State P-Pure M-Mixture S-Solid (Report pounds) L-Liquid (Report gallons) G-Gas (Report cubic feet)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Value</th> <th>Amount</th> <th>Range</th> </tr> </thead> <tbody> <tr><td>00</td><td>0</td><td>99</td></tr> <tr><td>01</td><td>100</td><td>299</td></tr> <tr><td>02</td><td>300</td><td>599</td></tr> <tr><td>03</td><td>600</td><td>999</td></tr> <tr><td>04</td><td>1000</td><td>5999</td></tr> <tr><td>05</td><td>6000</td><td>9999</td></tr> <tr><td>06</td><td>10000</td><td>19999</td></tr> <tr><td>07</td><td>20000</td><td>49999+</td></tr> </tbody> </table>	Value	Amount	Range	00	0	99	01	100	299	02	300	599	03	600	999	04	1000	5999	05	6000	9999	06	10000	19999	07	20000	49999+	<table style="width: 100%;"> <tr> <td style="vertical-align: top;"> A- Aboveground Tank B- Bag(s) C- Box(s) D- Carboy(s) E- Drum(s) or Barrel(s) F- Fixed Pressurized Cylinders G- Glass Containers H- In Machinery or Equip. </td> <td style="vertical-align: top;"> I- Insulated Tank(Cry J- Metal Containers K- Movable Pressurize L- Plastic Containers M- Rail Car N- Silo O- Tank inside building P- Underground Tank Q- Other </td> </tr> </table>	A- Aboveground Tank B- Bag(s) C- Box(s) D- Carboy(s) E- Drum(s) or Barrel(s) F- Fixed Pressurized Cylinders G- Glass Containers H- In Machinery or Equip.	I- Insulated Tank(Cry J- Metal Containers K- Movable Pressurize L- Plastic Containers M- Rail Car N- Silo O- Tank inside building P- Underground Tank Q- Other
Value	Amount	Range																														
00	0	99																														
01	100	299																														
02	300	599																														
03	600	999																														
04	1000	5999																														
05	6000	9999																														
06	10000	19999																														
07	20000	49999+																														
A- Aboveground Tank B- Bag(s) C- Box(s) D- Carboy(s) E- Drum(s) or Barrel(s) F- Fixed Pressurized Cylinders G- Glass Containers H- In Machinery or Equip.	I- Insulated Tank(Cry J- Metal Containers K- Movable Pressurize L- Plastic Containers M- Rail Car N- Silo O- Tank inside building P- Underground Tank Q- Other																															

MS DISCLOSURE FORM

TYPEWRITTEN.

DATE: _____
 PAGE # _____



8. DAYS ON SITE	9. CONTAINER TYPE Table 4	10. STORAGE CODE PRESSURE/ TEMP. Table 5	11. LOCATION (NOTE BY QUADRANT AND DESCRIBE AREA)	12. STATE WASTE NUMBER (3 DIGIT CODE)	13. DOT/ UN/NA NUMBER	14. HAZARD CLASS Table 6
365	P	1-1	IN LOT		1203	11
↓	P	1-1	IN LOT		1203	11
↓	P	1-1	IN LOT		1203	11
↓	P	1-1	IN LOT			3
↓	J	1-1	IN SHOP			4

Table#5 Storage Code

Pressure	Temperature
1- Ambient	1- Ambient
2- Less than ambient	2- Less than ambient
3- More than ambient	3- More than ambient, but not cryogenic
	4- Cryogenic

Table#6 Hazard Class (see MSDS sheets for Info)

1- Blasting Agent	9- Explosive C	17- Oxidizer
2- Carcinogen	10- Flammable Compressed Gas	18- Pesticide
3- Combustible Liquids	11- Flammable Liquid	19- Poison A
4- Corrosive	12- Flammable Solid	(Compressed Poisonous Gas)
5- Cryogenics	13- Hypergolic	20- Poison B (Solid/Liquid)
6- Etiologic Agents	14- Irritant	21- Pyrophic or Spontaneously Combustible
7- Explosive A	15- Non Flammable Compressed Gas	22- Radioactive
8- Explosive B	16- Organic Peroxide	