



CITY OF GARDEN GROVE
FIRE DEPARTMENT

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

4/21/2016

Amanda Lagunas
Fulcrum Resources Environmental
(626) 228-7361

RE: Records Search for 12031, 12107, 12051, 12077 & 12085 Euclid Avenue, Garden Grove CA

Dear Amanda Lagunas:

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 over a white background.

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

**Violation List for
JACK IN THE BOX 195
12107 EUCLID St**

Date Issued	Date Cleared	Code #	Violation Description
04/28/2015	05/05/2015	CFC 1011.2	Provide illuminated exit sign(s).
08/22/2013	09/05/2013	CFC 901.6	Service and tag Fire Extinguishers.
08/22/2013	09/05/2013	CFC 1028.3	Remove exit obstruction
08/22/2013	09/05/2013	CFC 605.3	Keep 30" clear in front of elec. panel
08/22/2013	09/05/2013	901.6	Extinguishers tag read 12-9-13 (date has not existed yet)
02/23/2012	03/01/2012		Electrical panel taped shut. Needs correct latch installed.
02/23/2012	03/01/2012	CFC 1011.2	Provide illuminated exit sign(s).
02/23/2012	03/01/2012	Title 19 Sec.	Hang extinguisher(s) 3.5'-5' from floor
02/01/2007	02/08/2007	CFC 1212.4	Provide illuminated exit sign(s).- bulb
02/02/1009	02/23/2009	CFC 906.1	Provide extinguisher(s)
00/00/00	09/05/2013		

Inspection # :010194 1.Insp_Date:04-11-01
 2. Permit # :010123
 3. Address :12107 EUCLID ST
 4. Business Name/DBA :JACK IN THE BOX 195
 5. Address Info : 6.Buslic :124473
 7. Business Owner :JACK IN THE BOX #195
 8. Business Address :12107 EUCLID ST 10.Bus Phone534-9745
 9. Business CityStZip:GARDEN GROVE CA 92840 11.EmerPhone771-3699

 12.Occ Group :A3 16.5yr Cert. : 20.MBCC :N
 13.Occ Load :80 17.FDC loc : 21.Clear date :04-11-01
 14.No of Ext :2.2 18.Haz Mat'l :N 22.InspectorId:5190
 15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

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Violation Code Violation description

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- 1 VERBAL NO TAPE ON INDIVIDUAL BREAKER SWITCHES.
- 2 VERBAL PROPERLY DISPOSE OF OLD FIRE EXTINGUISHERS.
- 3 VERBAL PROPERLY DISPOSE OF OLD CO2 BOTTLE.
- 4

Inspection # :020188 1.Insp_Date:04-10-02
 2. Permit # :020243
 3. Address :12107 EUCLID ST
 4. Business Name/DBA :JACK IN THE BOX 195
 5. Address Info : 6.Buslic :124473
 7. Business Owner :JACK IN THE BOX #195
 8. Business Address :12107 EUCLID ST 10.Bus Phone534-9745
 9. Business CityStZip:GARDEN GROVE CA 92840 11.EmerPhone771-3699

12.Occ Group :A3 16.5yr Cert. : 20.MBCC :Y
13.Occ Load :80 17.FDC loc : 21.Clear date :04-24-02
14.No of Ext :2.2 18.Haz Mat'l :N 22.InspectorId:1705
15.Sprinklers:N 19.ReInsp date:04-24-02 COLLINS, PATRICK S

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Violation Code Violation description

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1 UFC 1002.1 INSTALL 1 FIRE EXTINGUISHER OF A 40 BC RATING.X

Inspection # :020193 1.Insp_Date:05-23-02
2. Permit # :020306
3. Address :12174 EUCLID ST
4. Business Name/DBA :G.G. HISTORICAL SOCIETY
5. Address Info : 6.Buslic :149465
7. Business Owner :G.G. HISTORICAL SOCIETY
8. Business Address :12174 EUCLID ST 10.Bus Phone530-8871
9. Business CityStZip:GARDEN GROVE CA 92840 11.EmerPhone534-1778

12.Occ Group :A3 16.5yr Cert. : 20.MBCC :
13.Occ Load :128 17.FDC loc : 21.Clear date :05-23-02
14.No of Ext :8.8 18.Haz Mat'l :N 22.InspectorId:1705
15.Sprinklers:N 19.ReInsp date: COLLINS, PATRICK S

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Violation Code Violation description

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1 VERBAL SHALL MOUNT FIRE EXTINGUISHER TO WALL.

Inspection # :010194 1.Insp_Date:04-11-01
 2. Permit # :010123
 3. Address :12107 EUCLID ST
 4. Business Name/DBA :JACK IN THE BOX 195
 5. Address Info : 6.Buslic :124473
 7. Business Owner :JACK IN THE BOX #195
 8. Business Address :12107 EUCLID ST 10.Bus Phone534-9745
 9. Business CityStZip:GARDEN GROVE CA 92840 11.EmerPhone771-3699

12.Occ Group :A3 16.5yr Cert. : 20.MBCC :N
 13.Occ Load :80 17.FDC loc : 21.Clear date :04-11-01
 14.No of Ext :2.2 18.Haz Mat'l :N 22.InspectorId:5190
 15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

=====

Violation Code Violation description

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- 2 VERBAL PROPERLY DISPOSE OF OLD FIRE EXTINGUISHERS.
- 3 VERBAL PROPERLY DISPOSE OF OLD CO2 BOTTLE.

Inspection # :020188 1.Insp_Date:04-10-02
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 3. Address :12107 EUCLID ST
 4. Business Name/DBA :JACK IN THE BOX 195
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 8. Business Address :12107 EUCLID ST 10.Bus Phone534-9745
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12.Occ Group :A3 16.5yr Cert. : 20.MBCC :Y
13.Occ Load :80 17.FDC loc : 21.Clear date :04-24-02
14.No of Ext :2.2 18.Haz Mat'l :N 22.InspectorId:1705
15.Sprinklers:N 19.ReInsp date:04-24-02 COLLINS, PATRICK S

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Violation Code Violation description

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1 UFC 1002.1 INSTALL 1 FIRE EXTINGUISHER OF A 40 BC RATING.X

20. PERMIT# : 000151

1. INSPECTION# : 000197

2. PERMIT LOC : 12107 EUCLID ST

3. BUSINESS NAME: JACK IN THE BOX 195 9. BUS LICENSE:124473

4. PHONE: 534-9745 10. OCC CLASS :A3

5. BILL-TO-NAME : JACK IN THE BOX #195 11. ISSUE DATE :04-24-00

6. BILL-TO-ADDR : 12107 EUCLID ST 12. EXPIRATION :04-30-01

7. BILL-TO-CSZ : GARDEN GROVE CA 92840 13. TOTAL FEES :105.00

8. REMARKS : 14. INSPECTOR :5190

LUKAS JR, EDWARD F

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NO. CODE DESCRIPTION / CONDITION FEE

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1 251014 ASSEMBLY A-3 105.00

OPERATION OF AN ASSEMBLY AREA(S) WITH THE MAXIMUM OCCUPANT
LOAD TO BE POSTED IN A CONSPICUOUS PLACE SHALL COMPLY WITH
ALL APPLICABLE STATE AND LOCAL CODES.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)		1.	BEGINNING DATE	100.	ENDING DATE	101.		
			7/15/2008		7/15/2011			
BUSINESS NAME (Same as FACILITY NAME)			3.	BUSINESS PHONE			102.	
Cell Site OG03XC037			877 347 4457 Option 6					
BUSINESS SITE ADDRESS								
12031 EUCLID STREET								
CITY				104.	CA	ZIP CODE	105.	
Garden Grove						92840		
DUN & BRADSTREET				106.	NAICS CODE		107.	
00-694-2395					517212			
COUNTY								
Orange								
BUSINESS OPERATOR NAME				109.	BUSINESS OPERATOR PHONE			110.
Sprint/United Management Company					(877) 347 4457 ext. 6			

II. BUSINESS OWNER

OWNER NAME			111.	OWNER PHONE			112.
Sprint/United Management Company				(877) 347 4457 ext. 6			
OWNER MAILING ADDRESS							
6480 Sprint Parkway, KSOPHM0516-5B822							
CITY			114.	STATE	115.	ZIP CODE	116.
Overland Park				KS		66251	

III. ENVIRONMENTAL CONTACT

CONTACT NAME			117.	CONTACT PHONE				118.
California EHS Specialist				(913) 315-8624 ext.				
CONTACT MAILING ADDRESS								
6480 Sprint Parkway, KSOPHM0516-5B822								
CITY			120.	STATE	121.	ZIP CODE	122.	
Overland Park				KS		66251		

-PRIMARY-

IV. EMERGENCY CONTACTS

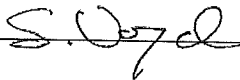
-SECONDARY-

NAME	123.	NAME	128.
Environmental Surveillance Team		Environmental Health & Safety Help Line	
TITLE	124.	TITLE	129.
Network Engineer		Environmental Health & Safety Help Line	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
(866) 400 6040 ext. 2,1,1,1		(877) 347 4457	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
(866) 400 6040 ext. 2,1,1,1		(877) 347 4457	
PAGER #	127.	PAGER #	132.
n/a		n/a	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Billing Address: 6480 Sprint Parkway, KSOPHM0516-5B822, Overland Park, KS 66251

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	DATE	134.	NAME OF DOCUMENT PREPARER	135.
	7/15/2008		Sarah Vogel	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER	137.	
Sarah Vogel		BB&J Contracted EHS Specialist		

* See Instructions on next page.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					-																1.	EPA ID # (Hazardous Waste Only)	2.
				-																				
BUSINESS NAME (Same as Facility Name)				3.																				
Cell Site OG03XC037																								

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

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. HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7. UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 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 capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8. NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14. EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A, B, C, D, and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)	15.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>	-	1.	BEGINNING DATE	100.	ENDING DATE	101.
BUSINESS NAME (Same as FACILITY NAME)	Cell Site OG03XC037	3.	5/1/2008		5/1/2011	
BUSINESS SITE ADDRESS	877 347 4457 Option 6					102.
CITY	104.	CA	ZIP CODE	105.		
Garden Grove			92840			
DUN & BRADSTREET	106.	NAICS CODE	107.			
00-694-2395		517212				
COUNTY	Orange					108.
BUSINESS OPERATOR NAME	109.	BUSINESS OPERATOR PHONE	110.			
Sprint/United Management Company		(877) 347 4457 ext. 6				

II. BUSINESS OWNER

OWNER NAME	111.	OWNER PHONE	112.			
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Overland Park		KS		66251		

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California EHS Specialist		(913) 315-8624 ext.				
CONTACT MAILING ADDRESS	6480 Sprint Parkway, KSOPHM0516-5B822					119.
CITY	120.	STATE	121.	ZIP CODE	122.	
Overland Park		KS		66251		

-PRIMARY-

IV. EMERGENCY CONTACTS


-SECONDARY-

NAME	123.	NAME	128.			
Environmental Surveillance Team		Environmental Health & Safety Help Line				
TITLE	124.	TITLE	129.			
Network Engineer		Environmental Health & Safety Help Line				
BUSINESS PHONE	125.	BUSINESS PHONE	130.			
(866) 400 6040 ext. 2,1,1,1		(877) 347 4457				
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.			
(866) 400 6040 ext. 2,1,1,1		(877) 347 4457				
PAGER #	127.	PAGER #	132.			
n/a		n/a				

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Billing Address: 6480 Sprint Parkway, KSOPHM0516-5B822, Overland Park, KS 66251

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	DATE	134.	NAME OF DOCUMENT PREPARER	135.		
	10/05/07		Sarah Vogel			
NAME OF SIGNER (print)	136.	TITLE OF SIGNER	137.			
Sarah Vogel		BB&J Contracted EHS Specialist				

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

ADD DELETE REVISE 200. (one page per material per building or area) Page 3 of 10

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.

Cell Site OG03XC037

CHEMICAL LOCATION 201. Contained in lead-acid batteries within cell site shelter
CHEMICAL LOCATION CONFIDENTIAL EPCRA 202. YES NO

FACILITY ID # (Agency Use Only) 1. MAP # 203. 1 GRID # 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. LEAD ACID BATTERY WET (Electrical Storage Battery)
TRADE SECRET Yes No 206.
If Subject to EPCRA, refer to instructions

COMMON NAME 207. LEAD ACID BATTERY WET (Electrical Storage Battery)
EHS* Yes No 208.

CAS# 209. *If EHS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.
Other Health Hazard Material

HAZARDOUS MATERIAL TYPE (Check one item only) 211. a. PURE b. MIXTURE c. WASTE
RADIOACTIVE Yes No 212. CURIES 213.

PHYSICAL STATE (Check one item only) 214. a. SOLID b. LIQUID c. GAS
LARGEST CONTAINER 215.

FED HAZARD CATEGORIES (Check all that apply) 216. a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217. MAXIMUM DAILY AMOUNT 218. ANNUAL WASTE AMOUNT 219. STATE WASTE CODE 220.
n/a n/a

UNITS* (Check one item only) 221. a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
* If EHS, amount must be in pounds. DAYS ON SITE 222. 365

STORAGE CONTAINER 223. a. ABOVEGROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224. a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225. a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1. 75 226.	Lead Inorganic 227.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228.	7439-92-1 229.
2. 11 230.	Sulfuric Acid (<i>electrolyte liquid</i>) 231.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232.	7664-93-9 233.
3. 0-4 234.	Antimony 235.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236.	7440-36-0 237.
4. <0.01 238.	Arsenic 239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	7440-38-2 241.
5. 242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.
12IR15012IR150 Number of Batteries: 16

If EPCRA, Please Sign Here.

Note: If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, a signature is required at the bottom of the form if the page lists any Extremely Hazardous Substance (EHS) handled at or above its Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

Authority Cited: HSC§ 25504(b); 19 CCR §2731; 22 CCR §66262.34(a)(4)

All facilities that handle hazardous materials in HMBP quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste (or more than 1 kilogram of acutely hazardous waste or 100 kilograms of debris resulting from the spill of an acutely hazardous waste) per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a hazardous waste contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e., contractual) emergency services arrangements have been made (see section 3, below).

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

Bells; Horns/Sirens; Verbal (i.e., shouting); Other (specify _____)

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/Ambulance Phone No.: **911**

State Office of Emergency Services Phone No.: **(800) 852-7550**

b. Post-Incident Contacts*:

Garden Grove City Fire Department Phone No.: **714-741-5600**

Garden Grove Fire Department Phone No.: **714 741 5624**

California EPA Department of Toxic Substances Control Phone No.: **(818) 551-2800**

Cal-OSHA Division of Occupational Safety and Health Phone No.: **(510) 286-7000**

South Coast Air Quality Management District Phone No.: **(415) 972-3968**

State of California Water Quality Control Board Phone No.: **714 834 2915**

* Phone numbers for agencies in Unidocs' Member Agency geographic jurisdictions are available at www.unidocs.org.

c. Emergency Resources:

Poison Control Center* Phone No.: **(800) 222-1222**

Nearest Hospital: Name: **Garden Grove Hospital** Phone No.: **714 537 5160**

Address: **12601 Garden Grove Blvd** City: **Garden Grove**

If you have made special (i.e., contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

A contract has been established with Hazmat Response, Inc. (877-347-4457) which can deliver teams of skilled and experienced field personnel and other technical experts to handle the mitigation and remediation of a significant release, spill, leak, etc.

4. Emergency Procedures:Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (*i.e., call 911*).
 - v. Notify the State Office of Emergency Services at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
 - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g., fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(e)]

As an attachment to this plan, you must identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion.

7. Hazard Mitigation/Prevention/Abatement [19 CCR §2731(e)]

As an attachment to this plan, you must include procedures that provide for mitigation, prevention, or abatement of hazards to persons, property, or the environment. These procedures must be scaled appropriately for the size and nature of the business, the nature of the damage potential of the hazardous materials handled, and the proximity of the business to residential areas and other populations.

8. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	Vehicle	Maintained within field technicians vehicle
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	Vehicle	Maintained within field technicians vehicle
	<input checked="" type="checkbox"/> Hard Hats	Vehicle	Maintained within field technicians vehicle
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e., bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	Vehicle	Maintained within field technicians vehicle
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other (describe)			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems (describe)		
	<input checked="" type="checkbox"/> Fire Extinguishers (describe)	Vehicle	Maintained within field technicians vehicle
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	Vehicle	Maintained within field technicians vehicle
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input checked="" type="checkbox"/> Neutralizers (describe)	Vehicle	Maintained within field technicians vehicle
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
<input type="checkbox"/> Other (describe)			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	Person	Mobile phones carried by employees
	<input type="checkbox"/> Tank Leak Detection Systems		
	<input type="checkbox"/> Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); 22 CCR §66262.34(a)(4)

Page 7 of 10

All facilities that handle hazardous materials in HMBP quantities must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/> Facility evacuation drills, that are conducted at least (specify): (e.g., "Quarterly", etc.)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e., inhalation, ingestion, absorption) *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. Emergency Response Team Members are capable of and engaged in the following:

Complete this section only if you have an in-house emergency response team

<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/> Refresher training, which is provided at least annually *
<input type="checkbox"/> Emergency response drills, which are conducted at least (specify): (e.g., "Quarterly", etc.)

Record Keeping
(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Unidocs Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

<input checked="" type="checkbox"/>	Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/>	Training Program(s) (i.e., written description of introductory and continuing training) *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

Note: The following section applies where local agencies require facility owners/operators to perform and document routine facility self-inspections:

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. [Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at www.unidocs.org), you do not need to attach a copy.]

Check the appropriate box:

<input type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input checked="" type="checkbox"/>	We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

Attachment

Emergency Response/Contingency Plan (cont.)

6. Earthquake Vulnerability: [19 CCR §2731(e)]

In the event of an earthquake, personnel will inspect all batteries to ensure the shells' integrity have been maintained. If the integrity of the batteries has been jeopardized, personnel will initiate spill response procedures as described in Section 7.

7. Hazard Mitigation/Prevention/Abatement [19 CCR §2731(e)]

The facility is equipped with spill response procedures and equipment. In the event of a leak or spill, the spill may be contained by surrounding the spilled acid with an approved absorbent. The substance will then be neutralized into a harmless material. Under emergency response conditions, a contract has been established with Hazmat Response (877-347-4457) which can deliver teams of skilled and experienced field personnel and other technical experts to handle the mitigation and remediation of a significant release, spill, leak, etc. The Corporate Environmental Health & Safety Department has developed a Spill Prevention program that provides guidelines for personnel on the prevention of accidental releases of hazardous substances into the environment and also provides spill response procedures.

The site has designated areas marked with signs and labels for storage of hazardous materials. Personnel are kept aware of safety issues regarding all hazardous materials through safety training meetings. Regularly scheduled inspections of batteries and fire extinguishers are routine responsibilities of the associated Field Technician. The Corporate Environmental Health & Safety Department has developed a Spill Prevention Program which provides guidelines for personnel on the prevention of accidental releases of hazardous substances into the environment. All employees who come in contact with battery systems and/or diesel fuel in their daily work responsibilities are trained on the spill prevention program and spill response procedures.

Abatement procedures for spill material:

LESS THAN 5 GALLONS

- 1) Place a spill mat on any storm/sanitary sewer drain in close proximity to the release material.
- 2) Apply absorbent around and across the spilled material.
- 3) Use broom and dust pan or shovel to remove material and absorbent.
- 4) Place released material and absorbent into an approved container.
- 5) Contact the designated emergency response individual.

GREATER THAN 5 GALLONS

- 1) Place a spill mat on any storm/sanitary sewer drain in close proximity to the release material.
- 2) Apply absorbent around the released material.
- 3) Contact the emergency response individual.

**Violation List for
JACK IN THE BOX 195
12107 EUCLID St**

Date Issued	Date Cleared	Code #	Violation Description
04/28/2015	05/05/2015	CFC 1011.2	Provide illuminated exit sign(s).
08/22/2013	09/05/2013	CFC 901.6	Service and tag Fire Extinguishers.
08/22/2013	09/05/2013	CFC 1028.3	Remove exit obstruction
08/22/2013	09/05/2013	CFC 605.3	Keep 30" clear in front of elec. panel
08/22/2013	09/05/2013	901.6	Extinguishers tag read 12-9-13 (date has not existed yet)
02/23/2012	03/01/2012		Electrical panel taped shut. Needs correct latch installed.
02/23/2012	03/01/2012	CFC 1011.2	Provide illuminated exit sign(s).
02/23/2012	03/01/2012	Title 19 Sec.	Hang extinguisher(s) 3.5'-5' from floor
02/01/2007	02/08/2007	CFC 1212.4	Provide illuminated exit sign(s).- bulb
02/02/1009	02/23/2009	CFC 906.1	Provide extinguisher(s)
00/00/00	09/05/2013		

**Violation List for
RALPHS GROCERY CO #71
12051 EUCLID St**

Date Issued	Date Cleared	Code #	Violation Description
06/04/2008	06/25/2008	CFC 2701.5.	Complete Haz Mat Disclosure packet
08/15/2003	11/21/2003		Move the exit sign that was removed from old second exit to tempor
08/15/2003	09/08/2003		Remove storage from back exit doors in stock room near shipping /
08/15/2003	11/21/2003		Remove exit sign from second exit; door no longer a safe path & rou

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NO. CODE DESCRIPTION / CONDITION FEE

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1 251014 ASSEMBLY A-3 105.00

OPERATION OF AN ASSEMBLY AREA(S) WITH THE MAXIMUM OCCUPANT
LOAD TO BE POSTED IN A CONSPICUOUS PLACE SHALL COMPLY WITH
ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 000260

1. INSPECTION# :

2. PERMIT LOC : 12051 EUCLID ST

3. BUSINESS NAME: GG H.S. FOOTBALL 9. BUS LICENSE:

4. PHONE: 10. OCC CLASS :BOOTH

5. BILL-TO-NAME : 11. ISSUE DATE :07-01-00

6. BILL-TO-ADDR : 12. EXPIRATION :07-04-00

7. BILL-TO-CSZ : 13. TOTAL FEES :55.00

8. REMARKS : 14. INSPECTOR :5190

LUKAS JR, EDWARD F

=====

NO. CODE DESCRIPTION / CONDITION FEE

=====

1 781021 FIREWORKS, SAFE & SANE 55.00

SEE FIREWORKS PACKETS.

0. PERMIT# : 900267

1. INSPECTION# :

2. PERMIT LOC : 12051 EUCLID ST

3. BUSINESS NAME: SANTIAGO SPORTS BOOSTERS 9. BUS LICENSE:138725

4. PHONE: 971-3022 10. OCC CLASS :BOOTH

5. BILL-TO-NAME : YVON ROSE 11. ISSUE DATE :07-01-90

6. BILL-TO-ADDR : 12051 EUCLID ST, 12. EXPIRATION :07-05-90

7. BILL-TO-CSZ : GARDEN GROVE, CA 13. TOTAL FEES :50.00

8. REMARKS : 14. INSPECTOR :0819

BOTTRELL, VALERIE I

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NO.	CODE	DESCRIPTION / CONDITION	FEE
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1	781021	FIREWORKS, SAFE & SANE	50.00
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SEE FIREWORKS PACKETS

Inspection # :010194 1.Insp_Date:04-11-01

2. Permit # :010123

3. Address :12107 EUCLID ST

4. Business Name/DBA :JACK IN THE BOX 195

5. Address Info : 6.Buslic :124473

7. Business Owner :JACK IN THE BOX #195

8. Business Address :12107 EUCLID ST 10.Bus Phone534-9745

9. Business CityStZip:GARDEN GROVE CA 92840 11.EmerPhone771-3699

12.Occ Group :A3 16.5yr Cert. : 20.MBCC :N
13.Occ Load :80 17.FDC loc : 21.Clear date :04-11-01
14.No of Ext :2.2 18.Haz Mat'l :N 22.InspectorId:5190
15.Sprinklers:N 19.ReInsp date: LUKAS JR, EDWARD F

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Violation Code Violation description

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- 1 VERBAL NO TAPE ON INDIVIDUAL BREAKER SWITCHES.
- 2 VERBAL PROPERLY DISPOSE OF OLD FIRE EXTINGUISHERS.
- 3 VERBAL PROPERLY DISPOSE OF OLD CO2 BOTTLE.

Inspection # :020188 1.Insp_Date:04-10-02
2. Permit # :020243
3. Address :12107 EUCLID ST
4. Business Name/DBA :JACK IN THE BOX 195
5. Address Info : 6.Buslic :124473
7. Business Owner :JACK IN THE BOX #195
8. Business Address :12107 EUCLID ST 10.Bus Phone534-9745
9. Business CityStZip:GARDEN GROVE CA 92840 11.EmerPhone771-3699

12.Occ Group :A3 16.5yr Cert. : 20.MBCC :Y
13.Occ Load :80 17.FDC loc : 21.Clear date :04-24-02
14.No of Ext :2.2 18.Haz Mat'l :N 22.InspectorId:1705
15.Sprinklers:N 19.ReInsp date:04-24-02 COLLINS, PATRICK S

=====

Violation Code Violation description

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- 1 UFC 1002.1 INSTALL 1 FIRE EXTINGUISHER OF A 40 BC RATING.X

Inspection # :930285 1.Insp_Date:05-07-93
 2. Permit # :
 3. Address :12085 EUCLID ST
 4. Business Name/DBA :CALI NAILS
 5. Address Info : 6.Buslic :130010
 7. Business Owner :TONY HO
 8. Business Address :913 SHEFFIELD 10.Bus Phone539-2340
 9. Business CityStZip:SANTA ANA, CA 92703 11.EmerPhone554-0160

 12.Occ Group :B2 16.5yr Cert. : 20.MBCC :Y
 13.Occ Load : 17.FDC loc : 21.Clear date :06-17-93
 14.No of Ext :1.1 18.Haz Mat'l :N 22.InspectorId:3409
 15.Sprinklers:N 19.ReInsp date:05-21-93 GREEN, JOHN D

=====
 # Violation Code Violation description
 =====

- 1 UFC 10.504 HAVE YOUR FIRE EXTINGUISHER(S) SERVICED ANNUALLY
- 2 BY A STATE FIRE MARSHAL-LICENSED BUSINESS.

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>356</u>
BUSINESS NAME	<u>Ralph's Grocery</u>
BUSINESS ADDRESS	<u>12051 Euclid St</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<input type="checkbox"/> 4D <input type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>
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	1	ENDING DATE	2
BUSINESS NAME	Ralphs Grocery Store #71			BUSINESS PHONE	5
BUSINESS SITE ADDRESS					6
12051 Euclid Ave.					
CITY	GARDEN GROVE		7	STATE	8
				CA	
				ZIP	9
				92840	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	Brent Farnsworth			14	OPERATOR'S PHONE
				714-636-6526	15

BUSINESS OWNER

OWNER NAME	Ralphs Grocery Co.			16	OWNER PHONE	17
OWNER MAILING ADDRESS					18	
1100 W. Artesia Blvd.						
CITY	Compton		19	STATE	20	
				CA		
				ZIP	21	
				90220		

ENVIRONMENTAL CONTACT

CONTACT NAME	Melissa Pena			22	CONTACT PHONE	23
CONTACT MAILING ADDRESS					24	
1100 W. Artesia Blvd.						
CITY	Compton		25	STATE	26	
				CA		
				ZIP	27	
				90220		

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	-Brent Farnsworth	28	NAME	RICK VALDEZ	28
TITLE	Store Director	29	NAME	Ralphs Alarm Center	33
BUSINESS PHONE	714-636-6526	30	TITLE	Ralphs Alarm Center	34
24-HR. PHONE	310-900-3700	31	BUSINESS PHONE	310-900-3700	35
PAGER #		32	24-HR. PHONE	310-900-3700	36
			PAGER #		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Grocery Store	38	TOTAL # OF EMPLOYEES	74	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40	ATTENTION		41
PROPERTY OWNER NAME		42	ADDRESS		43
			PHONE		44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		45	DATE		46
NAME OF SIGNER (print)	Melissa Pena	47	NAME OF DOCUMENT PREPARER (print)	Melissa Pena	49
TITLE OF SIGNER	Director, Environmental Affairs	48	TITLE OF DOCUMENT PREPARER	Director, Environmental Affairs	50



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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

I. FACILITY INFORMATION											
FACILITY ID#	3	0	0	3	5					1. EPA ID # (Hazardous Waste Only) CAD981580129	2.

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

Ralphs Grocery Store # 71

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 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <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) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 1. Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" 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 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	<input checked="" type="checkbox"/> EPA ID #-provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <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) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program <i>H&SC Chapter 6.95, Article 2, §25531 et seq</i> - 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)

**UNIFIED PROGRAM CONSOLIDATED FORM
 HAZARDOUS MATERIALS
 HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION**
 (one page per material per building or area)

ADD DELETE REVISE Reporting Year **2010** Page 1 of 5

I. FACILITY INFORMATION

BUSINESS NAME
Ralphs Grocery Co. Store # 71

CHEMICAL LOCATION
Equipment in Service Deli

CHEMICAL LOCATION CONFIDENTIAL EPCRA
 YES NO

FACILITY ID (Agency Use Only)
Not in File

MAP # (optional)

GRID # (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME
Carbon Dioxide

TRADE SECRET YES NO

COMMON NAME
Carbon Dioxide

EHS Yes No

CAS#
124-38-9

*If EHS or RS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by Local Agency)

HAZARDOUS MATERIAL TYPE (Check one item only) a.PURE b.Mixture c.WASTE

RADIOACTIVE Yes No

CURIES

PHYSICAL STATE (Check one item only) a.Solid b.LIQUID c.GAS

LARGEST CONTAINER **175**

FED HAZARD CATEGORIES (Check all that apply) a.FIRE b.REACTIV c.PRESSURE RELEASE d.ACUTE HEALTH e.CHRONIC HEALTH

AVERAGE DAILY AMOUNT **350** MAXIMUM DAILY AMOUNT **350** ANNUAL WASTE AMOUNT STATE WASTE CODE

UNITS (Check one item only) * If EHS, amount must be in pounds a.GALLONS b.CUBIC FEET c.POUNDS d.TONS DAYS ON SITE **365**

STORAGE CONTAINER a.ABOVEGROUND TANK b.UNDERGROUND TANK c.TANK INSIDE BUILDING d.STEEL DRUM e.Plastic/non Metallic Drum f.CAN g.CARBOY h.SILO i.FIBER DRUM j.BAG k.BOX l.CYLINDER m.GLASS BOTT n.PLASTI o.TOTE BI p.TANK WAGON q.RAIL CAR r.OTHER

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

IF EPCRA, Please sign here

**UNIFIED PROGRAM CONSOLIDATED FORM
 HAZARDOUS MATERIALS
 HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTOR**
 (one page per material per building or area)

ADD DELETE REVISE Reporting Year 2010 Page 2 of 5

I. FACILITY INFORMATION

BUSINESS NAME
 Ralphs Grocery Co. Store # 71

CHEMICAL LOCATION
 Floral Shop

CHEMICAL LOCATION CONFIDENTIAL EPCRA
 YES NO

FACILITY ID (Agency Use Only)
 Not in File

MAP # (optional)

GRID # (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME

Helium

TRADE SECRET

YES NO

COMMON NAME

Helium

EHS

Yes No

CAS#

7440-59-7

*If EHS or RS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by Local Agency)

HAZARDOUSE MATERIAL TYPE (Check one item only) a.PURE b.Mixture c.WASTE

RADIOACTIVE

Yes No

CURIES

PHYSICAL STATE

(Check one item only)

a.Solid b.LIQUID c.GAS

LARGEST CONTAINER

244

FED HAZARD CATEGORIES

(Check all that apply)

a.FIRE b.REACTIV c.PRESSURE RELEASE d.ACUTE HEALTH e.CHRONIC HEALTH

AVERAGE DAILY AMOUNT

1708

MAXIMUM DAILY AMOUNT

1708

ANNUAL WASTE AMOUNT

STATE WASTE CODE

UNITS

(Check one item only) * If EHS, amount must be in pounds

a.GALLONS b.CUBIC FEET c.POUNDS d.TONS

DAYS ON SITE

365

STORAGE CONTAINER

a.ABOVEGROUND TANK e.Plastic/non Metallic Drum i.FIBER DRUM m.GLASS BOTT q.RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTI r. OTHER
 c.TANK INSIDE BUILDING g.CARBOY k.BOX o.TOTE BI
 d.STEEL DRUM h.SILO l.CYLINDER p.TANK WAGON

STORAGE PRESSURE

a.AMBIENT b.ABOVE AMBIENT c.BELOW AMBIENT

STORAGE TEMPERATURE

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

%WT	HARZADOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

IF EPCRA, Please sign here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION**
(one page per material per building or area)

ADD DELETE REVISE Reporting Year 2010 Page 3 of 5

I. FACILITY INFORMATION

BUSINESS NAME
Ralphs Grocery Co. Store # 71

CHEMICAL LOCATION
Porter's Room

CHEMICAL LOCATION CONFIDENTIAL EPCRA
 YES NO

FACILITY ID (Agency Use Only)
Not in File

MAP # (optional)

GRID # (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME
Propane

TRADE SECRET YES NO

COMMON NAME
Propane

EHS Yes No

CAS#
74-98-6

*If EHS or RS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by Local Agency)

HAZARDOUS MATERIAL TYPE (Check one item only) a.PURE b.Mixture c.WASTE

RADIOACTIVE Yes No

CURIES

PHYSICAL STATE (Check one item only) a.Solid b.LIQUID c.GAS

LARGEST CONTAINER 180

FED HAZARD CATEGORIES (Check all that apply) a.FIRE b.REACTIV c.PRESSURE RELEASE d.ACUTE HEALTH e.CHRONIC HEALTH

AVERAGE DAILY AMOUNT 540 MAXIMUM DAILY AMOUNT 540 ANNUAL WASTE AMOUNT STATE WASTE CODE

UNITS (Check one item only) * If EHS, amount must be in pounds a.GALLONS b.CUBIC FEET c.POUNDS d.TONS

DAYS ON SITE 365

STORAGE CONTAINER a.ABOVEGROUND TANK b. UNDERGROUND TANK c.TANK INSIDE BUILDING d.STEEL DRUM e.Plastic/non Metallic Drum f. CAN g.CARBOY h.SILO i.FIBER DRUM j. BAG k.BOX l.CYLINDER m.GLASS BOTT n. PLASTI o.TOTE BI p.TANK WAGON q.RAIL CAR r. OTHER

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

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**UNIFIED PROGRAM CONSOLIDATED FORM
 HAZARDOUS MATERIALS
 HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION**
 (one page per material per building or area)

ADD DELETE REVISE Reporting Year 2010 Page 4 of 5

I. FACILITY INFORMATION

BUSINESS NAME
 Ralphs Grocery Co. Store # 71

CHEMICAL LOCATION
 Refrigeration Equipment in Machine Room

CHEMICAL LOCATION CONFIDENTIAL EPCRA
 YES NO

FACILITY ID
 (Agency Use Only)

Not in File

MAP # (optional)

GRID # (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME
 Chlorodifluoromethane

TRADE SECRET YES NO

COMMON NAME
 Freon 22

EHS Yes No

CAS#
 75-45-6

*If EHS or RS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by Local Agency)

HAZARDOUS MATERIAL TYPE (Check one item only) a.PURE b.Mixture c.WASTE

RADIOACTIVE Yes No

CURIES

PHYSICAL STATE (Check one item only) a.Solid b.LIQUID c.GAS

LARGEST CONTAINER 925

FED HAZARD CATEGORIES (Check all that apply) a.FIRE b.REACTIV c.PRESSURE RELEASE d.ACUTE HEALTH e.CHRONIC HEALTH

AVERAGE DAILY AMOUNT 14388 MAXIMUM DAILY AMOUNT 14388 ANNUAL WASTE AMOUNT STATE WASTE CODE

UNITS (Check one item only) * If EHS, amount must be in pounds a.GALLONS b.CUBIC FEET c.POUNDS d.TONS DAYS ON SITE 365

STORAGE CONTAINER a.ABOVEGROUND TANK b. UNDERGROUND TANK c.TANK INSIDE BUILDING d.STEEL DRUM e.Plastic/non Metallic Drum f. CAN g.CARBOY h.SILO i.FIBER DRUM j. BAG k.BOX l.CYLINDER m.GLASS BOTT n. PLASTI o.TOTE BI p.TANK WAGON q.RAIL CAR r. OTHER

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

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

%WT	HARZADOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100	Chlorodifluoromethane	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	75-45-6
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

IF EPCRA, Please sign here

**UNIFIED PROGRAM CONSOLIDATED FORM
 HAZARDOUS MATERIALS
 HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTI
 (one page per material per building or area)**

ADD DELETE REVISE Reporting Year 2010 Page 5 of 5

I. FACILITY INFORMATION

BUSINESS NAME
 Ralphs Grocery Co. Store # 71

CHEMICAL LOCATION
 Refrigeration Equipment in Machine Room

CHEMICAL LOCATION CONFIDENTIAL EPCRA
 YES NO

FACILITY ID
 (Agency Use Only)

Not in File

MAP # (optional)

GRID # (optional)

II. CHEMICAL INFORMATION

CHEMICAL NAME
 1,1,1-trifluoroethane; pentafluoroethane; 1,1,1,2-tetrafluoroethane

TRADE SECRET YES NO

COMMON NAME
 Freon 404A

EHS Yes No

CAS#
 75-45-6

*If EHS or RS is "Yes," all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by Local Agency)

HAZARDOUSE MATERIAL TYPE (Check one item only) a.PURE b.Mixture c.WASTE

RADIOACTIVE Yes No

CURIES

PHYSICAL STATE (Check one item only) a.Solid b.LIQUID c.GAS

LARGEST CONTAINER 250

FED HAZARD CATEGORIES (Check all that apply) a.FIRE b.REACTIV c.PRESSURE RELEASE d.ACUTE HEALTH e.CHRONIC HEALTH

AVERAGE DAILY AMOUNT 1677.9 MAXIMUM DAILY AMOUNT 1677.9 ANNUAL WASTE AMOUNT STATE WASTE CODE

UNITS (Check one item only) * If EHS, amount must be in pounds a.GALLONS b.CUBIC FEET c.POUNDS d.TONS

DAYS ON SITE 365

STORAGE CONTAINER a.ABOVEGROUND TANK b. UNDERGROUND TANK c.TANK INSIDE BUILDING d.STEEL DRUM e.Plastic/non Metallic Drum f. CAN g.CARBOY h.SILO i.FIBER DRUM j. BAG k.BOX l.CYLINDER m.GLASS BOTT n. PLASTI o.TOTE BI p.TANK WAGON q.RAIL CAR r. OTHER

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

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

%WT	HARZADOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 52	1,1,1 - Trifluoroethane	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	420-46-2
2 44	Pentafluoroethane	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	354-33-6
3 4	1.1.1.2 - Tetrafluoroethane	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	811-97-2
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

IF EPCRA, Please sign here

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

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

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

Bells, Verbal Communication

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:

[Empty box for staging area location]

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.)

Small Spills- employees are trained to stop and contain leak.

Large Spills-employees are to contact store director or person in charge as well as the local Fire Department to respond. When safe to do so, employees will attempt to isolate the leak.



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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

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

National Response Center

Phone Numbers

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:

- a. Isolation and separation of incompatible materials.
- b. Diking areas to contain spills.
- c. Storage on paved ground.

2. Compressed and/or cryogenic gas storage areas:

- a. Cylinder stored upright and secured.
- b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).

3. General:

- a. Safe work practices are exercised in daily routines.
- b. Employees who handle hazardous materials are properly trained.
- c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
- d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
- e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
- f. Posting of "No Smoking" signs where appropriate.

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

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

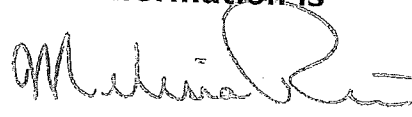
In the Store Director's Office. Copies are held at the Main Office in Compton.

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: Melissa Pena

Title: Director, Environmental Affairs

Date: _____

Reset