



CITY OF GARDEN GROVE
FIRE DEPARTMENT

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

5/23/2016

Christine Nguyen
Partner ESI
(310) 634-1727

RE: Records Search for 7472 Chapman Blvd., Garden Grove CA

Dear Christine Nguyen:

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 Department.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thanh Nguyen', with a long horizontal flourish extending to the right.

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

Date Archived 03/24/2009

District 2314

Dbas GHN NEON INCORPORATED

Complex

Address

7472

CHAPMAN

Ave

92841

Business Information

Business License No. 145840

Dunn and Bradstreet -

Sic Code- 3993

Fax 7146207444

E-Mail

Business Owner Name JUDY WAMSER

Home Phone 4145297102

Property Use

Construction Information

Construction type-

Occupancy group- H7

Occupancy Load- 0

Building Sq.ft- 0

Contacts Information

Property Owner

DAVID GRANT

1270 CALLE EL CAMERON

THOUSAND OAKS ,CA 91360 _____

8054024088

Building Owner

Contacts

Contact Type - Emergency One

ART M

7146207426

Mobile

Contact Type - Emergency Secondary

LILIANA VELASQUEZ Position/Title -HR ASSISTANT

Office 7146207426

Mobile 7143289469

Contact Type - Business Owner

JUDY WAMSER Position/Title -Business Owner

Home 4145297102

HOME 4145297102

Mobile

4949 S 110TH St
Greenfield, WI 53220
Contact Type - Business Operator
GHN NEON INC. Position/Title -Business Operator
Office 7146207440

Contact Type - Environmental
Arthur Macabuhay Position/Title -Environmental Contact
Office 7146207447

7472 Chapman Ave.
Garden Grove, CA 92841
Contact Type - Property Owner
DAVID GRANT Position/Title -Property Owner
Office 8054024088
Mobile

1270 CALLE EL CAMERON
THOUSAND OAKS , CA 91360_____

Inspection Information

Archived by VThorpe
File number 296
Inspector- FPB N
Carlina Cruz
714 662-7479
Human Resorces
9/16/03
Contact for haz mat disclosure
jh

Inspection History

09/03/2003 Time 10:38
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared using Status field on input form- Inspector 2512 Susan Waide

03/17/2003 Time 09:16
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Life Safety Inspection
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

05/01/2003 Time 09:28
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Permit Inspection

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

05/29/2003 Time 10:24

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

03/09/2004 Time 11:01

Employee No. - 3055Name - Teresa K Gamba

Action Performed - Permit Printed

Notes - Permit Copy Printed

05/03/2004 Time 09:58

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

05/04/2004 Time 08:53

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2512 Susan Waide

06/18/2004 Time 09:03

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

06/18/2004 Time 09:26

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Printed

Notes - Permit Copy Printed

02/22/2005 Time 09:26

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

05/02/2005 Time 08:38

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

06/03/2005 Time 09:04

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2989 Justin Kuhn

06/17/2005 Time 08:23

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

02/15/2006 Time 10:07

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

05/04/2006 Time 08:00

05/01/2006 Time 08:09

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

05/11/2006 Time 11:17

Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared using Status field on input form- Inspector 3303 Sabrina Sol

06/02/2006 Time 11:11

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

02/12/2007 Time 09:50

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

04/12/2007 Time 07:47

Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared using Status field on input form- Inspector 0001 FPB Intern

05/01/2007 Time 08:03

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

05/15/2007 Time 10:55

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

02/15/2008 Time 10:24

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

04/25/2008 Time 10:08

Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared- Inspector 0001 FPB Intern by Valerie Thorpe

05/01/2008 Time 08:19

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

05/20/2008 Time 11:16

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

02/18/2009 Time 09:10

Employee No. - 6691Name - Valerie Thorpe
Action Performed - Life Safety Inspection

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

03/17/2009 Time 08:13

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 2867 Don Nguyen by Valerie Thorpe

Visits

05/09/2003

Inspector Id- 2512 Name - Susan Waidelich

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Continue to keep aisles clear of incoming stock.

Research to be done on need for in-rack sprinklers due to change in rack configuration.

07/01/2003

Inspector Id- 2512 Name - Susan Waidelich

Insp. Type -

Category - Life Safety

Comments - mailback

05/17/2005

Inspector Id- 2989 Name - Justin Kuhns

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Remove fan w/ spliced wire.

06/02/2005

Inspector Id- 2989 Name - Justin Kuhns

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

04/29/2004

Inspector Id- 2512 Name - Susan Waidelich

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

04/27/2006

Inspector Id- 3303 Name - Sabrina Soltis

Insp. Type - Annual Life Safety

Category - Life Safety

Comments -

05/11/2006

Inspector Id- 3303 Name - Sabrina Soltis

Insp. Type - ReInspection

Category - Life Safety

Comments - Cleared.

02/26/2007

Inspector Id- 3307 Name - Michael Kordich

Insp. Type - Hazardous Materials/ Disclosure Inspection

Category - EPS

Comments - UPDATED FORM 1

04/11/2007

Inspector Id- 0001Name - FPB Intern

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

-Walden

04/07/2008

Inspector Id- 0001Name - FPB Intern

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Verbal - 5 yr cert coming up. MBCC due 4/14/08. Possibly moving out by October - may need hazardous materials exit inspection.

-Bennett / Nguyen

04/24/2008

Inspector Id- 0001Name - FPB Intern

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

03/16/2009

Inspector Id- 2867Name - Don Nguyen

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Closed. Out of business.

Violations

05/09/2003

code no - 1212.1

Description - Maintain exit sign - south exit

05/09/2003

code no - 1002.1

Description - Provide 2A10BC fire extinguisher near opening of powder coat booth.

05/09/2003

code no - 1001.5.2

Description - Obtain 5 year certification on sprinkler / standpipe system.

05/17/2005

code no - CFC 1001.5.1

Description - Service and tag Fire Extinguishers.

05/17/2005

code no - 8509.2

Description - Provide / replace electrical power strip- west wall near lockers.

04/27/2006

code no - CFC 8506

Description - Discontinue use of extension cords.- Lunch area

04/27/2006

code no -
Description - have spare sprinkler box by riser.

04/27/2006

code no -
Description - Provide secondary containment for pump oil next to dipping.

04/27/2006

code no -
Description - Provided a NFPA 704 placard for Haz-Mat storage at back.

04/27/2006

code no -
Description - Place empty propane bottles in proper storage cage in back.

04/07/2008

code no -
Description - Exit lights.

Permits

Permit No- 801031

Permit description- HAZARDOUS MATERIALS - use, handling or storage

Permit No- 741031

Permit description- NON-FLAM. COMP. GASES

Permit No- 491011

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

Permit No- 451021

Permit description- SPRAYING/DIPPING - flammable/combustible liquids

Permit No- 811031

Permit description- HIGH-PILED COMBUSTIBLE STOCK

Permit No- 621021

Permit description- INDUSTRIAL OVENS / DRYING

EPS Information

Business Operator - GHN NEON INC.

Phone - 7146207440

Environmental Contact - Arthur Macabuhay

phone - 7146207447

address - 7472 Chapman Ave. , Garden Grove CA 92841

Chemical Information

Chemical Name - MERCURY

Common name - MERCURY

Chemical Name - ACETYLENE

Common name - ACETYLENE

Chemical Name - ARGON GAS
Common name - ARGON GAS

Chemical Name - PROPANE
Common name - PROPANE

Chemical Name - SILICA, CRYSTALLINE
Common name - BLACK POWDER COAT

Chemical Name - MIXTURE
Common name - CRUSHED NEON LIGHTS

Chemical Name - WASTE PAINT
Common name - WASTE PAINT

Chemical Name - MIXTURE
Common name - WATER BASE ENAMEL

Chemical Name - NEON GAS
Common name - NEON GAS

Tank Information

Tank Owner Name -
Phone -
Address-

Disclosure Local Information

Date Disclosure was verified 00/00/00
Disclosure letter verified by
Date Inquiry letter Sent 00/00/00
Date New Business Packet Sent 00/00/00
Date New Business Packet Received 00/00/00
Date Year end packet sent 00/00/00
Date Year end packet Received 00/00/00
Date Year end Packet Approved 00/00/00
Citation Date 00/00/00
City Attorney Letter sent Date 00/00/00
Date BEP sent 00/00/00
Date BEP Submitted 00/00/00
Date BEP Corrected 00/00/00
Date BEP Approved 00/00/00
Date BEP Approved 00/00/00
Business was not in the Cal Arp program
Number of Employee 31+
Local ID Number 200295

Carlina Cruz came in on 9/23 to get help with filling out the forms, requested an extension to 10/9.
Email: ccruz@everbrite.com jh

Invoices

Date Billed 12/11/2002

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

HAZARDOUS MATERIALS - \$.00

NON-FLAM. COMP. GASES - \$60.00

Industrial Ovens / Drying - \$70.00

HOT WORK - \$60.00

SPRAYING/DIPPING - \$110.00

Date Billed 05/01/2003

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

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

NON-FLAM. COMP. GASES - \$60.00

HOT WORK - welding and cutting - \$60.00

SPRAYING/DIPPING - flammable/combustible liquids - \$110.00

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

INDUSTRIAL OVENS / DRYING - \$70.00

Date Billed 05/03/2004

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

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

NON-FLAM. COMP. GASES - \$60.00

HOT WORK - welding and cutting - \$60.00

SPRAYING/DIPPING - flammable/combustible liquids - \$110.00

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

INDUSTRIAL OVENS / DRYING - \$70.00

Date Billed 05/02/2005

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

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

NON-FLAM. COMP. GASES - \$60.00

HOT WORK - welding and cutting - \$60.00

SPRAYING/DIPPING - flammable/combustible liquids - \$110.00

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

INDUSTRIAL OVENS / DRYING - \$70.00

Date Billed 05/01/2006

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

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

NON-FLAM. COMP. GASES - \$60.00

HOT WORK - welding and cutting - \$60.00

SPRAYING/DIPPING - flammable/combustible liquids - \$110.00

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

INDUSTRIAL OVENS / DRYING - \$70.00

Date Billed 05/01/2007

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

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

NON-FLAM. COMP. GASES - \$60.00

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

SPRAYING/DIPPING - flammable/combustible liquids - \$110.00

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

INDUSTRIAL OVENS / DRYING - \$70.00

Date Billed 05/01/2008

Bill type - Permit Bill

Total Due \$375.00

Amount Paid - \$375.00

Balance Due -\$.00

Items

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

NON-FLAM. COMP. GASES - \$60.00

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

SPRAYING/DIPPING - flammable/combustible liquids - \$110.00

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

INDUSTRIAL OVENS / DRYING - \$70.00

External Invoices

Notes

**Violation List for
ELEMENT TATOO SUPPLY
7472 ORANGEWOOD Ave**

Date Issued	Date Cleared	Code #	Violation Description
06/29/2015	02/09/2016	CFC 901.6	Service and tag Fire Extinguishers.
05/19/2011	06/03/2011	CFC 901.6	Service and tag Fire Extinguishers.

Inspection # :001673 1.Insp_Date:05-11-00
 2. Permit # :
 3. Address :7472 CHAPMAN AVE
 4. Business Name/DBA :GIANT NEON INC.
 5. Address Info : 6.Buslic :145840
 7. Business Owner :EVERBRITE CORP.
 8. Business Address :4949 S. 110TH ST 10.Bus Phone620-7440
 9. Business CityStZip:GREENFIELD, WI 53220 11.EmerPhone403-2486

 12.Occ Group :S1 16.5yr Cert. :4-1-98 20.MBCC :
 13.Occ Load : 17.FDC loc :ON CHAPMAN 21.Clear date :05-30-00
 14.No of Ext :12.12 18.Haz Mat'l :Y 22.InspectorId:0359
 15.Sprinklers:Y 19.ReInsp date: BARANGER, JOHN D

=====

Violation Code Violation description

=====

1 CFC 1103.3.2.2 MAINTAIN STORAGE AT LEAST 18 INCHES BELOW SPRINKLER DEFLECT

Inspection # :021628 1.Insp_Date:04-20-02
 2. Permit # :020233
 3. Address :7472 CHAPMAN AVE
 4. Business Name/DBA :GIANT NEON INC.
 5. Address Info : 6.Buslic :145840
 7. Business Owner :EVERBRITE CORP.
 8. Business Address :4949 S. 110TH ST 10.Bus Phone620-7440
 9. Business CityStZip:GREENFIELD, WI 53220 11.EmerPhone403-2486

 12.Occ Group :H7 16.5yr Cert. :4-1-98 20.MBCC :Y
 13.Occ Load : 17.FDC loc :ON CHAPMAN 21.Clear date :05-29-02

14.No of Ext :12.12 18.Haz Mat'l :Y 22.InspectorId:2512

15.Sprinklers:Y 19.ReInsp date: WAIDELICH, SUSAN C

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

- 1 1001.5 RE-TACK OR REMOVE INSULATION TO ALLOW SPRINKLER FLOW
- 2 8100 MAINTAIN CARDBOARD BOXES ON PALLETS (INSIDE) <6'HIGH AND
- 2 MAINTAIN AISLE WAYS.

0. PERMIT# : 020233

1. INSPECTION# : 021628

2. PERMIT LOC : 7472 CHAPMAN AVE

3. BUSINESS NAME: GIANT NEON INC. 9. BUS LICENSE:145840

4. PHONE: 620-7440 10. OCC CLASS :H7

5. BILL-TO-NAME : EVERBRITE CORP. 11. ISSUE DATE :05-02-02

6. BILL-TO-ADDR : 4949 S. 110TH ST 12. EXPIRATION :05-31-03

7. BILL-TO-CSZ : GREENFIELD, WI 53220 13. TOTAL FEES :375.00

8. REMARKS : 14. INSPECTOR :2512

WAIDELICH, SUSAN C

=====
NO. CODE DESCRIPTION / CONDITION FEE
=====

1 621021 INDUSTRIAL OVENS/DRYING 70.00

OPERATION OF INDUSTRIAL BAKING AND DRYING OVENS SHALL COMPLY
WITH ALL APPLICABLE STATE AND LOCAL CODES.

2 811031 HIGH-PILED COMBUSTIBLE STOCK 75.00

USE OF ANY BUILDING OR PORTION THEREOF EXCEEDING 2,500
SQUARE FEET FOR HIGH-PILED COMBUSTIBLE STORAGE SHALL COMPLY
WITH ALL APPLICABLE STATE AND LOCAL CODES.

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY

FACILITY ID NO. 296

BUSINESS NAME GHN NEON

APPROVED BY: JH DATE: 10/15/03

NEW BUSINESS _____ UPDATE 10/15

FEE 1 2 3 ④ 5 6

PICK 4D BUSLIST CALARP: CUPA: GIS



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page 1 of 1 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		October 1, 2003		December 31, 2003	
BUSINESS NAME	GHN Neon, Inc., a subsidiary of Everbrite, LLC			4	BUSINESS PHONE
					714 620-7440
BUSINESS SITE ADDRESS	7472 Chapman Avenue, Garden Grove, Ca 92841				6

CITY

GARDEN GROVE	7	STATE	8	ZIP	9
		CA			
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
08-944-0291		3993		Garden Grove	
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	Arthur Macabuhay			14	OPERATOR'S PHONE
					714 620 7447

BUSINESS OWNER

OWNER NAME	Judy Wamser			16	OWNER PHONE	17
					[REDACTED]	
OWNER MAILING ADDRESS	[REDACTED]					18
CITY	19	STATE	20	ZIP	21	
[REDACTED]		[REDACTED]		[REDACTED]		

ENVIRONMENTAL CONTACT

CONTACT NAME	Carlina Cruz			22	CONTACT PHONE	23
					714 620-7459	
CONTACT MAILING ADDRESS	7472 Chapman Avenue					24
CITY	25	STATE	26	ZIP	27	
Garden Grove		Ca		92841		

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Carlina Cruz		Arthur Macabuhay	
TITLE	29	TITLE	34
Human Resource Specialist		Plant Manager	
BUSINESS PHONE	30	BUSINESS PHONE	35
714 620-7459		714 620 7447	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Manufacturer		82	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	ADDRESS	43
David Grant		1270 Calle El Cameron Thousand Oaks Ca 91360	
		PHONE	44
		805 402-4088	

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
[Signature]		10/15/2003	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
ARTHUR MACABUHAY		Carlina Cruz	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
PLANT MANAGER		Human Resource Specialist	



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 1 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	PUMP DEPARTMENT, L-13, EAST SIDE OF BUILDING ON WESTERN AVENUE				4
-------------------	--	--	--	--	---

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # L-13	7
-----------------------------	---	---	-----------	---	-------------	---

II. CHEMICAL INFORMATION

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

COMMON NAME	ARGON	9	An EHS Chemical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12
-------------	-------	---	-----------------	---	----

CAS #	7440-37-1	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
-------	-----------	----	---	----

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	15	CURIES	16
----------------------------	---	----	-------------	--	----	--------	----

PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	500	19	MAXIMUM DAILY AMOUNT	1000	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
----------------------	-----	----	----------------------	------	----	---------------------	----	------------------	----

UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	200	25
-------	---	----	--------------	-----	----	-------------------	-----	----

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

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	----

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

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

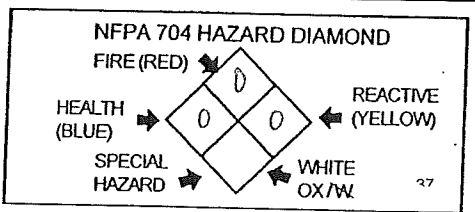
PLACARDING INFORMATION

UNDOT # UN 1006 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 2 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	PUMP DEPARTMENT, L-13, EAST SIDE OF BUILDING ON WESTERN AVENUE				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # L-13	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	MERCURY	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	MERCURY	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #	7439.97.6	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13			

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

AVERAGE DAILY AMOUNT	50	19	MAXIMUM DAILY AMOUNT	100	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22	
UNITS	<input type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	<input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	DAYS ON SITE	365	24	LARGEST CONTAINER	25
*If EHS, amount must be in pounds.										

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

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	---	---	----

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

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

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

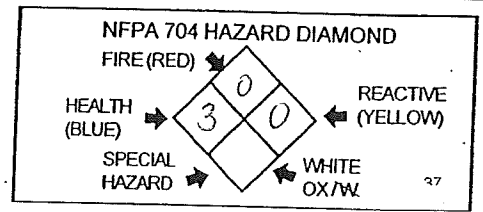
PLACARDING INFORMATION

UNDOT # UN2809 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS 8 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 3 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC
--------------	-----------	----	---------------	--

I. FACILITY INFORMATION

CHEMICAL LOCATION	PUMP DEPARTMENT, L-13, EAST SIDE OF BUILDING ON WESTERN AVENUE
-------------------	--

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # L-13	7
-----------------------------	---	---	-----------	---	-------------	---

II. CHEMICAL INFORMATION

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

COMMON NAME	NEON	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	------	---	-----------------	---	----

CAS #	7440-01-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
-------	-----------	----	---	----

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	-------------------------------------	-----------------------------------	----	-------------	---	----	--------	----

PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input checked="" type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH	<input type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	-----------------------------------	------------------------------------	--	----	-----------------------	----------------------------------	--------------------------------------	---	----	--	--

AVERAGE DAILY AMOUNT	500	19	MAXIMUM DAILY AMOUNT	1000	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
----------------------	-----	----	----------------------	------	----	---------------------	----	------------------	----

UNITS	<input type="checkbox"/> a. GALLONS	<input checked="" type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	200	25
-------	-------------------------------------	---	----	--------------	-----	----	-------------------	-----	----

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input checked="" type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
--	--	--	---------------------------------	---	--	----

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT	<input checked="" type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
------------------	-------------------------------------	--	---	----

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 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.

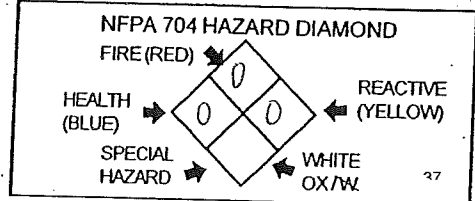
PLACARDING INFORMATION

UNDOT # UN065 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 4 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	SHIPPING DEPARTMENT ON WEST SIDE OF BUILDING K5 AND SOUTH SIDE OF BUILDING IN THE RECEIVING DEPARTMENT O-9				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # K5 & O-9	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	PROPANE	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	PROPANE	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #	74-98-6	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13			

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

AVERAGE DAILY AMOUNT	25	19	MAXIMUM DAILY AMOUNT	50	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	5	25	
*If EHS, amount must be in pounds.									

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

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	----

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

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #
1	9.6	29	Propane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	74-98-6
2		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31	
3		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31	
4		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31	
5		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31	

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

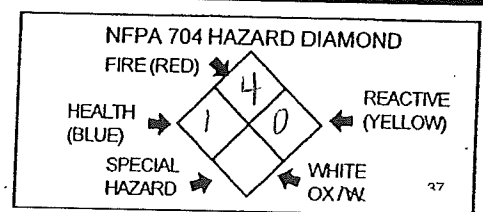
PLACARDING INFORMATION

UNDOT # UN1075 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.1 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 5 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	METAL DEPARTMENT M5. TOWARDS THE SOUTH EASTSIDE OF THE BUILDING				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # M-5	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	VITRALON POLYURETHANEEXTRUCION BLACK	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
COMMON NAME	POWDER COATING	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #	7440-01-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	*If EHS is "Yes", all amounts must be LBS				13

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

AVERAGE DAILY AMOUNT	150	19	MAXIMUM DAILY AMOUNT	300	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	50	25	

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

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	----

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

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #	
1	29	PARAFIN WAX	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	8002.74.2	32
2	29	CARBON BLACK	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	1333.86.4	32
3	29	SILICA, CRYSTALLINE QUARTZ	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	14808.60.7	32
4	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
5	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32

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

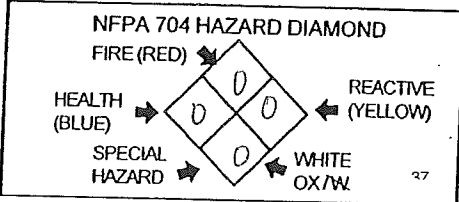
PLACARDING INFORMATION

UNDOT # _____ 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Revised 2/02 -- haz-inven2



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 6 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	Dipping Department, N-12 EAST SIDE OF BUILDING ON WESTERN AVENUE AND IN THE NORTH EAST SIDE OF BUILDING IN A LARGE CONTAINER E-11					4
-------------------	---	--	--	--	--	---

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # N-12	7
-----------------------------	---	---	-----------	---	-------------	---

II. CHEMICAL INFORMATION

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

COMMON NAME	CRUSHED NEON LIGHTS	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	---------------------	---	-----------------	---	----

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

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	----	-------------	---	----	--------	----

PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	110	19	MAXIMUM DAILY AMOUNT	220	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	181	22
----------------------	-----	----	----------------------	-----	----	---------------------	----	------------------	-----	----

UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	55	25
-------	---	---	----	--------------	-----	----	-------------------	----	----

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input 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 checked="" type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
--	--	--	---	---	--	----

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	----

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

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #
1	29	MERCURY	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	7439-97-6
2	29		30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	32
3	29		30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	32
4	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31	32
5	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31	32

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

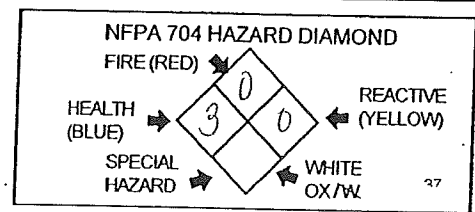
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 7 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	Dipping Department, N-12 EAST SIDE OF BUILDING ON WESTERN AVENUE					4
-------------------	--	--	--	--	--	---

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # N-12	7
-----------------------------	---	---	-----------	---	-------------	---

II. CHEMICAL INFORMATION

CHEMICAL NAME	WATER SOLUBAL ROSIN, EB400, EB207, EY101	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11
---------------	--	-------	---	---	--------------	---	----

COMMON NAME	WATER BASE ENAMEL	9	* If EPCRA see instructions		An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	-------------------	---	-----------------------------	--	-----------------	---	----

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

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	----	-------------	---	----	--------	----

PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	275	19	MAXIMUM DAILY AMOUNT	550	20	ANNUAL WASTE AMOUNT	1100	21	STATE WASTE CODE	352	22
----------------------	-----	----	----------------------	-----	----	---------------------	------	----	------------------	-----	----

UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	55	25
-------	---	----	--------------	-----	----	-------------------	----	----

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON	26
--	---	----

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	----

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

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	2.5	29	BUTYL ALCOHOL	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	78-92-2	32
2	2.5	29	GLYCOL ETHER	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	111-76-2	32
3		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
4		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
5		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32

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

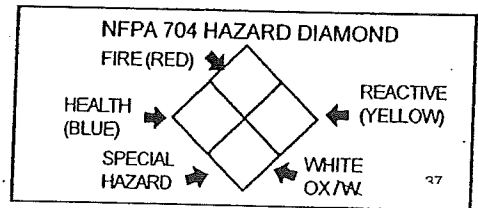
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 8 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	Dipping Department, N-12 EAST SIDE OF BUILDING ON WESTERN AVENUE				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5	MAP # ONE	6
				GRID # N-12	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	BLOCKOUT (BLACK)	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11
COMMON NAME	BLOCKOUT (BLACK)				* If EPCRA see instructions			
					An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAS #	111-76-2	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)			*If EHS is "Yes", all amounts must be LBS		
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15
					CURIES	16		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	18		
					<input 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	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22	
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	55 gallons
	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS						25
	*If EHS, amount must be in pounds.							
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input checked="" type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26		
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR			
	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN			
	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> t. OTHER			
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28			

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

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

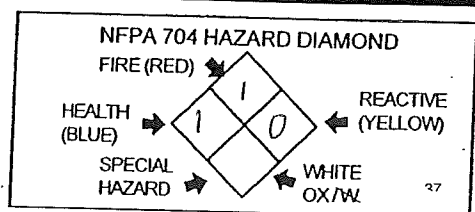
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 9 of 9 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	GHN NEON, INC. a subsidiary of Everbrite LLC	3
--------------	-----------	----	---------------	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	Dipping Department, N-12 EAST SIDE OF BUILDING ON WESTERN AVENUE				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # ONE	6	GRID # N-12	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	2-PROPANONE DIMETHYLKETONE		WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
COMMON NAME	KETONE, ACETONE		9			* If EPCRA see instructions			
CAS #		67-64-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)		10	An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #		67-64-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)		10	*If EHS is "Yes", all amounts must be LBS		13	

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

AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22	
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	LARGEST CONTAINER	55 gallons	25
		<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS			*If EHS, amount must be in pounds.		

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

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
------------------	--	---	---	----

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 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.

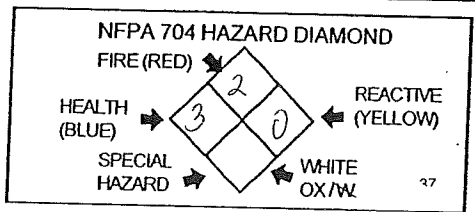
PLACARDING INFORMATION

UNDOT # UN 1090 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS FLAMMABLE LIQUID, III 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

EMERGENCY NOTIFICATIONS

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

REQUIRED NOTIFICATIONS

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

AGENCY

PHONE NUMBERS

Garden Grove Fire Department, Police, Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802

Individual(s) Responsible for Calling These Agencies

Arthur Macabuhay - Carlina Cruz

Provide the following information when you call:

- Name of the person and business.
- Business street address.
- Location of the incident.
- Type of incident (spill, gas release, etc.)
- The name(s) of the chemical substance(s) involved.
- The amount of the chemical substances involved.
- The extent of injuries, if any.
- Possible hazards to human health and/or the environment.
- Emergency call-back phone number (714 271-4619 or 714 330-1639

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

To the North:

Facility	<u>Time Warner Cable</u>	Phone (<u>714</u>) <u>903-4000</u>
Facility	<u>Unleased Property</u>	Phone (<u>949</u>) <u>724-1900</u>

To the South:

Facility	<u>O'neil Relocation</u>	Phone (<u>714</u>) <u>902-6100</u>
Facility	<u>Pilkington Aerospace</u>	Phone (<u>714</u>) <u>893-7531</u>

To the East

Facility	<u>Pringles</u>	Phone (<u>714</u>) <u>892-1524</u>
Facility	<u>H & J Auto Repair</u>	Phone (<u>714</u>) <u>890-1336</u>

To the West:

Facility	<u>Evans Manufacturing</u>	Phone (<u>714</u>) <u>379-6100</u>
Facility	<u>GES Exposition</u>	Phone (<u>714</u>) <u>994-3890</u>

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

OPTIONAL NOTIFICATIONS

1. Hazardous Waste Contractor
Name: Enviro-Serve (562) 427-7277
2. Insurance Company
Name: _____ () _____
3. Poison Control Center - 24-Hour 1-(800) 876-4766

EVACUATION PLANS AND PROCEDURES

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

PAGING SYSTEM, AUDIBLE SIGNAL, AND INDIVIDUAL CONTACT AS FEASIBLE

Evacuation Drills

Evacuation drills and records proving you have held such drills are required by California law. The drill record does NOT have to be provided to the Fire Department with this business plan, but shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill, and the signature of the facilitator. For your convenience, a form for recording list information is included with this packet. Make additional copies, as needed.

The following four forms:

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

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

GARDEN GROVE FIRE DEPARTMENT

EVACUATION DRILL RECORD

Business Name: GHN NEON, INC.

Street Address: 7472 Chapman Avenue, Garden Grove, CA 92841

Date of evacuation drill: May 10, 2002

Brief description of drill: Total evacuation time 8 minutes, including
verification of headcount.

Facilitator's Name: Carlina Cruz

Facilitator's Title: Human Resource Specialist

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

Signature of Facilitator

Carlina Cruz

Date Signed: 11/07/03

Date of evacuation drill: November 5, 2003

Brief description of drill: Total evacuation time 6 minutes, including
verification of headcount.

Facilitator's Name: Carlina Cruz

Facilitator's Title: Human Resource Specialist

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

Signature of Facilitator

Carlina Cruz

Date Signed: 11/07/03

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

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

EVACUATION PLANNING

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

1. Working area: GENERAL OFFICE & ADMINISTRATIVE
Evacuation route: Through hallways
Emergency exits: Through main lobby or through engineering exit
Staging area: Front of building on Chapman Avenue

2. Working area: GLASS DEPARTMENT
Evacuation route: Path leading to main parking lot
Emergency exits: Through finished good warehouse
Staging area: Loading dock near fence line

3. Working area: Assembly Department(s)
Evacuation route: Paths leading to rear parking lot
Emergency exits: Through receiving or shipping
Staging area: Rear unloading dock near fence line

4. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

5. Working area: _____
Evacuation route: _____
Emergency route: _____
Emergency exits: _____
Staging are: _____

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

EMPLOYEE RESPONSIBILITIES:

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

JOB TITLE: Human Resource Specialist

EMERGENCY FUNCTION(S)

- a. Notify responding agency
- b. Initiate communication to employees
- c. Recognize all headcounts to master employee list
- d. Communicate/Liason to responding agency

JOB TITLE: Plant Manager

EMERGENCY FUNCTION(S)

- a. Supervise proper activity by employee
- b. Perform headcounts at staging areas
- c. Provide any immediate medical attention
- d. Initiate any needed emergency procedure

JOB TITLE: Maintenance Mechanic or Assigned Personnel

EMERGENCY FUNCTION(S)

- a. Shut off natural gas (if required)
- b. Shut off electrical (if required)
- c. Man the main water valve
- d.

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

TRAINING

Every Business handling hazardous materials above the minimum limits shall provide training for their employees in the following area:

- A. Method for safe handling of hazardous materials.
- B. Procedures for notification and coordination with emergency agencies, in the event of a spill or threatened spill.
- C. Use of emergency response equipment and supplies under the control of the handler.
- D. Emergency mitigation procedures in response to a release or threatened release hazardous material.
- E. Tasks assigned to employees in the event of a hazardous materials emergency.
- F. Evacuation procedures.

Describe the type of training programs you either are currently using or will use during the next year to provide the required employee training.

~~Hazardous Waste & Spills Training - Overhead projector, discussion & quiz - September 2002 & September 2003~~

~~Emergency Evacuation & Employee Alarms Testing, May 2002 & November 2003~~

~~Fire Extinguisher Alarm - Outside Contractor August 2002 & April 2003~~

~~Bloodborne Pathogens - Outside Contractor October 2002 & Video & quiz Sep. 2003~~

~~Flammable & Combustible - Overhead Projector & quiz June 2002 & Overhead Projector & quiz March 2003~~

~~CFR/First Aid Outside contractor July 2002 & Refresher in house November 2002~~

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

PREVENTION

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

<u>HAZARDOUS MATERIALS STORAGE LOCATION</u>	<u>PREVENTATIVE MEASURE</u>
1. <u>Maintenance</u>	<u>Fire Suppression Cabinet</u>
2. <u>R&D Tooling</u>	<u>Fire Suppression Cabinet</u>
3. <u>Pump Station</u>	<u>Fire Suppression Cabinet</u>
4. <u>Propane Tank Case</u>	<u>Fire Suppression Cabinet</u>
5. <u>Haz Waste Area</u>	<u>Enclosed spill containment</u>
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

Storage areas are well lit and ventilted, portable extinguishers
are present.

Prevention Measures to be taken at this location:

A _____

Estimated date of completion: _____

Actual date of completion: _____

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

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

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

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

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

Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

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: Carlina Cruz
NAME: Carlina Cruz
TITLE: Human Resource Specialist
DATE: 11/07/03



**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: GHU NEON INC.

Telephone: (714) 620-7447

Site Address: 7472 CHAPMAN AVE.

Zip Code: 92841

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 ARTHUR MACABUHAY

Signature 

Job Title PLANT MANAGER

Date 3/07/2007



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page 1 of 1 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	GHN NEON INC.			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	7472 CHAPMAN AVE.			(714) 620-7440	6
CITY	GARDEN GROVE	STATE	7 CA	ZIP	9 92841
DUN & BRADSTREET	08-944-0291	SIC CODE (4 DIGIT #)	10 3993	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	GHN NEON INC.			OPERATOR'S PHONE	15 (714) 620-7440

BUSINESS OWNER

OWNER NAME	JUDITH WAMSER	OWNER PHONE	16		17
OWNER MAILING ADDRESS	[REDACTED]				18
CITY	[REDACTED]	STATE	19	ZIP	20 [REDACTED]

ENVIRONMENTAL CONTACT

CONTACT NAME	ARTHUR MACABUWAY	CONTACT PHONE	22		23 (714) 620-7447
CONTACT MAILING ADDRESS	7472 CHAPMAN AVE.				24
CITY	GARDEN GROVE	STATE	25 CA	ZIP	27 92841

PRIMARY EMERGENCY CONTACTS SECONDARY

NAME	28	NAME	33
ARTHUR MACABUWAY		LILIANA VELASQUEZ	
TITLE	29 PLANT MANAGER	TITLE	34 H.R. ASSISTANT
BUSINESS PHONE	30 (714) 620-7447	BUSINESS PHONE	35 (714) 620-7422
24-HR. PHONE	31 [REDACTED]	24-HR. PHONE	36 [REDACTED]
PAGER #	32 N/A	PAGER #	37 N/A

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38 MANUFACTURING	TOTAL # OF EMPLOYEES	39 47
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42 DAVID GRANT	ADDRESS	43 1270 CAMEL EL CAMERON, THOUSAND OAKS 91360
		PHONE	44 (805) 402-4088

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 3-07-07
NAME OF SIGNER (print)	47 ARTHUR MACABUWAY	NAME OF DOCUMENT PREPARER (print)	49 ARTHUR MACABUWAY
TITLE OF SIGNER	48 PLANT MANAGER	TITLE OF DOCUMENT PREPARER	50 PLANT MANAGER



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

Address: 7472 CHAPMAN AVE
Occupant or DBA: GEN NEON INC
Owner/Manager: ARTHUR MACABUAY

Date: 02-26-07
File No: 296
Phone: (714) 264-7447

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):

Violation(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)]
- Chemical inventory is incomplete and/or requires update. [HSC 25509]
- The Emergency Response Plan is inadequate and/or does not address the following issues and shall be immediately revised and resubmitted: [HSC 25504(b)&(c)]
 - Notification Procedures
 - Mitigation Procedures
 - Evacuation Procedures
 - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated. [HSC 25509]
- Failure to provide name, title, and 24-hour number of emergency contact(s). [HSC 25509(a)(7)]
- Site Map is incomplete or insufficient. [HSC 25509]
- Failure to report a release or threatened release. [HSC 25507]
- Failure to report a change in business or chemical inventory within 30 days of the following event(s): [HSC 25510]
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change in business address
 - Change in business ownership
 - Change of business name
 - Other (See comments below):

Violation(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:

UPDATE BUSINESS EMERGENCY CONTACTS/ MAIL
WHICH LIST TO HAZ-MAT

Responsible Party: ARTHUR MACABUAY Re-inspection Date: _____

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

Fire Dept. Inspector: M. KIRKICH ID #: 3307

Condition Upon Re-inspection: _____ Date: _____



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: GHN NEON, INC.
Site Address: 7472 CHAPMAN AVE.

Telephone: (714) 620-7440
Zip Code: 92841

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 ARTHUR MACABUHAY

Signature 

Job Title HR + SAFETY MANAGER

Date 3/27/2001

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

LEFT BLANK PER CYNTHIA / CPT. SHIRLEY

I. FACILITY IDENTIFICATION

FACILITY ID#		1. EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	CAL000181339		
	GHN NEON, INC.		

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?

YES NO

4. HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intent to upgrade existing or install new USTs?
- Need to report closing a UST?

YES NO

- 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)

YES NO

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

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

YES NO

8. NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

- Generate hazardous waste?
- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?
- Treat hazardous waste on site?
- Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?
- Consolidate hazardous waste generated at a remove site?
- Need to report the closure/removal of a tank that was classified waste and cleaned onsite?

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

- 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 1772A,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.)



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: GHN NEON, INC.

Telephone: (714) 620-7440

Site Address: 7472 CHAPMAN, GG 92841

Zip Code: 92841

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 ARTHUR MACABUHAY

Signature 

Job Title HUMAN RESOURCES MGR.

Date 5/11/00



Facility Information 4.5.1

Card 250 of 570



NAME GHN Neon Inc. OMNE
 DEPT/DIV FIRST Carl
 STREET 7472 Chapman LAST Wamser
 CITY Garden Grove STREE [REDACTED] Chapman Street
 STATE CA CIT Greenfield
 ID NO. cc23 POSTAL CODE 92841 STAT [REDACTED] POSTAL [REDACTED]
 DISTRICT INDUSTRY CLASS
 MAP LINK LAT LONG

MODIFICATION DATE 8/5/1999

» Information Tracking »

	REQUESTED	RECEIVED	NEXT DUE	RECORD LOCATION
FACILITY INFORMATION
CHEMICAL LIST
CHEMICAL INVENTORY
TOXIC RELEASE INVENTORY
SPILL REPORT FOLLOW UP
MATERIAL SAFETY DATA SHEETS

Shirley
8/6/99



Chemical Inventory 4.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV _____
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND. _____
 DISTRICT _____ REPORTING PERIOD _____

CHEMICAL NAME Mercury

CAS NUMBER _____

LINKED TO CODEBREAKER
 EHS CHEMICAL No
 TRADE SECRET No

PURE FIRE
 MIXTURE PRESSURE
 SOLID REACTIVE
 LIQUID IMMEDIATE
 GAS DELAYED

STORED NEAR BOILING POINT?
 SOLID FORM
 MATERIAL SAFETY SHEET _____

MAX DAILY AMOUNT 02 Pounds
 AVE DAILY AMOUNT 01 Pounds
 MAX QUANTITY IN 1 VESSEL _____

CONCENTRATION (WEIGHT PERCENT) _____
 DIKED AREA _____
 DAYS ON SITE 365

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999

» Storage »

Confidential

N	1	4	1-2	

» Components »

COMPONENTS	CAS NUMBERS
Mercury	7439-97-6



Chemical Inventory 4.5.1



Card 3 of 3094



NAME GHN Neon Inc.
 DEPT/DIV
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT REPORTING PERIOD

CHEMICAL NAME Acetylene

CAS NUMBER
 LINKED TO CODEBREAKER
 EHS CHEMICAL No
 TRADE SECRET No

PURE FIRE
 MIXTURE PRESSURE STORED NEAR BOILING POINT?
 SOLID REACTIVE SOLID FORM
 LIQUID IMMEDIATE
 GAS DELAYED MATERIAL SAFETY SHEET.....

MAX DAILY AMOUNT 01 Pounds
 AVE DAILY AMOUNT 01 Pounds
 MAX QUANTITY IN 1 VESSEL

CONCENTRATION (WEIGHT PERCENT)
 DIKED AREA
 DAYS ON SITE

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999

» Storage »

Confidential

L	2	4	←	⊞	D-3	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←	⊞	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←	⊞	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←	⊞	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←	⊞	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←	⊞	<input type="checkbox"/>

» Components »

COMPONENTS	CAS NUMBERS
Acetylene	74-86-2
.....
.....



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT REPORTING PERIOD

CHEMICAL NAME Argon Gas

CAS NUMBER []
 LINKED TO CODEBREAKER []
 EHS CHEMICAL [No]
 TRADE SECRET [No]

PURE FIRE []
 MIXTURE [] PRESSURE
 SOLID [] REACTIVE []
 LIQUID [] IMMEDIATE []
 GAS DELAYED []

STORED NEAR BOILING POINT? []
 SOLID FORM []
 MATERIAL SAFETY SHEET

» Storage » **Confidential**

L	1	4	1-2	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

MAX DAILY AMOUNT 03 Cubic Feet
 AVE DAILY AMOUNT 02 Cubic Feet
 MAX QUANTITY IN 1 VESSEL []

» Components »

COMPONENTS	CAS NUMBERS
Argon Gas	7440-37-1

CONCENTRATION (WEIGHT PERCENT)

DIKED AREA []

DAYS ON SITE 365

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV

STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT

CHEMICAL NAME Propane

CAS NUMBER

LINKED TO CODEBREAKER
 EHS CHEMICAL No
 TRADE SECRET No

PURE FIRE
 MIXTURE PRESSURE
 SOLID REACTIVE
 LIQUID IMMEDIATE
 GAS DELAYED

STORED NEAR BOILING POINT?
 SOLID FORM
 MATERIAL SAFETY SHEET

MAX DAILY AMOUNT 0.1 Gallons
 AVE DAILY AMOUNT 0.1 Gallons
 MAX QUANTITY IN 1 VESSEL

CONCENTRATION (WEIGHT PERCENT)

DIKED AREA

DAYS ON SITE 365

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999

» Storage »

Confidential

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H-7	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

» Components »

COMPONENTS	CAS NUMBERS
Propane	74-98-6



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT REPORTING PERIOD

» Storage »

Confidential

K	1	4	←	J-7	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←		<input type="checkbox"/>

» Components »

COMPONENTS	CAS NUMBERS
Parafin Wax	8002-74-2
Carbon Black	1333-86-4
Silica, Crystalline Quartz	14808-60-7

CHEMICAL NAME Silica, Crystalline Black Powder Coat

CAS NUMBER

LINKED TO CODEBREAKER
 EHS CHEMICAL **No**
 TRADE SECRET **No**

PURE FIRE
 MIXTURE PRESSURE
 SOLID REACTIVE
 LIQUID IMMEDIATE
 GAS DELAYED

STORED NEAR BOILING POINT?
 SOLID FORM
 MATERIAL SAFETY SHEET.....

MAX DAILY AMOUNT 02 Pounds

AVE DAILY AMOUNT 02 Pounds

MAX QUANTITY IN 1 VESSEL

CONCENTRATION (WEIGHT PERCENT)

DIKED AREA

DAYS ON SITE 365

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT REPORTING PERIOD

CHEMICAL NAME Crushed Neon Lights

CAS NUMBER

LINKED TO CODEBREAKER
 EHS CHEMICAL **No**
 TRADE SECRET **No**

PURE FIRE
 MIXTURE PRESSURE STORED NEAR BOILING POINT?
 SOLID REACTIVE SOLID FORM
 LIQUID IMMEDIATE
 GAS DELAYED MATERIAL SAFETY SHEET.....

» Storage » **Confidential**

L-3

MAX DAILY AMOUNT 02 Gallons
 AVE DAILY AMOUNT 02 Gallons
 MAX QUANTITY IN 1 VESSEL

» Components »

COMPONENTS	CAS NUMBERS
Mercury	7439-97-6

CONCENTRATION (WEIGHT PERCENT)

DIKED AREA 36.5

DAYS ON SITE

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT REPORTING PERIOD

CHEMICAL NAME Water Base Paint & Debris

CAS NUMBER
 LINKED TO CODEBREAKER
 EHS CHEMICAL
 TRADE SECRET

» Storage » **Confidential**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURE FIRE
 MIXTURE PRESSURE
 SOLID REACTIVE STORED NEAR BOILING POINT?
 LIQUID IMMEDIATE SOLID FORM
 GAS DELAYED MATERIAL SAFETY SHEET.....

MAX DAILY AMOUNT 0.2 Gallons
 AVE DAILY AMOUNT 0.2 Gallons
 MAX QUANTITY IN 1 VESSEL

» Components »

COMPONENTS	CAS NUMBERS
Butyl Alcohol	78-92-2
Glycol Ether	111-76-2

CONCENTRATION (WEIGHT PERCENT)
 DIKED AREA
 DAYS ON SITE 365

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND.
 DISTRICT REPORTING PERIOD

CHEMICAL NAME Water Base Enamel

CAS NUMBER
 LINKED TO CODEBREAKER
 EHS CHEMICAL
 TRADE SECRET

PURE FIRE
 MIXTURE PRESSURE STORED NEAR BOILING POINT?
 SOLID REACTIVE SOLID FORM
 LIQUID IMMEDIATE
 GAS DELAYED MATERIAL SAFETY SHEET

» Storage » Confidential

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAX DAILY AMOUNT 0.2 Gallons
 AVE DAILY AMOUNT 0.2 Gallons
 MAX QUANTITY IN 1 VESSEL

» Components »

COMPONENTS	CAS NUMBERS
Butyl Alcohol	78-92-2
Glycol Ether	111-76-2

CONCENTRATION (WEIGHT PERCENT)

DIKED AREA

DAYS ON SITE 365

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999



Chemical Inventory 4.5.1



Card of



NAME GHN Neon Inc.
 DEPT/DIV _____
 STREET 7472 Chapman Ave
 CITY Garden Grove
 STATE CA POSTAL CODE 92841
 ID NO. cc23 IND. _____
 DISTRICT _____ REPORTING PERIOD _____

CHEMICAL NAME Neon Gas
 CAS NUMBER
 LINKED TO CODEBREAKER
 EHS CHEMICAL **No**
 TRADE SECRET **No**

PURE FIRE
 MIXTURE PRESSURE
 SOLID REACTIVE
 LIQUID IMMEDIATE
 GAS DELAYED
 STORED NEAR BOILING POINT?
 SOLID FORM
 MATERIAL SAFETY SHEET _____

» Storage » Confidential

L	1	4	←	1-2	□
□	□	□	←	□	□
□	□	□	←	□	□
□	□	□	←	□	□
□	□	□	←	□	□
□	□	□	←	□	□
□	□	□	←	□	□

MAX DAILY AMOUNT 03 **Cubic Feet**
 AVE DAILY AMOUNT 02 **Cubic Feet**
 MAX QUANTITY IN 1 VESSEL
 CONCENTRATION (WEIGHT PERCENT)
 DIKED AREA
 DAYS ON SITE 365

» Components »

COMPONENTS	CAS NUMBERS
Neon gas	7440-01-9

ENTERED 8/5/1999 MODIFICATION DATE 8/5/1999



Contacts 4.5.1



LAST NAME Macabuhay FIRST Arthur

POSITION Human Resources Manager

FACILITY/ORG GHN Neon Inc. ID NO. cc23

STREET 7472 Chapman Ave. ☎ (714)620-7447

CITY Garden Grove ☎ (714)403-2486

STATE CA POSTAL CODE 92841 ☎

DISTRICT ☎

MAP LINK

MODIFICATION 8/5/1999

» Types Information »

» Contact Types »	» Organization Types »	» Resource Types »
<div style="text-align: center;">↑</div> <div style="text-align: center;">↓</div>	<div style="text-align: center;">↑</div> <div style="text-align: center;">↓</div>	<div style="text-align: center;">↑</div> <div style="text-align: center;">↓</div>



CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

BUSINESS INFORMATION

CALENDAR YEAR BEGINNING (1) 6-1-99 ENDING (2) 12-31-99 (3) PAGE 1 OF 11

BUSINESS NAME (4) GHN NEON INC. BUSINESS PHONE: (5) 714 620-7440

SITE ADDRESS (6) 7472 CHAPMAN

CITY (7) GARDEN GROVE STATE (8) CA ZIP (9) 92841

DUN & BRADSTREET (OPTIONAL) (10) 08-944-0291 SIC CODE (4 DIGIT #) (11) 3993

OPERATOR NAME (12) MACABUHAY, ARTHUR OPERATOR PHONE (13) 714 620-7448

OWNER INFORMATION

OWNER NAME (14) CARL WAMSER OWNER PHONE (15) [REDACTED]

OWNER MAILING ADDRESS (16) [REDACTED]

CITY (17) [REDACTED] STATE (18) [REDACTED] ZIP (19) [REDACTED]

ENVIRONMENTAL CONTACT

CONTACT NAME (20) ARTHUR MACABUHAY CONTACT PHONE (21) 714 620-7447

MAILING ADDRESS (22) 7472 CHAPMAN AVE,

CITY (23) GARDEN GROVE STATE (24) CA ZIP (25) 92841

Primary

EMERGENCY CONTACTS

Secondary

NAME: (26) <u>ARTHUR MACABUHAY</u>	NAME: (31) <u>LEO PEDROZA</u>
TITLE: (27) <u>H.R. MANAGER</u>	TITLE: (32) <u>PLANT MANAGER</u>
BUSINESS PHONE: (28) <u>714 620-7447</u>	BUSINESS PHONE: (33) <u>714 620-7430</u>
24-HOUR PHONE: (29) <u>[REDACTED]</u>	24-HOUR PHONE: (34) <u>714</u>
PAGER #: (30) <u>NONE</u>	PAGER #: (35) <u>NONE</u>

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

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

(37)

ADDITIONAL LOCALLY COLLECTED INFORMATION

A. Type of Business Operation MANUFACTURING G. Underground Storage Tanks Y N

B. Hours of Business Operation 0600 THROUGH 2400 HRS H. Above ground Tank over 660 gal. Y N

C. Total Number of Employees 45 UP TO 120

D. Property Owner Name FUJITA PROP. MGMT. Address CONTACT (714) 620-7424

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

F. EPA I.D. Number CAL 000181339

Certification: I certify under penalty of law that I have personally examined and that I am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

Print Name of Document Preparer (38) ARTHUR MACABUHAY

Signature of Owner/Operator (39) [Signature] Date (40) 6-4-99

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 5 OF 3, 11

BUSINESS NAME (4) GHN NEON, INC.
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 7472 CHAPMAN
 MAP # (if more than one) (6) 1 (ONE) GRID # (7) I-2

CHEMICAL NAME (8) MERURY TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM / *EHS (12) Y N
 CAS # (10) 7439-97-6 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 FIRE CODE HAZARD CLASSES* (13) _____

*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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 100
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs AVG DAILY AMT (24) 50
 LARGEST CONTAINER (21) 25 ANNUAL WASTE AMT (25) _____
 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	

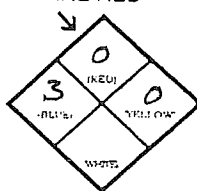
(33) ADDITIONAL LOCALLY COLLECTED INFORMATION
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____

UN/DOT # _____ 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/XX ↖

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

MARTIN METALS, INC.
Company Name: 1321 WILSON STREET
Company Address: LOS ANGELES, CALIF 90021

Emergency Telephone No.: (213) 627-7755

Mercury(Hg)

OSHA PEL: 0.1 mg/M3

ACGIH TLV: 0.05 mg/M3

CAS# 7439-97-6

PHYSICAL DATA

Appearance: Silvery liquid, metallic element

Melting Point: -38.9°C

Boiling Point: 356.9°C

Specific Gravity: 13.546

PHYSIOLOGICAL EFFECTS

Primary Route of Exposure: Inhalation of fumes, skin contact or accidental ingestion.

Acute Effects: Inhaling mercury vapors results in an intoxication that is characterized by a metallic taste, nausea, abdominal pain, vomiting, diarrhea, headache and albuminuria. After a few days, there is a swelling of the salivary glands, stomatitis and gingivitis. A dark line of mercuric sulfide develops on the inflamed gums. Ulcers may develop on the lips and cheeks.

Chronic Effects: Symptoms of chronic mercury poisoning may appear after a few weeks of exposure. The brain is the critical organ and may suffer from degeneration. Therefore, psychic and emotional disturbances would be common. The victim loses his ability to concentrate, becomes depressed and experiences headache, fatigue, memory loss and either drowsiness or insomnia. Tremors may also develop. The kidney may also be affected. The victim may experience renal proteinuria.

REACTIVITY DATA

Mercury is incompatible with acetylenic compounds, ammonia, boron diiodophosphide, ethylene oxide, metals, methyl azide, methylsilane, oxidants and tetracarbonylnickel.

EMERGENCY AND FIRST AID PROCEDURES

INHALATION: If acute overexposure to fumes occurs, remove victim from the adverse environment and seek medical attention.

SKIN CONTACT: If mercury gets on the skin, wash the contaminated skin with soap and water. Remove contaminated clothing and launder before using again.

EYE CONTACT: Flush with large amounts of water.

INGESTION: When mercury has been swallowed and the person is conscious, immediately give the person large quantities of water. After the water has been swallowed, induce vomiting by having the person touch the back of his throat with his finger. Do not make an unconscious person vomit. Seek medical attention immediately.

SPILL OR LEAK PROCEDURES

Take up the spilled mercury with sand or other noncombustible absorbent material and place into containers for later disposal. (Alternatively, kits are available commercially that are specific for mercury retrieval.)

Waste Disposal Method: Dispose of in accordance with appropriate federal, state and local regulations.

CARCINOGENIC ASSESSMENT

Mercury has not been identified as a suspect carcinogen by NTP, IARC or OSHA.

FIRE AND EXPLOSION HAZARD DATA

Flash Point: N/A

Flammable Limits: N/A

Mercury does not present a fire hazard.

Extinguishing Media: Should a fire result, use dry chemical, carbon dioxide, water spray or foam.

SPECIAL PROTECTION

VENTILATION: Local exhaust ventilation should be used to keep worker exposures within allowable limits.

RESPIRATORY PROTECTION: When engineering or administrative controls are not feasible to control overexposure or while they are being instituted, appropriate NIOSH-approved respirators should be used and selected according to 29 CFR 1910.134.

EYE PROTECTION: Appropriate personal protective equipment for the eyes should be worn when there is a reasonable probability of injury.

PROTECTIVE CLOTHING: As needed to protect against physical hazards.

In case of questions, please call: Howard G. Martin, Jr.

Company: Martin Metals, Inc. Telephone No.: (213) 627-7755

Issue Date: Apr 13, 1986 Supersedes: _____

This information is taken from sources believed to be reliable; however, Martin Metals, Inc. makes no warranty as to the absolute correctness or sufficiency of any of the foregoing or that additional or other measures may not be required under particular conditions.

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) **3** OF 3 **11**

BUSINESS NAME (4) **GHN NEON, INC.**
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) **7472 CHAPMAN**
 MAP # (if more than one) (6) **1 (ONE)** GRID # (7) **D-3**

CHEMICAL NAME (8) **ACETYLENE** TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM / *EHS (12) Y N
 CAS # (10) **74-86-2** *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 FIRE CODE HAZARD CLASSES* (13) _____

***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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) **15**
 DAYS ON SITE (20) **365** *If EHS, amounts must be in lbs. AVG DAILY AMT (24) **7**
 LARGEST CONTAINER (21) **15** ANNUAL WASTE AMT (25) _____
 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 # _____ Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ Refer to shipping papers or MSDS

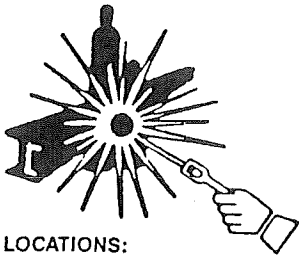
UFC HAZARD CLASS _____

NFPA 704 HAZARD DIAMOND

HEALTH BLUE → [DIAMOND] ← REACTIVE YELLOW

SPECIAL HAZARD ↗ [DIAMOND] ↖ WHITE OX/TK

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



COAST WELDING SUPPLY

MATERIAL SAFETY DATA SHEET

I — GENERAL INFORMATION

PLANT LOCATIONS:
OXNARD SANTA MARIA

MANUFACTURER'S NAME COAST WELDING SUPPLY		PRODUCT NAME Acetylene (Gas)	
ISSUE DATE NOVEMBER 27, 1985		EMERGENCY TELEPHONE NO. (805) 928-3621	
TRADE NAME AND SYNONYMS Acetylene (Ethyne)		CHEMICAL NAME AND SYNONYMS Acetylene	
PRODUCT I.D. NO. UN-1001	FORMULA C₂H₂	CHEMICAL FAMILY Alkynes	GAS NUMBER 000 074 862

II — HAZARDOUS INGREDIENTS

HAZARDOUS MIXTURES OF LIQUIDS AND GASES	%	TLV
NONE. (NIOSH has proposed a 10-hr. TWA of 2500 PPM because of toxic trace impurities)		

III — PHYSICAL DATA

BOILING POINT -103°F (-75°C) @ 1.68 ATM (10 PSIG)	SPECIFIC GRAVITY (Air = 1) 0.906 at 32°F (0°C) and 1 ATM
VAPOR PRESSURE of Pure Liquid AT 70°F (211°C) 635 PSIG (not cylinder pressure)	PERCENT, VOLATILE BY VOLUME (%) N/A
DENSITY at 32°F (0°C) and 1 ATM 0.07314 lb/cu ft	EVAPORATION RATE N/A
SOLUBILITY IN WATER 1.7SCC/100CC H₂O at 32°F (0°C)	MATERIAL AT NORMAL CONDITION <input type="checkbox"/> LIQUID <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> GAS
EXPANSION RATIO (LIQUID TO GAS) N/A (Gas)	Autoignition Temperature 635F (335C)
APPEARANCE AND ODOR Colorless gas with a distinctive garlic-like odor	Autoignition Temperature 635°F (335°C) (Varies depending on Acetylene Percentage, Pressure, Temperature and Water Content)

IV — FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (METHOD USED) N/A	<input type="checkbox"/> CLOSED CUP <input type="checkbox"/> OPEN CUP	FLAMMABILITY LIMITS IN AIR (% BY VOL) LOWER 2.5 UPPER 80
EXTINGUISHING MEDIA Dry chemical, carbon dioxide, and water.		
SPECIAL FIREFIGHTING PROCEDURES Shut off source of acetylene if possible. Use water spray to cool fire exposed cylinders. A small flame may be put out but if a large flame is present, let it burn provided personnel or building structure is not in danger. If a flame is extinguished and acetylene continues to escape, an explosive re-ignition could occur. Follow instructions found in CGA Safety Bulletin #4 "Handling Acetylene Cylinders In Fire Situations".		
UNUSUAL FIRE AND EXPLOSION HAZARD Excessive heat or fire exceeding 212°F (temperature of boiling water) will cause fusible safety plugs to release allowing acetylene to escape and if ignition occurs, a flame as high as 15' could develop. Cylinders exposed to extreme heat in a fire situation may rupture violently if cylinders are not kept cool. Acetylene is lighter than air and can accumulate in the top of enclosed spaces. Potential explosion hazard from re-ignition.		

THIS PRODUCT SAFETY SHEET IS OFFERED SOLELY FOR YOUR INFORMATION, CONSIDERATION AND INVESTIGATION. COAST WELDING SUPPLY PROVIDES NO WARRANTIES, EITHER EXPRESS OR IMPLIED AND ASSUMES NO RESPONSIBILITY FOR THE ACCURACY OR COMPLETENESS OF THE DATA CONTAINED HEREIN.

THRESHOLD LIMIT VALUE None Established	UNUSUAL TOXICITY None	HAZARD DATA	PERIODS OF EXPOSURE Inhalation
EFFECTS OF OVEREXPOSURE Acetylene has been used as an anesthetic, but it acts as a simple asphyxiant if present in concentrations high enough to deprive lungs of oxygen. Exposure to oxygen-deficient atmospheres can cause dizziness, loss of consciousness and death; however, the lower flammable limit of acetylene in air is reached before suffocation could occur.			
EMERGENCY AND FIRST AID PROCEDURES Eliminate all possible sources of ignition. Move victim to fresh air. Assisted respiration and supplemental oxygen should be given if the victim is not breathing. Rescue personnel may require self-contained breathing apparatus.			

VI — REACTIVITY DATA

STABILITY <input checked="" type="checkbox"/> UNSTABLE <input type="checkbox"/> STABLE	CONDITIONS TO AVOID Do not use acetylene at pressures in excess of 15 PSIG (30 PSIA). It is stable below 15 PSI or in acetone solution in its cylinder.
INCOMPATIBILITY (MATERIALS TO AVOID) Acetylene can react with copper, silver and mercury to form acetylides; these compounds could act as an ignition source. Acetylene can react explosively when ignited with oxygen, chlorine or flourine.	
HAZARDOUS DECOMPOSITION PRODUCTS Acetylene under pressure can, even in the absence of air or oxygen, be made to explode violently (ie; decompose into carbon and hydrogen) given a source of ignition.	
HAZARDOUS POLYMERIZATION <input type="checkbox"/> MAY OCCUR <input checked="" type="checkbox"/> WILL NOT OCCUR	CONDITIONS TO AVOID

VII — SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED Evacuate immediate area. Eliminate any possible ignition source and provide maximum explosion-proof ventilation. Shut off source of acetylene if possible. Isolate any leaking cylinder and contact the supplier.
WASTE DISPOSAL METHOD If practical, move cylinder to safe outside area away from any source of ignition. Allow the cylinder to discharge slowly into the atmosphere and contact the supplier.

VIII — SPECIAL PROTECTIVE INFORMATION

RESPIRATORY PROTECTION (SPECIFY TYPE) None		
VENTILATION Natural or mechanical where gas is present	LOCAL EXHAUST Sufficient to keep area below 2½% acetylene concentration	SPECIAL N/A
	MECHANICAL Explosion-proof	OTHER
PROTECTIVE GLOVES N/A	EYE PROTECTION N/A	
OTHER PROTECTIVE EQUIPMENT None		

XI — SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING Store in a cool, well-ventilated place away from open flames and other ignition sources. Do not store within 20 feet of oxygen or other oxidizers. Store cylinders in an upright position. Follow general safety procedures for handling compressed gas cylinders found in CGA Pamphlet P-1.	
LABELING Red Label	VALVE CONNECTION NUMBER CGA-510
OTHER PRECAUTIONS Never use copper piping for acetylene service, only steel or wrought iron pipe should be used. Do not open acetylene cylinder valves more than ½ turn. Never use acetylene in excess of 15 PSIG pressure. Acetylene cylinders are heavier than other cylinders because they are packed with a porous filler material. Leak check with soapy water, never use a flame. Refer to NFPA Pamphlet 51 "Oxygen Fuel Gas Systems For Welding And Cutting" and Pamphlet 51B "Fire Protection In Use Of Cutting And Welding Process". Secure cylinder when in use. Keep valve protection cap in place when cylinder not in use.	

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 4 OF 3, 11

BUSINESS NAME (4) GHN NEON, INC.
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 7472 CHAPMAN
 MAP # (if more than one) (6) 1 (ONE) GRID # (7) I-2

CHEMICAL NAME (8) ARGON GAS TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM / *EHS (12) Y N
 CAS # (10) 7440-37-1 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 FIRE CODE HAZARD CLASSES* (13) _____

*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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 1000
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 500
 LARGEST CONTAINER (21) 200 ANNUAL WASTE AMT (25) _____
 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 # _____ 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 → 1 0 ← REACTIVE YELLOW

SPECIAL HAZARD ↗ 0 ↖ WHITE OXIDIZING

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Material Safety Data Sheet

May be used to comply with
 OSHA's Hazard Communication Standard
 29 CFR 1910.1200. Standard must be
 consulted for specific requirements

U.S. Department of Labor
 Occupational Safety and Health Administration
 (Non-Mandatory Form)
 OSHA Form 101
 OMB No. 1218-0072



IDENTITY (As Used on Label and List)
Argon

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

Section I

Manufacturer's Name (supplied by)
EGL COMPANY, INC.
 Address (Number, Street, City, State, and Zip)
730 SOUTH 13TH STREET
NEWARK, NJ 07103

Emergency Telephone Number
(201) 824-2200
 Telephone Number for Information

Date Prepared
January 29, 1988
 Signature of Preparer (optional)

Section II — Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity, Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
---	----------	-----------	--------------------------	--------------

<u>Argon Gas</u>	<u>None*</u>	<u>None*</u>		
------------------	--------------	--------------	--	--

* Nontoxic, but may act as a simple asphyxiant

Section III — Physical/Chemical Characteristics

Boiling Point		Specific Gravity (H ₂ O = 1)	
Vapor Pressure (mm Hg.)	<u>-302.6 °F</u>	Melting Point	<u>@b.p.</u>
Vapor Density (AIR = 1) @20 °C, 1 atm	<u>n/a</u>	Evaporation Rate (Butyl Acetate = 1)	<u>1.39 g/cc</u>
Solubility in Water	<u>1.375 g/l</u>		<u>n/a</u>
Appearance and Odor	<u>5.6cc in 100 g of water @ 0 °C</u>		

Colorless, odorless, tasteless.

Section IV — Fire and Explosion Hazard Data

Flash Point (Method Used)	Flammable Limits	LEL	UEL
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Extinguishing Media			
<u>n/a</u>			
Special Fire Fighting Procedures			
<u>n/a</u>			

Unusual Fire and Explosion Hazards

none

Section V - Reactivity Data

Stability	Unstable	Conditions to Avoid
	Stable	
		Keep away from excessive heat
Compatibility (Materials to Avoid)		None
Hazardous Decomposition or Byproducts		

Hazardous Polymerization	May Occur	Conditions to Avoid
	Will Not Occur	
		None

Section VI - Health Hazard Data

Route(s) of Entry:	Inhalation?	Skin?	Ingestion?
	Yes	No	No
Health Hazards (Acute and Chronic)			
Nontoxic, but may act as simple asphyxiant			

Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
	Not Listed	Not Listed	Not Listed

Signs and Symptoms of Exposure
 Asphyxiant: Symptoms include dizziness, headaches, nausea and loss of consciousness.

Medical Conditions Generally Aggravated by Exposure
 None Listed

Emergency and First Aid Procedures
 Inhalation: Move victim to fresh air. If breathing has stopped give artificial respiration and, if needed, oxygen. Get medical aid.

Section VII - Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled
 Stop the flow of gas. Ventilate the area.

Waste Disposal Method
 Place the cylinder valve outlet plug. Replace the cylinder cap. If no leaks are observed return the cylinder to your supplier.

Precautions to Be Taken in Handling and Storing
 Store and use cylinders in a well-ventilated area away from excessive heat.

Other Precautions
 Ensure all residual vapors are removed prior to beginning repair and maintenance.

Section VIII - Control Measures

Respiratory Protection (Specify Type)
 self-contained breathing apparatus in oxygen deficient atmosphere.

Ventilation	Local Exhaust	Special
	Recommended	
Protective Gloves	Mechanical (General)	Other
	Other work gloves	
Protective Clothing or Equipment		Eye Protection
Safety shoes		Safety Goggles

Hygienic Practices
 Move cylinders with a hand truck.

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) **7** OF 3, **11**

BUSINESS NAME (4) **GHN NEON, INC.**
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) **7472 CHAPMAN**
 MAP # (if more than one) (6) **1 (ONE)** GRID # (7) **H-7**

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

*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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) **50**
 DAYS ON SITE (20) **365** *If EHS, amounts must be in lbs AVG DAILY AMT (24) **25**
 LARGEST CONTAINER (21) **5** ANNUAL WASTE AMT (25) _____
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARSOY 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. 9.6	PROPANE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	74-98-6
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 # _____ 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 → [DIAMOND] ← REACTIVE YELLOW

SPECIAL HAZARD ↗ [DIAMOND] ↖ WHITE OX/IN

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Section IMATERIAL SAFETY DATA SHEET

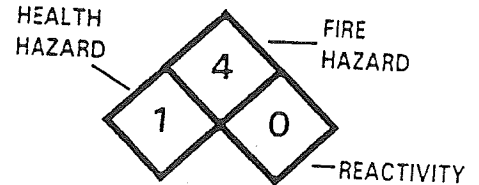
Supplier's Name: Petroleum Gas Service
LTD. Partneraria

Emergency
Phone Number _____

Chemical Name: LIQUEFIED PETROLEUM GAS or PROPANE
CAS Registry No.: 74-98-6 Chemical Family: Hydrocarbon

Formula: C_3H_8

WARNING: Danger! Extremely flammable.
Compressed Gas. Asphyxiant in high concentra-
tions. Contact with liquid causes burns
similar to frost bite. OSHA permissible exposure
limit (PEL) 1000 ppm for an 8-hour workday.



4 - Severe
3 - Serious
2 - Moderate

1 - Slight
0 - Minimal

Appearance and Odor: Vapor and liquid are colorless.
Product contains an odorant (unpleasant odor).

Section IIHAZARDOUS INGREDIENTS

Hazardous Mixtures: Air with 2.15 to 9.60 percent propane

Section IIIPHYSICAL DATA

Boiling Point: -44°F
Specific Gravity ($H_2O=1$): 0.51
Vapor Density (air=1): 1.52
Solubility in Water: Slightly

Vapor Pressure (PSIG) at 100°F: 205
Percent, Volatile by Volume (%): 100
Evaporation rate: Gas at normal ambient
temperatures

Section IVFIRE AND EXPLOSION HAZARD DATA

Flash Point: -156°F (CC)
Flammable Limits - LFL: 2.15 UFL: 9.60 Extinguishing Media: Water spray-Class A-B-C or BC fire
extinguisher. Special Fire Fighting Procedures: Stop flow of gas. Use water to keep fire exposed containers
cool. Use water spray to disperse unignited gas or vapor. If ignition has occurred and no water available,
tank metal may weaken from overheating. Evacuate area. If gas has not ignited, LP-Gas liquid or vapor
may be dispersed by water spray or flooding.

Decomposition Products under Fire Conditions: Fumes, smoke, carbon monoxide, aldehydes and other
decomposition products, in the case of incomplete combustion or when used as an engine fuel.

"EMPTY" Container Warning: "Empty" containers retain residue (liquid and/or vapor) and can be dangerous.
DO NOT PRESSURIZE, CUT, WELD, BRAZE, SOLDER, DRILL, GRIND OR EXPOSE SUCH CONTAINERS
TO HEAT, FLAME, SPARKS OR OTHER SOURCES OF IGNITION; THEY MAY EXPLODE AND CAUSE
INJURY OR DEATH. Do not attempt to clean since residue is difficult to remove. All containers should
be disposed of in an environmentally safe manner and in accordance with governmental regulations.

Section VHEALTH HAZARD

OSHA P.E.L.: 1000 PPM ACGIH TLV: 1000 PPM Effects of Overexposure: Inhalation - concentrations can lead
to symptoms ranging from dizziness to anesthesia and respiratory arrest Eyes - moderate irritation
Emergency & First Aid procedures: Inhalation - remove to fresh air. Guard against self injury. Apply
artificial respiration if breathing has stopped.

Section VIREACTIVITY DATA

Stable: X Unstable: _____ Hazardous Decomposition Products: None
 Incompatibility (materials to avoid): Mixing with oxygen or air, except at burner
 Hazardous Polymerization: May occur _____ Will not occur X

Section VIISPILL OR LEAK PROCEDURES

Steps to be taken in case material is released: Keep public away. Shut off supply of gas. Eliminate sources of ignition. Ventilate the area. Disperse with water spray. Contact between skin and these gases in liquid form can cause freezing of tissue causing injury similar to thermal burn.

Waste Disposal Method: Controlled burning. Contact supplier.

Section VIIISPECIAL PROTECTION INFORMATION

Respiratory Protection: Stay out of gas or vapor (because of fire hazard). Ventilation: Explosion-proof motors and keep sources of ignition at safe distances. Personal Protective Equipment and Apparel: Leather or equivalent gloves, goggles for protection against accidental release of pressurized product.

Section IXSPECIAL PRECAUTIONS

Precautions to be taken when handling and storing: Keep containers away from heat sources and store in upright position. Containers should not be dropped. Keep container valve closed when not in use.
 Other Precaution: Install protective caps when not connected for use.

Section XTOXICOLOGICAL INFORMATION

OSHA Carcinogen Classification (29 CFR 1910) Not listed/applicable X
 U.S. Department of Health (21 CFR 184.1655): Generally recognized as safe (GRAS) as a direct human food ingredient when used as a propellant, aerating agent and gas as defined in Section 170.3(o) (25).

Section XIDOT LABELING INFORMATION (49 CFR 100-199)

Proper shipping name: Liquefied Petroleum Gas Identification No: UN 1075
 Hazardous Classification: Flammable Gas Label(s) Required: Flammable Gas

Section XIIISSUE INFORMATION

Issue Date: September 1, 1988

This material safety data sheet and the information it contains is offered to you in good faith as accurate. Suburban Propane does not manufacture this product but is a supplier of the product independently manufactured by others. Much of the information contained in this data sheet was received from sources outside our Company. To the best of our knowledge this information is accurate, but Suburban Propane does not guarantee its accuracy or completeness. Health and safety precautions in this data sheet may not be adequate for all individuals and/or situations. It is the user's obligation to evaluate and use this product safely, comply with all applicable laws and regulations and to assume the risks involved in the use of this product.

NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSES, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE.

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 8 OF 3, 11

BUSINESS NAME (4) GHN NEON, INC.
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) 7472 CHAPMAN
 MAP # (if more than one) (6) 1 (ONE) GRID # (7) J-7

CHEMICAL NAME (8) SILICA, CRYSTALLINE TRADE SECRET (11) Y N
 COMMON NAME (9) BLACK POWDER COAT AHM / *EHS (12) Y N
 CAS # (10) _____
 FIRE CODE (13) _____
 HAZARD CLASSES* (13) _____

*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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 300
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs AVG DAILY AMT (24) 150
 LARGEST CONTAINER (21) 50 ANNUAL WASTE AMT (25) _____
 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.	<u>PARAFIN WAX</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>8002.74.2</u>
2.	<u>CARBON BLACK</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>1333.86.4</u>
3.	<u>SILICA, CRYSTALLINE QUARTZ</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>14808.60.7</u>

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____

UN/DOT # _____
 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/TK

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Pratt & Lambert, Inc.
 Industrial Coatings Div.
 P.O. Box 2153
 Wichita, KS 67201

EMERGENCY PHONE NO. 716-873-6000 (7days, 24hrs)
 INFORMATION PHONE NO. 316-733-1361 (M-F 8am-5pm CT)
 EMERGENCY (800)255-3924 (24hrs)

H.M.I.S.	
HEALTH	1*
FLAMMABILITY	0
REACTIVITY	0
These ratings should be used only as part of fully implemented H.M.I.S. program.	

MATERIAL SAFETY DATA SHEET

SECTION I

PRODUCT CLASS POWDER COATING DATE OF PREPARATION 1/11/93
 TRADE NAME VITRALON POLYURETHANE EXTRUSION BLACK
 MANUFACTURER CODE I.D. 88-1204 01

SECTION II - HAZARDOUS INGREDIENTS

INGREDIENT	CAS NO.	ALLOWABLE EXPOSURE LEVEL	SARA 313	VP mm Hg @ 20 DEG. C
PARAFFIN WAX (FUME)	8002-74-2	TLV-TWA OSHA-PEL		
		2 2		
CARBON BLACK	1333-86-4	TLV-TWA OSHA-PEL		
		3.50 3.50		
SILICA, CRYSTALLINE-QUARTZ	14808-60-7	TLV-TWA OSHA-PEL		
		0.1000 0.1000		

SKIN = SKIN ABSORPTION MUST BE CONSIDERED AS A ROUTE OF EXPOSURE
 C-CEILING = ALLOW. EXPOSURE LEVEL SHOULD NOT BE EXCEEDED FOR ANY TIME PERIOD
 MFR = MANUFACTURER RECOMMENDED EXPOSURE LIMIT
 STEL = SHORT TERM EXPOSURE LIMIT
 X-SARA 313 = CHEMICAL IS SUBJECT TO REPORTING REQUIREMENTS OF SECTION 313
 OF TITLE III OF S.A.R.A. 40 CFR PART 372

SECTION III - HEALTH INFORMATION

EFFECTS OF SHORT TERM OVEREXPOSURE
SWALLOWING
 May cause gastrointestinal irritation.
INHALATION
 May cause respiratory irritation.
EYE
 May cause eye irritation.
SKIN
 May cause skin irritation.
EFFECTS OF REPEATED OVEREXPOSURE
 Repeated and prolonged occupational overexposure to crystalline silica may cause silicosis, a progressively disabling lung disease. Preexisting respiratory conditions may be aggravated by exposure to crystalline silica.
SIGNIFICANT LABORATORY DATA WITH POSSIBLE RELEVANCE TO HUMAN HEALTH.
 The International Agency for Research on Cancer considers crystalline silica to have limited evidence of carcinogenicity in humans and sufficient evidence in experimental animals (IARC Group 2A).

SECTION IV - FIRST AID AND EMERGENCY PROCEDURES

SWALLOWING
 If swallowed call Poison Control Center, Hospital Emergency Room, or physician immediately.
INHALATION
 Remove to fresh air immediately. If breathing has stopped, give artificial respiration. Keep warm and quiet. Get medical attention immediately.
EYE
 Flush eyes with water until relieved. Consult a physician.
SKIN
 Remove contaminated clothing. Wash affected area with soap and water. Obtain medical attention if irritation persists.
REFERS TO PHYSICIAN
 Any treatment that might be required for overexposure should be directed at the control of symptoms and the clinical conditions.

SECTION V - PHYSICAL DATA

BOILING RANGE Not applicable
DENSITY Not applicable. % VOLATILE BY VOLUME 0
EVAPORATION RATE Not applicable. VOC .00 lb/gal less water & NFRS* 0 g/l less water CALCULATED
WEIGHT LB./GAL. 13.3 VOC .00 lb/gal solids 0 g/l solids CALCULATED
SPECIFIC GRAVITY 1.6

SECTION V - PHYSICAL DATA; (CONTINUED)

WEIGHT LB./GAL. 12.7
 SPECIFIC GRAVITY 1.5 VOC .00 lb/gal solids 0 g/l solids CALCULATE

All Physical data determined at 68 DEG. F. (20 DEG. C.) 760 mm Hg
 * Negligibly Photochemically Reactive Materials
 VOC values reported here are verified by ASTM method D-3960

SECTION VI - FIRE AND EXPLOSION DATA**NFPA FLAMMABILITY CLASSIFICATION**

NOT A FLAMMABLE LIQUID

FLASHPOINT Not applicable

EXTINGUISHING MEDIA

Use NFPA Class A fire extinguishers (water or multi purpose dry chemical) designed to extinguish a NFPA Class A combustible fire.

UNUSUAL FIRE AND EXPLOSION HAZARDS

Dust in air may burn or explode.

SPECIAL FIRE FIGHTING PROCEDURES

None known

SECTION VII - REACTIVITY DATA**STABILITY**

Normally stable.

CONDITIONS TO AVOID

None known

INCOMPATIBILITY (MATERIALS TO AVOID)

Oxidizing materials.

HAZARDOUS DECOMPOSITION PRODUCTS

Burning, including when heated by welding or cutting, will produce smoke, carbon monoxide and carbon dioxide.

At temperatures of 160 Degrees C (320 F) and above caprolactam and isophorone diisocyanate (IPDI) may be liberated. IPDI vapors are irritating to the eyes and mucous membranes. IPDI in contact with skin can cause dermatitis, and allergic sensitization.

Caprolactam vapors are irritating to the respiratory tract and mucous membranes. Caprolactam is an eye irritant and may cause dermatitis.

HAZARDOUS POLYMERIZATION

Will not occur

CONDITIONS TO AVOID

None known

SECTION VIII - ENVIRONMENTAL INFORMATION**STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED**

Use vacuum equipment. If sweeping use compound and moisture to reduce the dust. Avoid breathing dust. Wear NIOSH approved, mechanical filter respirator.

WASTE DISPOSAL

Dispose in accordance with federal, state and local regulations.

RCRA CLASSIFICATION

As produced, this product is not a waste. If discarded as is, it is not classified a hazardous waste under RCRA.

ENVIRONMENTAL HAZARDS

None known

SECTION IX - PERSONAL PROTECTION INFORMATION**RESPIRATORY PROTECTION**

Use NIOSH approved mechanical filter respirator to remove dust overspray. In confined areas, use NIOSH/MSHA approved air supplied respirator. Refer to OSHA 29 CFR 1910.134 "Respiratory Protection".

VENTILATION

Provide general dilution and local exhaust ventilation in sufficient volume and pattern to keep concentrations of hazardous ingredients listed in Section II below the lowest exposure limit stated. Remove decomposition products that are generated when welding, cutting, or brazing objects coated with this product. Refer to "Industrial Ventilation - A Manual of Recommended Practice" ACGIH.

HAND PROTECTION

Wear appropriate impermeable gloves.

EYE PROTECTION

Wear dust goggles.

OTHER PROTECTIVE EQUIPMENT

Not likely to be needed.

SECTION X - SPECIAL PRECAUTIONS**PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE**

Do not store above 80 F (27C). Keep away from heat, sparks and flame. Avoid getting dust into air. Avoid skin contact. Avoid inhalation. Keep containers tightly closed when not in use.

OTHER PRECAUTIONS

Do not take internally. Close container after each use.
 Do not breathe sanding dust.

Avoid contact with or breathing of any gases evolved during application and baking procedures.

SECTION XI - OTHER INFORMATION

SECTION XI - OTHER INFORMATION; (CONTINUED)

THE INFORMATION CONTAINED HEREIN IS BASED ON DATA CONSIDERED TO BE ACCURATE. WHILE THE INFORMATION IS BELIEVED TO BE RELIABLE, NO WARRANTY IS EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF THIS DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF. SINCE THE USE OF THIS INFORMATION AND THE CONDITIONS AND USE OF THIS PRODUCT ARE CONTROLLED BY THE USER, IT IS THE USER'S OBLIGATION TO DETERMINE THE CONDITIONS OF SAFE USE OF THE PRODUCT. The Corporate Safety and Environmental Affairs Department is responsible for the preparation of this Material Safety Data sheet.

GHN NEON COMPANY
1531 WEST 240TH STREET
HARBOR CITY CA
90710

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 10 OF 3, 11

BUSINESS NAME (4) GHN NEON, INC.
CHEMICAL LOCATION (5) 7472 CHAPMAN
MAP # (if more than one) (6) 1 (ONE) GRID # (7) L-3

CHEMICAL NAME (8)
COMMON NAME (9) CRUSHED NEON LIGHTS
CAS # (10)
FIRE CODE HAZARD CLASSES (13)
TRADE SECRET (11)
AHM / *EHS (12)
*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
PHYSICAL STATE (17) SOLID LIQUID GAS
FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
STATE WASTE CODE (19) 181 UNITS (22) GAL LBS CU FT TONS
DAYS ON SITE (20) 365
LARGEST CONTAINER (21) 55
STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
UNDER GROUND TANK CARSOY 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

Table with 3 columns: (29) % WT, (30) HAZARDOUS COMPONENTS, (31) EHS/AHM, (32) CAS #. Row 1: 2, MERCURY, Y, N, 7439.97.6

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION
*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION, UN/DOT #, DOT HAZARD CLASS, UFC HAZARD CLASS, NFPA 704 HAZARD DIAMOND (FIRE RED, HEALTH BLUE, REACTIVE YELLOW, SPECIAL HAZARD, WHITE OX/TK)

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 11 OF 3, 11

BUSINESS NAME (4) GHN NEON, INC.
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) 7472 CHAPMAN
 MAP # (if more than one) (6) 1 (ONE) GRID # (7) L-3

CHEMICAL NAME (8) _____ TRADE SECRET (11) Y N
 COMMON NAME (9) WATER BASE PAINT + DEBRIS AHM / *EHS (12) Y N
 CAS # (10) _____
 FIRE CODE HAZARD CLASSES* (13) _____
 *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) 352 UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 550
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 275
 LARGEST CONTAINER (21) 55 ANNUAL WASTE AMT (25) 1100
 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. <u>2.5</u>	<u>BUTYL ALCOHOL</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>78.92.2</u>
2. <u>2.5</u>	<u>GLYCOL ETHER</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>111.76.2</u>
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 # _____ 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/IN

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) **9** OF 3, **11**

BUSINESS NAME (4) **GHN NEON, INC.**
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) **7472 CHAPMAN**
 MAP # (if more than one) (6) **1 (ONE)** GRID # (7) **I-2**

CHEMICAL NAME (8) _____
 COMMON NAME (9) **WATER BASE ENAMEL**
 CAS # (10) _____
 FIRE CODE HAZARD CLASSES* (13) _____

TRADE SECRET (11) Y N
 AHM / *EHS (12) Y N
 *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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) **330**
 DAYS ON SITE (20) **365** *If EHS, amounts must be in lbs. AVG DAILY AMT (24) **165**
 LARGEST CONTAINER (21) **55** ANNUAL WASTE AMT (25) _____
 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. 5	BUTYL ALCOHOL	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	78-92-2
2. 5	GLYCOL ETHER	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	111-76-2
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 # _____ Refer to shipping papers or MSDS

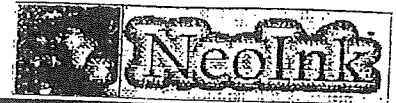
DOT HAZARD CLASS _____ Refer to shipping papers or MSDS

UFC HAZARD CLASS _____

NFPA 704 HAZARD DIAMOND FIRE RED

HEALTH BLUE → [DIAMOND] ← REACTIVE YELLOW
 SPECIAL HAZARD ↗ WHITE OX/TK ↖

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



MATERIAL SAFETY DATA SHEET General

Section I

GENERAL INFORMATION

Manufacturers Name:	NeoInk Corporation	Date Prepared:	04/15/97
Street Address:	1823 S. Hope Street, LA. CA 90015		
Emergency No.:	1- 800-421-2849	Information:	213-747-8286
Products Class:	Water Soluable Resin	V.O.C. :	268 g/l

This Material Safety Data Sheet covers the following products :
 EB400- Blue EG303-Green ER207-Red EY101-Yellow.

Section II

HAZARDOUS INGREDIENTS

INGREDIENT	PERCENT	PPM TLV	VAPOR PRESSURE
BUTYL ALCOHOL	5%	100 ppm	1.0
GLYCOL ETHER 111-76-2	5%	50 ppm	0.1
HMIS CODE HFRP I30J			

Section III

PHYSICAL CHEMICAL CHARACTERISTICS

Boiling point:	212 F	Vapor Density:	Heavier than air
Evaporation rate:	Slower than Ether	% volatile by volume:	67%
Weight per gallon:	8.5 lb.	Solubility in Water:	Soluble

Section IV

FIRE & EXPLOSION HAZARD DATA

Dot range:	Not regulated	Flash point:	140 F
Extinguishing media:	Foam, Dry chemical CO2		
Unusual Fire & Explosion:	Water spray to cool containers exposed to heat, to prevent pressure build up.		
Special Fire Fighting Procedures:	Non-Flammable - wear self contained breathing apparatus and turn out gear to fight fire.		

Section V

REACTIVITY DATA

Proposition 65 statement

Warning! This product contains a chemical(s) known to the state of California to cause cancer and birth defects.

Medical conditions generally aggravated by exposure-any respiratory or skin condition

Emergency and first aid procedures: None

Possible routes of entry: inhalation, ingestion, skin absorption

Section VI

HEALTH HAZARD DATA

This product is stable

Conditions to avoid: None

Incompatibility: avoid water - reactive materials

Hazards decomposition products: carbon dioxide/ monoxide

Hazards polymerization: None

Section VII

PRECAUTIONS FOR SAFE HANDLING AND USE

Precautions to be taken in handling storage:

Keep containers closed when not in use. Do not store above (120 deg. F) keep from freezing. Empty containers may contain product residue. Do not cut, puncture or weld containers. All label warning must be observed, until container has been cleaned or reconditioned, or properly disposed of. Mix material well to proper specifications. NeoInk Coatings does not warrant its product, test paint for suitability.

Section VIII

CONTROL MEASURES

Ventilate area, remove spills with inert absorbent.

Waste disposal method: Dispose in chemical disposal area or in a manner that complies with local state and federal regulations, do not incinerate closed containers.

CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 6 OF 3, 11

BUSINESS NAME (4) GHN NEON, INC.
 CHEMICAL LOCATION (5) 7472 CHAPMAN
 MAP # (if more than one) (6) 1 (ONE) GRID # (7) I-2

CHEMICAL NAME (8) NEON GAS TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM / *EHS (12) Y N
 CAS # (10) 7440-01-9 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 FIRE CODE HAZARD CLASSES* (13) _____

*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) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 1000

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 500

LARGEST CONTAINER (21) 200 ANNUAL WASTE AMT (25) _____

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.

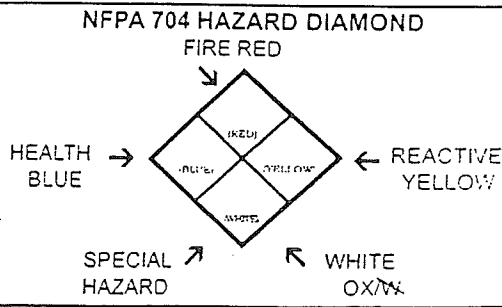
PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

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 # _____ Refer to shipping papers or MSDS
 DOT HAZARD CLASS _____ Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Material Safety Data Sheet

May be used to comply with
 OSHA's Hazard Communication Standard
 29 CFR 1910.1200. Standard must be
 consulted for specific requirements

U.S. Department of Labor
 Occupational Safety and Health Administration
 (Non-Mandatory Form)
 Form Approved
 OMB No. 1218-0072



IDENTITY (As Used on Label and List)
 Neon

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available the space must be marked to indicate that.

Section I

Manufacturer's Name: (Supplied By)
 EGL COMPANY, INC

Emergency Telephone Number

(201) 824-2200

Address (Number, Street, City, State, and ZIP Code)

Telephone Number for Information

730 SOUTH 13TH STREET

Date Prepared

January 29, 1988

NEWARK, NJ 07103

Signature of Preparer (optional)

Section II — Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity, Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
Neon Gas	None*	None*		

* Nontoxic, but may act as simple asphyxiant

Section III — Physical/Chemical Characteristics

Boiling Point	0 -411 F	Specific Gravity (H ₂ O = 1)	@ b.p.	1.21 g/c.c
Vapor Pressure (mm Hg.)	n/a	Melting Point		
Vapor Density (AIR = 1) @ 20 C, 1 atm.	0.696 g/l	Evaporation Rate (Butyl Acetate = 1)		n/a
Solubility in Water	1.16 c.c. in 100 grams of water			
Appearance and Odor	Colorless, odorless, tasteless gas			

Section IV — Fire and Explosion Hazard Data

Flash Point (Method Used)	n/a	Flammable Limits	LEL	UEL
Extinguishing Media	n/a	n/a	n/a	n/a
Special Fire Fighting Procedures	None			

Unusual Fire and Explosion Hazards

None

Section V — Reactivity Data

Stability	Unstable		Conditions to Avoid
	Stable	X	

Keep away from excessive heat.

Incompatibility (Materials to Avoid)
None

Hazardous Decomposition or Byproducts

Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur	X	

None

Section VI — Health Hazard Data

Route(s) of Entry:	Inhalation?	Skin?	Ingestion?
	Yes	No	No

Health Hazards (Acute and Chronic)
Nontoxic, but may act as simple asphyxiant

Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
	Not Listed	Not Listed	Not Listed

Signs and Symptoms of Exposure
Asphyxiation: Symptoms include dizziness, headache, nausea and loss consciousness.

Medical Conditions
Generally Aggravated by Exposure None Listed.

Emergency and First Aid Procedures

Inhalation: Move victim to fresh air. If breathing has stopped, give artificial respiration and, if needed, oxygen. Get medical aid.

Section VII — Precautions for Safe Handling and Use

Steps to Be Taken in Case Material Is Released or Spilled
Stop the flow of gas. Ventilate the area.

Waste Disposal Method

Replace the cylinder valve outlet plug. Replace the cylinder cap. If no leaks are observed, return the cylinder to your supplier.

Precautions to Be Taken in Handling and Storing
Store and use cylinders in a well-ventilated area away from excessive heat.

Other Precautions

Make sure all residual vapors are removed prior to beginning repairs and maintenance.

Section VIII — Control Measures

Respiratory Protection (Specify Type)

Use self-contained breathing apparatus in oxygen deficient atmosphere

Ventilation	Local Exhaust	Special
	Recommended Mechanical (General)	
Protective Gloves	Leather Work Gloves	Other Locate vents to prevent abnormal lea
	Protective Clothing or Equipment	
Work/Hygienic Practices	Safety shoes	Eye Protection Safety goggles
	Move cylinders with a hand truck.	

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN LONG 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**

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

Individual(s) Responsible for Calling These Agencies
ARTHUR MACABUHAY OR LEO PEDROZA

Provide the following information when you call:

- Name of the person and business.
- Business street address.
- Location of the incident.
- Type of incident (spill, gas release, etc.)
- The name(s) of the chemical substance(s) involved.
- The amount of the chemical substances involved.
- The extent of injuries, if any.
- Possible hazards to human health and/or the environment.
- Emergency call-back phone number (714) 403-2486

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

To the North:

Facility TIME WARNER CABLE Phone (714) 903-4000

Facility (ACROSS CHAPMAN AVE.) Phone () _____

To the South:

Facility UNLEASED PROPERTY Phone () _____

Facility _____ Phone () _____

To the East

Facility SUPERIOR AUTOMOTIVE Phone (714) 894-9711

Facility (ACROSS WESTERN AVE.) Phone () _____

To the West:

Facility EVANS MANUFACTURING Phone (714) 379-6100

Facility _____ Phone () _____

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

OPTIONAL NOTIFICATIONS

1. Hazardous Waste Contractor
Name ENVIRO - SERVE Phone (562) 427-7277
2. Insurance Company
Name KEMPER CASUALTY Phone (818) 369-8856
3. Poison Control Center - 24-Hour
1-(800) 876-4766

EVACUATION PLANS AND PROCEDURES

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

WE WILL NOTIFY EMPLOYEES TO BEGIN
EVACUATION BY THE USE OF
PAGING SYSTEM, AUDIBLE SIGNAL (ALARM)
AND INDIVIDUAL CONTACT AS FEASIBLE.

Evacuation Drills

Evacuation drills and records proving you have held such drills are required by California law. The drill record does NOT have to be provided to the Fire Department with this business plan, but shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill, and the signature of the facilitator. For your convenience, a form for recording list information is included with this packet. Make additional copies, as needed.

The following four forms:

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

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

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

EVACUATION PLANNING

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

1. Working area: GENERAL OFFICES + ADMINISTRATIVE
Evacuation route: THROUGH HALLWAYS
Emergency exits: THROUGH MAIN LOBBY OR THROUGH ENG-
INEERING
Staging area: FRONT PARKING LOT

2. Working area: GLASS DEPARTMENT
Evacuation route: PATH LEADING TO MAIN PARKING LOT
Emergency exits: THROUGH FINISHED GOOD WAREHOUSE
Staging area: LOADING DOCK NEAR FENCE LINE

3. Working area: ASSEMBLY DEPARTMENT(S)
Evacuation route: PATHS LEADING TO REAR PARKING
LOT
Emergency exits: THROUGH RECEIVING OR SHIPPING
Staging area: REAR UNLOADING DOCK NEAR FENCE LINE

4. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

5. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

EMPLOYEE RESPONSIBILITIES:

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

JOB TITLE: HUMAN RESOURCES MANAGER

EMERGENCY FUNCTION(S)

- a. NOTIFY RESPONDING AGENCY
- b. INITIATE COMMUNICATION TO EMPLOYEES
- c. RECONCILE ALL HEADCOUNTS TO MASTER EMPLOYEE LISTING
- d. COMMUNICATE/LIASON TO RESPONDING AGENCY

JOB TITLE: PLANT & PRODUCTION MANAGER(S)

EMERGENCY FUNCTION(S)

- a. SUPERVISE PROPER ACTIVITY BY EMPLOYEES
- b. PERFORM HEADCOUNTS AT STAGING AREA
- c. PROVIDE ANY IMMEDIATE MEDICAL ATTN.
- d. INITIATE ANY NEEDED EMERGENCY PROCEDUR

JOB TITLE: MAINTENANCE MECHANIC I

EMERGENCY FUNCTION(S)

- a. SHUT OFF NATURAL GAS (IF REQUIRED)
- b. SHUT OFF ELECTRICAL (IF REQUIRED)
- c. MAN THE MAIN WATER VALVE
- d. _____

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

TRAINING

Every Business handling hazardous materials above the minimum limits shall provide training for their employees in the following area:

- A. Method for safe handling of hazardous materials.
- B. Procedures for notification and coordination with emergency agencies, in the event of a spill or threatened spill.
- C. Use of emergency response equipment and supplies under the control of the handler.
- D. Emergency mitigation procedures in response to a release or threatened release hazardous material.
- E. Tasks assigned to employees in the event of a hazardous materials emergency.
- F. Evacuation procedures.

Describe the type of training programs you either are currently using or will use during the next year to provide the required employee training.

A. HAZ - COM TRAINING PER THE COMPANY
INJURY + ILLNESS PREVENTION PROGRAM.

SUPERVISORY TRAINING TO IDENTIFY +
ABATE WORKPLACE HAZARDS.

B. STANDARD WRITTEN INSTRUCTION SHEET TO
ENSURE UNDERSTANDING AND ANNUAL
CHECK WITH RESPONDER TO VERIFY
THEIR CONTINUED ABILITY TO PERFORM THIS
SERVICE (AS NECESSARY).

C. TRAINING IN THE USE OF PERSONAL
PROTECTIVE EQUIPMENT.

D. TRAINING + REVIEW OF ALL REQUIRE -
MENT OF THE COMPANY BUSINESS
EMERGENCY PLAN FOR ALL AFFECTED
EMPLOYEES.

E. REVIEW OF EMERGENCY EVACUATION PRO -
CEDURES + AN ANNUAL FIRE DRILL.
MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

PREVENTION

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

<u>HAZARDOUS MATERIALS STORAGE LOCATION</u>	<u>PREVENTATIVE MEASURE</u>
1. <u>MAINTENANCE</u>	<u>FIRE SUPPRESSION CABINE</u>
2. <u>R&D - TOOLING</u>	<u>" "</u>
3. <u>PUMP STATION</u>	<u>" "</u>
4. <u>PROPANE TANK CAGE</u>	<u>LOCKING CAGE</u>
5. <u>HAZ-WASTE AREA</u>	<u>ENCLOSED W SPILL CONTAINME</u>
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

THE STORAGE AREAS ARE WELL LIT & VENTILATED.
PORTABLE EXTINGUISHERS ARE PRESENT.

Prevention Measures to be taken at this location:

A _____

Estimated date of completion: _____

Actual date of completion: _____

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

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

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

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

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

Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

HUMAN RESOURCES OFFICE
7472 CHAPMAN (ON-SITE)

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: ARTHUR MACABUHAY

TITLE: H.R. MANAGER

DATE: 6-4-99



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

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

File # 296
Fire District 2314
Inspector FPB Shift N
Next Insp 5 / 2009

Occupant or DBA GHN NEON INCORPORATED Business Phone 714 620-7440

Address 7472 CHAPMAN Ave Suite _____ Zip 92841

Business Owner JUDY WAMSER Phone 414 529-7102

Emergency Contact ART M Phone 714 620-7426

Group H7 Load _____ Sprinklers F/P/N F 5 yr. Cert. 06/19/2003 Haz Mat

Fire Permits

801031 HAZARDOUS MATERIALS - use, handling or storage, 741031 NON-FLAM. COMP. GASES, 491011 HOT WORK - welding and cutting / open flame, 451021 SPRAYING/DIPPING - flammable/combustible liquids, 811031 HIGH-PILED COMBUSTIBLE STOCK, 621021 INDUSTRIAL OVENS / DRYING,

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

SIGNS

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

EXITS

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

ACCESS

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

FIRE PROTECTION EQUIP. AND SYS.

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

ADDITIONAL VIOLATIONS AND/OR NOTES

Closed 3/16/09

ASSEMBLY OCCUPANCIES

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

ELECTRICAL SAFETY PRE-CAUTION!

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

HAZ-MAT SAFETY PRE-CAUTIONS

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

MISCELLANEOUS

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

NO VIOLATIONS

Business representative signature _____ Date _____

Inspector ID # 12867 Date _____

Cleared 3/16/09 Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___