



CITY OF GARDEN GROVE
FIRE DEPARTMENT

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

6/2/2016

Frank Trinidad
Odic Environmental
(213) 380-0090

RE: Records Search for 14321 Corporate Drive. Garden Grove CA

Dear Frank Trinidad:

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,

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

0. PERMIT# : 000630

1. INSPECTION# : 002110

2. PERMIT LOC : 14321 CORPORATE DR

3. BUSINESS NAME: HANDBILL PRINTERS

9. BUS LICENSE:

4. PHONE: 554-6220

10. OCC CLASS :F1

5. BILL-TO-NAME : HANDBILL PRINTERS

11. ISSUE DATE :12-01-00

6. BILL-TO-ADDR : 14321 CORPORATE DR.

12. EXPIRATION :11-30-01

7. BILL-TO-CSZ : GARDEN GROVE, CA. 92677

13. TOTAL FEES :110.00

8. REMARKS : BLDG'S #2,#3 AND #4

14. INSPECTOR :1705

COLLINS, PATRICK S

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NO.	CODE	DESCRIPTION / CONDITION	FEE
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1	811031	HIGH-PILED COMBUSTIBLE STOCK	55.00
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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.

2	821021	LIQUEFIED PETROLEUM GASES	55.00
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STORAGE, HANDLING AND/OR TRANSPORTATION OF MORE THAN 125
 GALLONS OF LIQUID PETROLEUM GAS IN A CONTAINER OR TANK SHALL
 COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 020487

1. INSPECTION# : 022055

2. PERMIT LOC : 14321 CORPORATE DR

3. BUSINESS NAME: HANDBILL PRINTERS

9. BUS LICENSE:133394

**Violation List for
PROPLAS TECHNOLOGIES
14321 CORPORATE Dr**

Date Issued	Date Cleared	Code #	Violation Description
12/10/2015	01/14/2016	CFC 901	Repair FDC as needed. Flapper or check valve might be damaged.
12/10/2015	01/14/2016	CFC 105	Needs Fire Permits. High Piled Storage & Haz-Mat
12/10/2015	12/17/2015	CFC 3003.5.	Secure compressed gas cylinders.
12/10/2015	12/17/2015	CFC 605.3	Keep 30" clear in front of elec. panel
12/10/2015	12/17/2015	CFC 605.6	Discontinue use of extension cords.
12/10/2015	12/10/2015	CFC 1028.3	Remove exit obstruction

Common Name	Chemical Name	Cas #	Location	Max Daily Amount	Map	Grid	Not Used/Used	Delete	Modify
3M SUPER 77 SPRAY ADHESIVE	3M SUPER 77 SPRAY ADHESIVE	MIXTURE	BUILDING 1	40 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 UNWAX (ALL GRADES) LUBRICANTS	76 UNWAX (ALL GRADES) LUBRICANTS	64741-88-4	BUILDING 3	55 Gallons	1	L3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACETYLENE, OXYGEN, NITROGEN	ACETYLENE, OXYGEN, NITROGEN	MIXTURE	BUILDING 3	200 Cubic Fee	1	2K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLANKET SAVER #14	BLANKET SAVER #14	MIXTURE	BUILDING 1	25 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEVRON DURA-LITH GREASE EP	CHEVRON DURA-LITH GREASE EP	N/A	BUILDING 3	35 Gallons	1	K2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEVRON ULTRA-DUTY GREASE EP	CHEVRON ULTRA-DUTY GREASE EP	N/A	BUILDING 3	35	1	K2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNS NEUTRALIZER POWER	DNS NEUTRALIZER POWER	77-92-9	BUILDING 1	5 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FILM KLEEN 7065	FILM KLEEN 7065	MIXTURE	BUILDING 1	2 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUJI FILM	LP-D3WR LASER PLATE DEV. WORK REP.	35545-57-4	BUILDING 1	10 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUJI FILM	FN-6 PLATE FINISHER GUM	MIXTURE	BUILDING 1	5 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GLASS CLEANER	GLASS CLEANER	MIXTURE	BUILDING 1	1 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H/S KRYSTAL PROCESS YELLOW/MAGENTA/CYAN/BLA	H/S KRYSTAL PROCESS YELLOW/MAGENTA/CYAN/BLA	N/A	BUILDING 1 14321 CORPORATE DRIVE	120000 Gallons	1	5G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KODAK RA2000 DEVELOPER & REPLENISHER	KODAK RA2000 DEVELOPER & REPLENISHER	MIXTURE	BUILDING 1	25 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KODAK RA2000 DEVELOPER REPLINISHER /US/C	KODAK RA2000 DEVELOPER REPLINISHER /US/C	MIXTURE	BUILDING 1	25 Gallons	1	4B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Common Name	Chemical Name	Cas #	Location	Max Daily Amount	Map	Grid	Not Used/Used
KODAK RA3000 AUTOMIX FIXER & PART A REPLINISHE	KODAK RA3000 AUTOMIX FIXER & PART A REPLINISHE	MIXTURE	BUILDING 1	25 Gallons	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
KODAK RA3000 FIXER & REPLENISHER PART B	KODAK RA3000 FIXER & REPLENISHER PART B	MIXTURE	BUILDING 1	5 Gallons	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
LOW VOC WASH 6026	LOW VOC WASH 6026	MIXTURE	BUILDING 1 14321 CORPORATE DR.	210 Gallons	1	3I	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
NEWS 3000B FIXER HARDENER	NEWS 3000B FIXER HARDENER	MIXTURE	BUILDING 1	2 Gallons	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
NEWS 3000B FIXER HARDENER	NEWS 3000B FIXER HARDENER	MIXTURE	BUILDING 1	2 Gallons	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
PERFECTION NEUTRAL FOUNTAIN SOLUTION	PERFECTION NEUTRAL FOUNTAIN SOLUTION	MIXTURE	BUILDING 1 14321 CORPORATE DRIVE	210 Gallons	1	3I	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
PHOTOGRAPH CLEANER	AUTEX PHOTACLEAN FIXER CLEANER	MIXTURE	BUILDING 1	2 Gallons	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
PLATE CLEANER	2429 PLATE CLEANER/DESENSITIZER	MIX	BUILDING 1	2 Gallons	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
PLATINUM FOUNTAIN SOLUTION	PLATINUM FOUNTAIN SOLUTION	MIXTURE	BUILDING 1 14321 CORPORATE DRIVE	210 Gallons	1	3I	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
PROPANE	PROPANE	74-98-6	BUILDING 3	144 Gallons	1	K3	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
REALLY WORKS HEAVY DUTY HAND CLEANER	REALLY WORKS HEAVY DUTY HAND CLEANER	TRADE SECRET	BUILDING 1	0	1	4B	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
SILICONE SOLUTION 4046	SILICONE SOLUTION 4046	68410-69-5	BUILDING 1 14321 CORPORATE DRIVE	210 Gallons	1	4J	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Modify
WELDING CONSUMABLES	WELDING CONSUMABLES	MIXTURE	BUILDING 1	120 Cubic Feet	1	K2	<input type="checkbox"/> Delete <input type="checkbox"/> Modify

Dbas HANDBILL PRINTERS

Complex

Address

14321

CORPORATE

Dr

92843

Business Information

Business License No. 133394
Dunn and Bradstreet - 11-835-5981
Sic Code- 2752
Fax 7145546987
E-Mail
Business Owner Name KEN MESSICK
Home Phone 9493638549
Property Use Manufacturing, processing

Construction Information

Construction type-
Occupany group- F1
Occupany Load- 0
Building Sq.ft- 0

Lock box Type - Vehicular Padlock Location - 14321 CORPORATE DR

Contacts Information

Property Owner
WOHL INVESTMENTS
2402 MICHELSON DR.
IRVINE ,CA 92715

Building Owner

Contacts
Contact Type - Emergency Secondary
KEN MESSICK Position/Title -MANAGER
Office 7145546220
Mobile 7149360212

Contact Type - Emergency Primary
MARK MESSICK Position/Title -MANAGER/OWNER
Office 7145546220
Mobile 7149284194

Contact Type - Business Owner
KEN MESSICK Position/Title Business Owner

REN MESSICK Position/Title -Business Owner
Home 7149360212

2 POPPY HILLS
LAGUNA NIGUEL, CA 92677
Contact Type - Environmental
MARK MESSICK Position/Title -Environmental Contact
Office 7145546220
Emergency 7149284194

9 CALISTOGA
IRVINE, CA 92602
Contact Type - Property Owner
WOHL INVESTMENTS Position/Title -Property Owner
Office
Mobile

2402 MICHELSON DR.
IRVINE, CA 92715

Inspection Information

Archived by sabrinas
File number 174
Inspector- FPB N
Inspection contact for haz mat is
Buddy Boggs.
No. of emp's is 175 for all shifts.
open 24hrs.
jh
3/31/03

Inspection History

09/08/2003 Time 09:33
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Life Safety Inspection
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N FPB

09/24/2003 Time 08:38
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared using Status field on input form- Inspector 0910 Nathan Brady by Valerie Thorpe

11/03/2003 Time 08:09
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Permit Invoice
Notes - Permit Invoice Printed

11/21/2003 Time 08:54
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Fire Code Permit

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

08/23/2004 Time 09:40

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

10/11/2004 Time 07:47

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2512 Susan Waidelich by Valerie Thorpe

11/01/2004 Time 08:52

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

12/17/2004 Time 07:49

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

08/23/2005 Time 08:51

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

09/08/2005 Time 06:45

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2867 Don Nguyen by Valerie Thorpe

11/01/2005 Time 08:00

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

12/07/2005 Time 11:04

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

01/26/2007 Time 08:08

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

10/29/2007 Time 08:10

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

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

08/21/2006 Time 08:41

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

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

11/01/2006 Time 09:26
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Permit Invoice
Notes - Permit Invoice Printed

01/09/2007 Time 07:49
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared using Status field on input form- Inspector 0001 FPB Intern by Valerie Thorpe

06/19/2007 Time 10:56
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Life Safety Inspection
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N FPB

11/04/2011 Time 13:58
Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Permit Invoice
Notes - Permit Invoice Printed

11/01/2007 Time 08:34
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Permit Invoice
Notes - Permit Invoice Printed

11/21/2007 Time 10:16
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Fire Code Permit
Notes - Fire Code Permit printed for a paid Invoice

08/31/2010 Time 13:15
Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Life Safety Inspection
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

08/19/2008 Time 08:56
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Life Safety Inspection
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

11/03/2008 Time 07:50
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Permit Invoice
Notes - Permit Invoice Printed

11/17/2008 Time 11:39
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Inspection Cleared
Notes - Inspection cleared- Inspector 3303 Sabrina Soltis by Valerie Thorpe

11/17/2008 Time 11:39
Employee No. - 6691Name - Valerie Thorpe
Action Performed - Violation Cleared
Notes - Auto Cleared Lifesafety -Violation 3303 Sabrina Soltis

11/17/2008 Time 11:39

Employee No. - 6691Name - Valerie Thorpe
Action Performed - Violation Cleared
Notes - Auto Cleared Lifesafety -Violation 3303 Sabrina Soltis

12/08/2008 Time 07:53

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

08/18/2009 Time 07:38

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

11/02/2009 Time 08:40

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

11/25/2009 Time 10:07

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

10/22/2010 Time 09:43

Employee No. - 3795Name - Alex Fertal
Action Performed - Inspection Cleared
Notes - Inspection cleared- Inspector 3303 Sabrina Soltis by Alex Fertal

11/05/2010 Time 09:04

Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Permit Invoice
Notes - Permit Invoice Printed

12/07/2010 Time 11:54

Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Fire Code Permit
Notes - Fire Code Permit printed for a paid Invoice

08/16/2011 Time 13:35

Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Life Safety Inspection
Notes - System generated Life Safety inspection printed for - Inspector FPB shift N FPB

10/27/2011 Time 13:56

Employee No. - 0054Name - Randall D. Williams
Action Performed - Inspection Cleared
Notes - Inspection cleared- Inspector 3303 Sabrina Soltis by Randall D. Williams

12/05/2011 Time 15:00

Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Fire Code Permit
Notes - Fire Code Permit printed for a paid Invoice

10/24/2012 Time 10:58

Employee No. - 3303Name - Sabrina M Soltis
Action Performed - Inspection Cleared
Notes - Inspection cleared- Inspector 3303 Sabrina Soltis by Sabrina M Soltis

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08/28/2012 Time 07:48

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

11/06/2012 Time 08:21

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

12/06/2012 Time 16:17

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

08/26/2013 Time 10:38

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

11/04/2013 Time 08:05

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

01/28/2014 Time 10:52

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

Visits

10/07/2004

Inspector Id- 2512Name - Susan Waidelich

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

09/18/2003

Inspector Id- 0910Name - Nathan Brady

Insp. Type - Annual Life Safety

Category - Life Safety

Comments -

09/24/2003

Inspector Id- 0910Name - Nathan Brady

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

09/07/2005

Inspector Id- 2867Name - Don Nguyen

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

01/28/2014

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type -

Category - Life Safety

Comments - BUSINESS MOVING OUT OF CITY. HAS COMPLETELY REMOVED HAZ MAT MATERIALS FROM SITE. WILL BE COMPLETELY OUT BY JAN21. NEW OWNER TO TAKE BUILDING OVER FEB 1

09/22/2005

Inspector Id- 2867Name - Don Nguyen

Insp. Type -

Category -

Comments - Mailback card returned.

11/06/2006

Inspector Id- 0001Name - FPB Intern

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Call made to property owner about 5 year cert on 11/6/06 at 11:10am. Exintuishers serviced next month. *Note - MOndays are best for inspections.

-Sarmiento

01/08/2007

Inspector Id- 0001Name - FPB Intern

Insp. Type - Reinspection

Category - Life Safety

Comments - Cleared.

10/10/2007

Inspector Id- 2867Name - Don Nguyen

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - MBCC due

10/25/2007

Inspector Id- 2867Name - Don Nguyen

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

10/23/2008

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - MBCC due 11/6

11/17/2008

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

09/29/2009

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - See second address. MBCC due 10/13/09

-Soltis / Natelborg

10/23/2009

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - Mail Back Returned

Category -

Comments -

10/09/2012

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - ReInspection

Category - Life Safety

Comments -

09/25/2012

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - REINSPECT 10/09/2012

10/09/2012

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - ReInspection

Category - Life Safety

Comments - CLEARED

09/23/2010

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - RE-INSPECT 10/14/2010 - 1:00 PM

MOVE LARGE CONTAINER FROM SOUTHWEST ACCESS ROAD TO MAINTAIN 20 FEET OF FIRE ACCESS.

REPLACE 2 SPRINKLER ESCUTCHEONS IN LUNCH ROOM

REPLACE CEILING TILE IN PRE-PRESS AREA

PROVIDE ANNUAL SPRINKLER DOCUMENTATION

10/14/2010

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - ReInspection

Category - Life Safety

Comments - CLEARED.

09/29/2011

Inspector Id- 3303Name - Sabrina Soltis

Insp. Type - Annual Life Safety

Category - EPS

Comments - No Violations - Mail back Card received 10/20/11 - Sprinkler service & Secure Propane cylinder - Verbal cleared 10/21/11

Violations

09/18/2003

code no - 1212.1

Description - Provide or maintain exit sign - mult. locations.

09/18/2003

code no - 8509

Description - Keep 30" clear for access in front of electrical panel.

09/25/2012

code no -

Description - REPAIR HOLE IN WALL - UPSTAIRS

09/07/2005

code no - CFC 1212.4

Description - Provide illuminated exit sign(s).- second floor- printing room east.

09/07/2005

code no -

Description - Propane tanks contain in storage rack. FDC cap east building.

11/06/2006

code no - 901.44

Description - Provide address visible from the street.

11/16/2006

code no - 8001.7

Description - Provide hazardous materials warning signs.

11/16/2006

code no - Title 19, Sec. 904

Description - 5 yr. certification on sprinkler / standpipe system.

11/06/2006

code no -

Description - Repair upstairs emergency lighting.

11/06/2006

code no -

Description - Electrical inspection - afterwards - plug ceiling in Pre-press.

11/06/2006

code no -

Description - Missing FDC cap + lock on PIV next to FDC. Loosen 2nd cap.

10/10/2007

code no - CFC 1212.4

Description - Provide illuminated exit sign(s). - North exit - Remove exit sign South

10/23/2008

code no - CFC 605.1

Description - Provide/ replace electrical cover - pre-press (2)

10/23/2008

code no -

Description - Patch hole in ceiling prepress

09/29/2009

code no - CFC 1011.2

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

09/29/2009

code no -

Description - Replace sprinkler escutcheon - upstairs X3

09/23/2010

code no - CFC 605.1

Description - Provide/ replace electrical - COVER - CUBICLE 3 (AUBREY)

Move large containers from south access road to maintain 20 feet fire access

Replace two sprinkler escutcheons in lunch room

Repalce ceiling tile in pre-press area

provide annual sprinkler documentation

Permits

Permit No- 811031

Permit description- HIGH-PILED COMBUSTIBLE STOCK

Permit No- 821021

Permit description- LIQUEFIED PETROLEUM GASES - more than 120 gallons

Permit No- 801031

Permit description- HAZARDOUS MATERIALS - use, handling or storage

EPS Information

Business Operator -

Phone -

Environmental Contact - MARK MESSICK

phone - 9493638549

address - 9 CALISTOGA , IRVINE CA 92602

Chemical Information

Chemical Name - DNS NEUTRALIZER POWER

Common name - DNS NEUTRALIZER POWER

Chemical Name - LP-D3WR LASER PLATE DEV. WORK REP.

Common name - FUJI FILM

Chemical Name - FN-6 PLATE FINISHER GUM

Common name - FUJI FILM

Chemical Name - AUTEX PHOTACLEAN FIXER CLEANER

Common name - PHOTOGRAPH CLEANER

Chemical Name - KODAK RA3000 AUTOMIX FIXER & PART A REPLINISHER

Common name - KODAK RA3000 AUTOMIX FIXER & PART A REPLINISHER

Chemical Name - KODAK RA3000 FIXER & REPLENISHER PART B

Common name - KODAK RA3000 FIXER & REPLENISHER PART B

Chemical Name - NEWS 3000B FIXER HARDENER

Common name - NEWS 3000B FIXER HARDENER

Chemical Name - KODAK RA2000 DEVELOPER & REPLENISHER

Common name - KODAK RA2000 DEVELOPER & REPLENISHER

Chemical Name - KODAK RA2000 DEVELOPER REPLINISHER /US/C
Common name - KODAK RA2000 DEVELOPER REPLINISHER /US/C

Chemical Name - FILM KLEEN 7065
Common name - FILM KLEEN 7065

Chemical Name - NEWS 3000B FIXER HARDENER
Common name - NEWS 3000B FIXER HARDENER

Chemical Name - ACETYLENE, OXYGEN, NITROGEN
Common name - ACETYLENE, OXYGEN, NITROGEN

Chemical Name - 76 UNWAX (ALL GRADES) LUBRICANTS
Common name - 76 UNWAX (ALL GRADES) LUBRICANTS

Chemical Name - CHEVRON DURA-LITH GREASE EP
Common name - CHEVRON DURA-LITH GREASE EP

Chemical Name - BLANKET SAVER #14
Common name - BLANKET SAVER #14

Chemical Name - WELDING CONSUMABLES
Common name - WELDING CONSUMABLES

Chemical Name - GLASS CLEANER
Common name - GLASS CLEANER

Chemical Name - 2429 PLATE CLEANER/DESENSITIZER
Common name - PLATE CLEANER

Chemical Name - 3M SUPER 77 SPRAY ADHESIVE
Common name - 3M SUPER 77 SPRAY ADHESIVE

Chemical Name - REALLY WORKS HEAVY DUTY HAND CLEANER
Common name - REALLY WORKS HEAVY DUTY HAND CLEANER

Chemical Name - H/S KRYSTAL PROCESS YELLOW/MAGENTA/CYAN/BLACK
Common name - H/S KRYSTAL PROCESS YELLOW/MAGENTA/CYAN/BLACK

Chemical Name - SILICONE SOLUTION 4046
Common name - SILICONE SOLUTION 4046

Chemical Name - PROPANE
Common name - PROPANE

Chemical Name - LOW VOC WASH 6026
Common name - LOW VOC WASH 6026

Chemical Name - PLATINUM FOUNTAIN SOLUTION
Common name - PLATINUM FOUNTAIN SOLUTION

Chemical Name - CHEVRON ULTRA-DUTY GREASE EP
Common name - CHEVRON ULTRA-DUTY GREASE EP

Chemical Name - PERFECTION NEUTRAL FOUNTAIN SOLUTION
Common name - PERFECTION NEUTRAL FOUNTAIN SOLUTION

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 082816

Invoices

Date Billed 11/03/2003
Bill type - Permit Bill
Total Due \$135.00
Amount Paid - \$135.00
Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/01/2004
Bill type - Permit Bill
Total Due \$135.00
Amount Paid - \$135.00
Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/01/2005

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/01/2006

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/01/2007

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/03/2008

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/02/2009

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/05/2010

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/04/2011

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

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

Date Billed 11/06/2012

Bill type - Permit Bill

Total Due \$135.00

Amount Paid - \$135.00

Balance Due -\$.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

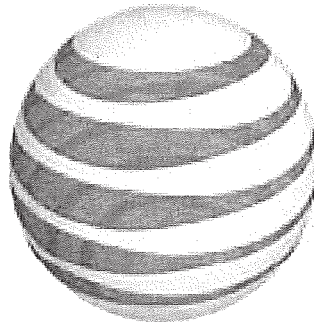
LIQUEFIED PETROLEUM GASES - more than 120 gallons - \$60.00

AT&T Site ID#: LA3021

Ops District: 3

Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

**Hazardous Materials Annual Inventory
Certification**

YEAR 2010

AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE)
(25726)

(Facility Name and ID)

14321 CORPORATE DRIVE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

GARDEN GROVE FIRE DEPARTMENT / FA0043909

(Administering Agency / CUPA ID#)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2010**

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE)
(25726) FA0043909

Facility Street Address: 14321 CORPORATE DRIVE City: GARDEN GROVE Zip: 92703

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 4/16/2009 and certify that: *(Check one.)*

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* *(See below for details); or*
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:
- Business Activities form
 - Business Owner/Operator Identification form
 - Hazardous Materials Inventory form(s)
 - Site Map form
 - Emergency Response Plans and Procedures
 - Employee Training Program

*By checking the top box on this form, you are certifying that:

- ✓ The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; **and**
- ✓ There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; **and**
- ✓ No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; **and**
- ✓ There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; **and**
- ✓ The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Signature of Owner/Operator:  Title: Agent for AT&T

Name of Owner/Operator (Print): Steve Skanderson Date: 02/25/10

Return all forms to:
GARDEN GROVE FIRE DEPARTMENT
11301 ACACIA PARKWAY
GARDEN GROVE, CA. 92840
714-741-5636



City Of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

Page 1 of 3 3

BUSINESS INFORMATION					
FACILITY # (Supplied by GGFD)	FA0043909	BEGINNING DATE	1	ENDING DATE	2
		01/01/2010		12/31/2010	
BUSINESS NAME	4			BUSINESS PHONE	5
AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE) (25726)				800-638-2822 *2	
BUSINESS SITE ADDRESS 14321 CORPORATE DRIVE 6					
CITY	7	STATE	8	ZIP	9
GARDEN GROVE		CA		92703	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
10-202-6754		4812			
COUNTY ORANGE 13					
BUSINESS OPERATOR NAME	14			OPERATOR'S PHONE	15
AT&T Mobility				562-468-6161	
BUSINESS OWNER					
OWNER NAME	16			OWNER PHONE	17
New Cingular Wireless PCS, LLC dba AT&T Mobility				562-468-6161	
OWNER MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C 18					
CITY	19	STATE	20	ZIP	21
Cerritos		CA		90703	
ENVIRONMENTAL CONTACT					
CONTACT NAME	22			CONTACT PHONE	23
Environmental Health & Safety Department, attn: Robert Fields				562-468-6161	
CONTACT MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C 24					
CITY	25	STATE	26	ZIP	27
Cerritos		CA		90703	
PRIMARY		EMERGENCY CONTACTS		SECONDARY	
NAME	28	NAME	33		
Robert Fields		Wireless Network Control Center			
TITLE	29	TITLE	34		
Regulatory Affairs Analyst		Call Center			
BUSINESS PHONE	30	BUSINESS PHONE	35		
562-468-6161		800-638-2822 *2			
24-HR. PHONE	31	24-HR. PHONE	36		
562-274-3282		800 KNOW EHS (800-566-9347)			
Email:	32	Pager#:	37		
RF0886@att.com					
ADDITIONAL LOCALLY COLLECTED INFORMATION					
DESCRIBE THE TYPE OF BUSINESS OPERATION:	38			TOTAL # OF EMPLOYEES	39
Telecommunications				0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40			ATTENTION	41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703				Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44
				562-468-6161	
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
				2/25/2010	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49		
Steve Skanderson		Stantec Consulting Services Inc.			
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50		
Sr. Project Manager		Sr. Project Manager			

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 3 2

FACILITY ID#	FA0043909	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (25726)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4		
CONFIDENTIAL LOCATION EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte	WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME Lead-Acid Battery			An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS # 7664-93-9			FIRE CODE HAZARD CLASSES (supplied by GGFD)	
TYPE (Check one item only)		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		14		
PHYSICAL STATE (Check one item only)		FED HAZARD CATEGORIES		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE		
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY		<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT 25	MAXIMUM DAILY AMOUNT 25	ANNUAL WASTE AMOUNT 0	STATE WASTE CODE n/a	
UNITS <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		DAYS ON SITE 365		LARGEST CONTAINER 3
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				
<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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>				
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	45	Sulfuric Acid (H ₂ SO ₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	55	Water (H ₂ O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

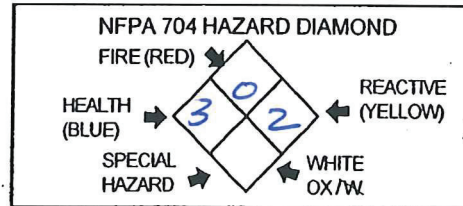
PLACARDING INFORMATION

UNDOT # 2796 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

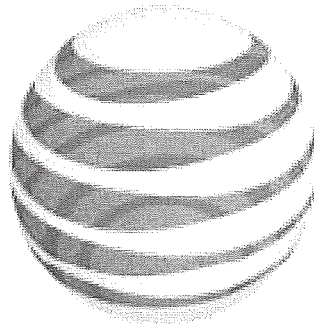
X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

AT&T Site ID#: LA3021
Ops District: 3
Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

Hazardous Materials Business Plan

YEAR 2009

AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD
AVE) (34424/25726)

(Facility Name and ID)

14321 CORPORATE DRIVE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

GARDEN GROVE FIRE DEPARTMENT

(Administering Agency / CUPA ID#)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.



City Of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2
						01/01/2009		12/31/2009	
BUSINESS NAME	4							BUSINESS PHONE	5
AT&T Mobility-COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE) (25726)							800-638-2822 *2		
BUSINESS SITE ADDRESS	6								
14321 CORPORATE DRIVE									
CITY	7					STATE	8	ZIP	9
GARDEN GROVE					CA	92703			
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12				
10-202-6754		4812							
COUNTY	13								
ORANGE									
BUSINESS OPERATOR NAME	14					OPERATOR'S PHONE	15		
AT&T Mobility					562-468-6161				

BUSINESS OWNER

OWNER NAME	16					OWNER PHONE	17		
New Cingular Wireless PCS, LLC dba AT&T Mobility					562-468-6161				
OWNER MAILING ADDRESS	18								
EH&S, 12900 Park Plaza Dr, 339C									
CITY	19				STATE	20	ZIP	21	
Cerritos				CA	90703				

ENVIRONMENTAL CONTACT

CONTACT NAME	22					CONTACT PHONE	23		
Environmental Health & Safety Department, attn: Robert Fields					562-468-6161				
CONTACT MAILING ADDRESS	24								
EH&S, 12900 Park Plaza Dr, 339C									
CITY	25				STATE	26	ZIP	27	
Cerritos				CA	90703				

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Wireless Network Control Center		Carol Nichols	
TITLE	29	TITLE	34
Call Center		West Region, Compliance	
BUSINESS PHONE	30	BUSINESS PHONE	35
800-638-2822 *2		562-277-0939	
24-HR. PHONE	31	24-HR. PHONE	36
866-HELP-EHS (866-435-7347)		866-HELP-EHS (866-435-7347)	
PAGER #	32	PAGER #	37
		562-277-0939	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Telecommunications		0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703		Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44
		562-468-6161	

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
		4/14/2009	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Steve Skanderson		Stantec Consulting Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Project Manager		Sr. Project Manager	

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE) (25726)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6
			GRID # 2, K	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead		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 Lead-Acid Battery		* If EPCRA see instructions					
CAS # 7439-92-1		FIRE CODE HAZARD CLASSES (supplied by GGFD)			10 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		
AVERAGE DAILY AMOUNT 760		19	MAXIMUM DAILY AMOUNT 760	20	ANNUAL WASTE AMOUNT 0	21	
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 64	25	
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input 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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	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	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
2	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
3	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
4	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32
5	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31 32

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

PLACARDING INFORMATION

UNDOT # <u>3796</u>	33	<p style="font-size: small;">NFPA 704 HAZARD DIAMOND FIRE (RED) REACTIVE (YELLOW) HEALTH (BLUE) SPECIAL HAZARD WHITE OX/W</p>
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	34	
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35	
X	36	<p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p>

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE) (25726)	3
--------------	-----------	----	---	---

I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
		GRID #	2, K

II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME Lead-Acid Battery		* If EPCRA see instructions	
CAS # 7664-93-9		FIRE CODE HAZARD CLASSES (supplied by GGFD)	
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE
			<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT	26	MAXIMUM DAILY AMOUNT	26
		ANNUAL WASTE AMOUNT	0
		STATE WASTE CODE	n/a
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365
	*If EHS, amount must be in pounds.	LARGEST CONTAINER	3
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)
		<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER <u>Battery</u>
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	41	Sulfuric Acid (H ₂ SO ₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H ₂ O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT # 2796

Refer to shipping papers or MSDS

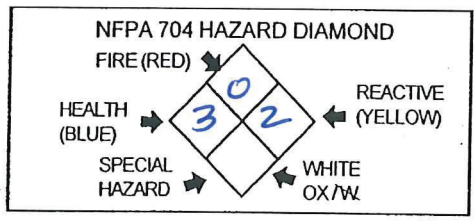
DOT HAZARD CLASS Corrosive

Refer to shipping papers or MSDS

EPCRA YES NO

X _____

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 PROGRAM**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility:
(Vocal, paging system, manual alarm, etc.)
Vocal
2. All employees shall be trained to evacuate the facility through at least one exit.
Alternate exit routes shall be designated if available.
3. Staging area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

The staging area is at the following location as shown on your site map.

Away from equipment/building.

Employee Responsibilities:

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

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

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

Phone Numbers

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

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

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

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a _____ Isolation and separation of incompatible materials
 - b _____ Diking areas to contain spills
 - c _____ Storage on paved ground

2. Compressed and / or cryogenic gas storage areas:
 - a _____ Cylinders stored upright and secured
 - b _____ Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

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

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

BUSINESS EMERGENCY PROGRAM

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

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

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

Within the cell site.

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

Note: A fee is charged for 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.

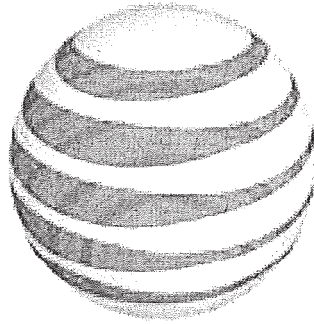
SIGNATURE: _____



NAME: Steve Skanderson

TITLE: Agent for AT&T

DATE: April 14, 2009



at&t

Hazardous Materials Annual Inventory

YEAR 2008

AT&T Mobility - Commerce Drive Print Shop (25726)

(Facility Name and ID)

14321 CORPORATE DRIVE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

GARDEN GROVE FD

(Administering Agency)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.



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

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID # 300035 EPA ID # (Hazardous Waste Only) _____

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) AT&T Mobility - Commerce Drive Print Shop (25726)

II. ACTIVITIES DECLARATION

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

Does your facility...		If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ⁴	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ⁵	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ⁶	✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ⁷	✓ UST TANK (closure portion--one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ⁸	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ⁹	✓ EPA ID NUMBER---provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹⁰	✓ RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹¹	✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D, and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹²	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹³	✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ¹⁴	✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS		
Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq. --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



City Of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

Page 2 of 4 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		01/01/2008		12/31/2008	
BUSINESS NAME	4			BUSINESS PHONE	5
AT&T Mobility - Commerce Drive Print Shop (25726)				UNMANNED	
BUSINESS SITE ADDRESS					
14321 CORPORATE DRIVE					
CITY	7	STATE	8	ZIP	9
GARDEN GROVE		CA		92703	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
10-202-6754		4812			
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME	14			OPERATOR'S PHONE	15
AT&T Mobility				562-468-6161	

BUSINESS OWNER

OWNER NAME	16			OWNER PHONE	17
New Cingular Wireless PCS, LLC dba AT&T Mobility				562-468-6161	
OWNER MAILING ADDRESS					
12900 Park Plaza Dr					
CITY	19	STATE	20	ZIP	21
Cerritos		CA		90703	

ENVIRONMENTAL CONTACT

CONTACT NAME	22			CONTACT PHONE	23
Environmental Health & Safety Department, attn: Robert Fields				562-468-6161	
CONTACT MAILING ADDRESS					
12900 Park Plaza Dr					
CITY	25	STATE	26	ZIP	27
Cerritos		CA		90703	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Wireless Network Control Center		Carol Nichols	
TITLE	29	TITLE	34
Call Center		West Region, Compliance	
BUSINESS PHONE	30	BUSINESS PHONE	35
800-638-2822 *2		562-277-0939	
HOME PHONE	31	HOME PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37
[REDACTED]		[REDACTED]	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Telecommunications		0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
12900 Park Plaza Dr, Cerritos, CA 90703		Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44
		562-468-6161	

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]		10/10/2008	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Steve Skanderson		Stantec Consulting Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Project Manager		Sr. Project Manager	

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - Commerce Drive Print Shop (25726)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE				4		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead	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 Lead-Acid Battery			An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
CAS # 7439-92-1			FIRE CODE HAZARD CLASSES (supplied by GGFD)								
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 <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT	760	19	MAXIMUM DAILY AMOUNT	760	20	ANNUAL WASTE AMOUNT	0	21	STATE WASTE CODE	n/a	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	63	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 <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> j. BAG(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input checked="" type="checkbox"/> t. OTHER <u>Battery</u>							
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.

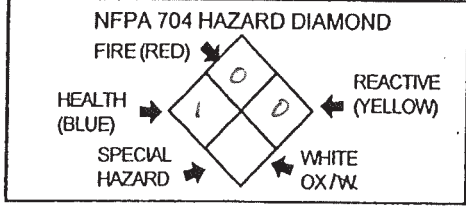
PLACARDING INFORMATION

UNDOT # 3796 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

 ADD

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 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - Commerce Drive Print Shop (25726)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	6
		GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME Lead-Acid Battery				* If EPCRA see instructions	
CAS # 7664-93-9		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
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 checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE			
		<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	25	19	MAXIMUM DAILY AMOUNT	25	20
		ANNUAL WASTE AMOUNT	0	21	STATE WASTE CODE
				n/a	
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		2	
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 <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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>		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	41	Sulfuric Acid (H ₂ SO ₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H ₂ O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

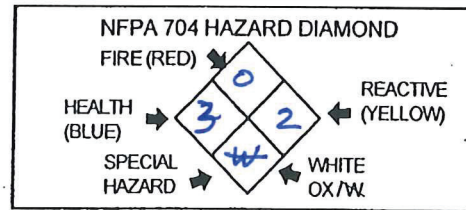
PLACARDING INFORMATION

UNDOT # 2796 33
 Refer to shipping papers or MSDS

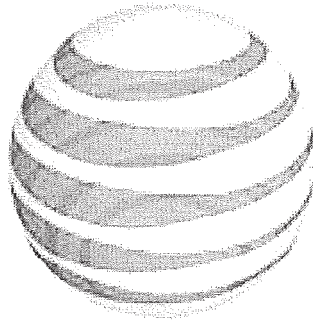
DOT HAZARD CLASS Corrosive 34
 Refer to shipping papers or MSDS

EPCRA YES NO 35

X *[Signature]* 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



at&t

Hazardous Materials Business Plan

YEAR 2008

AT&T Mobility - COMMERCE DRIVE PRINT SHOP (34424/ 25726)

(Facility Name and ID)

14321 CORPORATE DRIVE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

ORANGE

(Administering Agency)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.



City Of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

Page 2 of 4 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		01/01/2008		12/31/2008	
BUSINESS NAME	4			BUSINESS PHONE	5
AT&T Mobility - COMMERCE DRIVE PRINT SHOP (25726)				UNMANNED	
BUSINESS SITE ADDRESS	6				
14321 CORPORATE DRIVE					
CITY	7	STATE	8	ZIP	9
GARDEN GROVE		CA		92703	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
10-202-6754		4812		2721	
COUNTY	13				
ORANGE					
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE	15		
AT&T Mobility		425-580-4902			

BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17		
New Cingular Wireless PCS, LLC dba AT&T Mobility		425-580-4902			
OWNER MAILING ADDRESS	18				
EH&S, P.O. Box 97061					
CITY	19	STATE	20	ZIP	21
Redmond		WA		98073-9761	

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23		
Environmental Health & Safety Department		425-580-4902			
CONTACT MAILING ADDRESS	24				
EH&S, P.O. Box 97061					
CITY	25	STATE	26	ZIP	27
Redmond		WA		98073-9761	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Wireless Network Control Center		Carol Nichols	
TITLE	29	TITLE	34
Call Center		West Region, Compliance	
BUSINESS PHONE	30	BUSINESS PHONE	35
800-832-6662		562-468-6296	
PHONE	31	PHONE	36
800-832-6662		800-832-6662	
PAGER #	32	PAGER #	37
		562-277-0939	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39		
Telecommunications		0			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41		
P.O. Box 97061, Redmond, WA 98073		EH&S Dept.			
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
		2-19-08	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Gary Chimienti		RHL Design Group, Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Administrator, EH&S		Environmental Manager	

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (25726)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE	4
CONFIDENTIAL LOCATION EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5
MAP #	6
GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8 11
COMMON NAME Lead-Acid Battery			9
An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			12
<small>*If EHS is "Yes", all amounts must be LBS</small>			
CAS # 7439-92-1	10	FIRE CODE HAZARD CLASSES (supplied by GGFD) <i>Corrosive</i>	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 type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 506	19	MAXIMUM DAILY AMOUNT 506	20	ANNUAL WASTE AMOUNT 0	21	STATE WASTE CODE n/a	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 63	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	<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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	

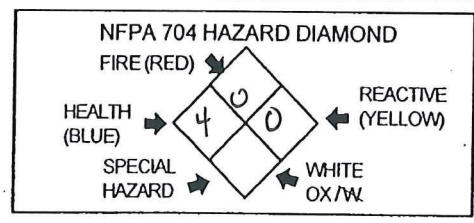
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30	31
2	29	30	31
3	29	30	31
4	29	30	31
5	29	30	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 #	3796	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS		34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X		36
<i>If EPCRA, Please Sign Here</i>		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (25726)	3
--------------	-----------	----	--	---

I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE	4
--	---

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

II. CHEMICAL INFORMATION

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

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

*If EHS is "Yes", all amounts must be LBS

CAS # 7664-93-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD) Corrosive	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 type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18
				<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	

AVERAGE DAILY AMOUNT 17	19	MAXIMUM DAILY AMOUNT 17	20	ANNUAL WASTE AMOUNT 0	21	STATE WASTE CODE n/a	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 2	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"/> l. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR	27	<input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN	28	<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> j. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input checked="" type="checkbox"/> t. OTHER <u>Battery</u>	
--	---	----	---	----	---	----	---	--

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	41	29	30	31	32
	Sulfuric Acid (H₂SO₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9		
2	59	29	30	31	32
	Water (H₂O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a		
3	29	30	30	31	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
4	29	30	30	31	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	29	30	30	31	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

PLACARDING INFORMATION

UNDOT # 2796 33

Refer to shipping papers or MSDS

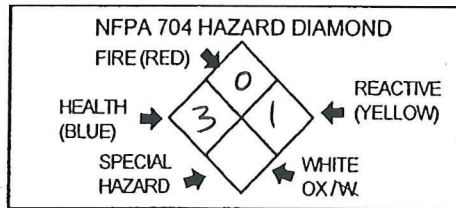
DOT HAZARD CLASS Corrosive 34

Refer to shipping papers or MSDS

EPCRA YES NO 35

x *Mary Chimenti* 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 PROGRAM**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility:
(Vocal, paging system, manual alarm, etc.)
Vocal
2. All employees shall be trained to evacuate the facility through at least one exit.
Alternate exit routes shall be designated if available.
3. Staging area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

The staging area is at the following location as shown on your site map.

Away from equipment/building.

Employee Responsibilities:

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

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

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

Phone Numbers

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

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

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

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a _____ Isolation and separation of incompatible materials
 - b _____ Diking areas to contain spills
 - c _____ Storage on paved ground

2. Compressed and / or cryogenic gas storage areas:
 - a _____ Cylinders stored upright and secured
 - b _____ Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

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

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

BUSINESS EMERGENCY PROGRAM

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

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

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

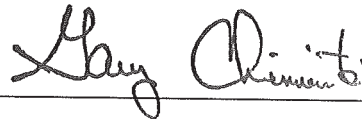
Within the cell site.

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

Note: A fee is charged for 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: Gary Chimienti

TITLE: Sr. Administrator, EH&S

DATE: February 19, 2008

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION**

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		30	035	8086	1.	BEGINNING DATE	100.	ENDING DATE	101.	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)						3.	BUSINESS PHONE			102.
New Cingular Wireless PCS, LLC- <i>Commerce Drive Printshop (34424)</i>						425-580-6000				
BUSINESS SITE ADDRESS										103.
14321 Corporate Drive										
CITY					104.	CA	ZIP CODE			105.
Garden Grove					92703					
DUN & BRADSTREET						106.	SIC CODE (4 digit #)			107.
10-202-6754						4812				
COUNTY										108.
Orange										
BUSINESS OPERATOR NAME						109.	BUSINESS OPERATOR PHONE			110.
New Cingular Wireless PCS, LLC						425-580-6000				

II. BUSINESS OWNER

OWNER NAME					111.	OWNER PHONE			112.	
Same					Same					
OWNER MAILING ADDRESS										113.
PO BOX 97061										
CITY				114.	STATE	115.	ZIP CODE			116.
Redmond				WA		98073				

III. ENVIRONMENTAL CONTACT

CONTACT NAME					117.	CONTACT PHONE			118.	
New Cingular Wireless PCS, LLC					562-468-6142					
CONTACT MAILING ADDRESS										119.
12900 Park Plaza Drive										
CITY				120.	STATE	121.	ZIP CODE			122.
Cerritos				CA		90703				

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

[REDACTED] TITLE Network Manager BUSINESS PHONE 562-468-6142 24-HOUR PHONE [REDACTED] PAGER None				NAME	128.	
				Wireless Network Control Center		
				TITLE	129.	
				BUSINESS PHONE		130.
				800-632-6662		
24-HOUR PHONE*				131.		
800-632-6662						
PAGER #	127.	PAGER #		132.		
ADDITIONAL LOCALLY COLLECTED INFORMATION:					133.	
Property Owner: _____			Phone No.: _____			
Billing Address: _____						

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134.	NAME OF DOCUMENT PREPARER		135.
		6-16-05		Beau Gunderson		
NAME OF SIGNER (print)			136.	TITLE OF SIGNER		137.
Donald Harris			Director, EH&S			

* See Instructions on next page.

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

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	8086	BEGINNING DATE	8/04	ENDING DATE	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			BUSINESS PHONE		
AT&T Wireless- Euclid St./Hazard Ave. (34424)			425-580-6000		
BUSINESS SITE ADDRESS					
14321 Corporate Drive					
CITY	104.	CA	ZIP CODE	105.	
Garden Grove			92703		
DUN & BRADSTREET	106.	SIC CODE (4 digit #)	107.		
12-251-4268		513322	4812		
COUNTY	108.		108.		
Orange	Fire Dist 2721				
BUSINESS OPERATOR NAME	109.	BUSINESS OPERATOR PHONE	110.		
AT&T Wireless		425-580-6000			

II. BUSINESS OWNER

OWNER NAME	111.	OWNER PHONE	112.
Same		Same	
OWNER MAILING ADDRESS			
8645 154 th Ave. NE			
CITY	114.	STATE	115.
Redmond		WA	116.
		ZIP CODE	116.
		98052	

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117.	CONTACT PHONE	118.
EH&S Environmental Compliance		425-580-6000	
CONTACT MAILING ADDRESS			
Same as owner			
CITY	120.	STATE	121.
			122.
		ZIP CODE	122.

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123.	NAME	128.
Wireless Network Control Center		Mike Garrett	
TITLE	124.	TITLE	129.
		OMC OSS	
BUSINESS PHONE	125.	BUSINESS PHONE	130.
800-832-6662		562-468-6344	
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.
Same		800-832-6662	
PAGER #	127.	PAGER #	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: _____ Phone No.: _____

Billing Address: _____

?

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
<i>Bryan W. Brooks</i>	7/21/04		Bryan W. Brooks	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER	137.	
Bryan W. Brooks		National Disaster Services		

* See instructions on next page.

