

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 abovementioned 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

O. 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

NO. CODE DESCRIPTION / CONDITION

FEE

1 811031 HIGH-PILED COMBUSTIBLE STOCK

55.00

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.

2 821021 LIQUEFIED PETROLEUM GASES

55.00

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.

O. PERMIT# : 020487

1. INSPECTION#: 022055

2. PERMIT LOC: 14321 CORPORATE DR

3. BUSINESS NAME: HANDBILL PRINTERS

9. BUS LICENSE:133394

4. PHONE:

554-6220 10. OCC CLASS :F1

5. BILL-TO-NAME: HANDBILL PRINTERS 11. ISSUE DATE: 01-17-03

6. BILL-TO-ADDR: 14321 COPRORATE DR 12. EXPIRATION:11-30-03

7. BILL-TO-CSZ: GARDEN GROVE CA 92843 13. TOTAL FEES: 135.00

8. REMARKS :

14. INSPECTOR: 1705

COLLINS, PATRICK S

NO. CODE DESCRIPTION / CONDITION

FEE

1 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.

2 821021 LIQUEFIED PETROLEUM GASES

60.00

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.

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

174 PRC	PLAS TECHNOLOGIES	3			RPORATE Dr ly Amount	Not Use		
Chemical Name	3M SUPER 77 SPRAY 3M SUPER 77 SPRAY MIXTURE		Мар		40 Gallons	V.	_ Modify	
Chemical Name	76 UNWAX (ALL GRA 76 UNWAX (ALL GRA 64741-88-4	•	Мар	1	55 Gallons Grid L3	Delete _	_ Modify	
Chemical Name	ACETYLENE, OXYGE ACETYLENE, OXYGE MIXTURE		Мар		200 Cubic Fee Grid 2K	L.W.J	_ Modify	
Chemical Name	BLANKET SAVER #14 BLANKET SAVER #14 MIXTURE		Мар	1	25 Gallons Grid 4B	Delete _	_ Modify	
, ,	CHEVRON DURA-LITH CHEVRON DURA-LITH N/A		Мар	1	35 Gallons Grid K2	Delete _	_ Modify	
	CHEVRON ULTRA-DU CHEVRON ULTRA-DU N/A		Мар	1	35 Grid K2	V Delete _	_ Modify	
Chemical Name	DNS NEUTRALIZER P DNS NEUTRALIZER P 77-92-9		Мар	1	5 Gallons Grid 4B	☑ Delete	_ Modify	
Chemical Name	FILM KLEEN 7065 FILM KLEEN 7065 MIXTURE	Location BUILDING 1	Мар	1	2 Gallons Grid 4B	Delete	_ Modify	_
	LP-D3WR LASER PLA	TE DEV. WORK REP. Location BUILDING 1	Мар		10 Gallons Grid 4B	Delete	Modify	
	FN-6 PLATE FINISHER	GUM Location BUILDING 1	Мар	1	5 Gallons Grid 4B	[V] Delete	Modify	-
Chemical Name	GLASS CLEANER GLASS CLEANER MUXTURE	Location BUILDING 1	Мар	1	1 Gallons Grid 4B	☑ Delete	Modify	•
	H/S KRYSTAL PROCES	SS YELLOW/MAGENTA/CYAN/BLA SS YELLOW/MAGENTA/CYAN/BLA Location BUILDING 1 14321 CORF	Мар	1		☑ Delete	Modify	•
Chemical Name	KODAK RA2000 DEVE	LOPER & REPLENISHER LOPER & REPLENISHER Location BUILDING 1	Мар		25 Gallons Grid 4B	☑ Delete	Modify	
Chemical Name	KODAK RA2000 DEVEL	OPER REPLINISHER /US/C OPER REPLINISHER /US/C Location BUILDING 1	Мар		25 Gallons Grid 4B	Delete	Modify	

174 PRC	PLAS TECHNOLOGIES	14321 CORPORATE Dr Max Daily Amount	Not Used/Used
Chemical Name	KODAK RA3000 AUTOMIX FIXER & PART A KODAK RA3000 AUTOMIX FIXER & PART A MIXTURE Location BUILDING 1	REPLINISHE 25 Gallons	Delete Modify
Chemical Name	KODAK RA3000 FIXER & REPLENISHER PAI KODAK RA3000 FIXER & REPLENISHER PAI MIXTURE Location BUILDING 1	0 00110110	Delete Modify
Chemical Name	LOW VOC WASH 6026 LOW VOC WASH 6026 MIXTURE Location BUILDING 1	210 Gallons Map 1 Grid 3I 14321 CORPORATE DR.	Delete Modify
Chemical Name	NEWS 3000B FIXER HARDENER NEWS 3000B FIXER HARDENER MIXTURE Location BUILDING 1	2 Gallons Map 1 Grid 4B	Delete Modify
Chemical Name	NEWS 3000B FIXER HARDENER NEWS 3000B FIXER HARDENER MIXTURE Location BUILDING 1	2 Gallons Map 1 Grid 4B	Delete Modify
Chemical Name	PERFECTION NEUTRAL FOUNTAIN SOLUTION PERFECTION NEUTRAL FOUNTAIN SOLUTION MIXTURE Location BUILDING 1	ON Map 1 Grid 3I	Delete Modify
Chemical Name	PHOTOGRAPH CLEANER AUTEX PHOTACLEAN FIXER CLEANER MIXTURE Location BUILDING 1	2 Gallons Map 1 Grid 4B	Delete Modify
	PLATE CLEANER 2429 PLATE CLEANER/DESENSITIZER MIX Location BUILDING 1	2 Gallons Map 1 Grid 4B	Delete Modify
Chemical Name	PLATINUM FOUNTAIN SOLUTION PLATINUM FOUNTAIN SOLUTION MIXTURE Location BUILDING 1	210 Gallons Map 1 Grid 3I 14321 CORPORATE DRIVE	Delete Modify
Common Name Chemical Name Cas #		144 Gallons Map 1 Grid K3	Delete Modify
Chemical Name	REALLY WORKS HEAVY DUTY HAND CLEAN REALLY WORKS HEAVY DUTY HAND CLEAN TRADE SECRET Location BUILDING 1	_	Delete Modify
Chemical Name	SILICONE SOLUTION 4046 SILICONE SOLUTION 4046 68410-69-5 Location BUILDING 1 1	210 Gallons Map 1 Grid 4J I 4321 CORPORATE DRIVE	Delete Modify
Chemical Name	WELDING CONSUMABLES WELDING CONSUMABLES MIXTURE Location BUILDING 1	120 Cubic Fee Map 1 Grid K2 [Delete Modify

Date Archived 01/28/2014

District 2721

Dba 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

NEW MESSION POSITION THE -DUSINESS 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. ih 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 Astion Doutomand Fine Code Domeit

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

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Notes - System generated Life Safety inspection printed for - inspector FPB snift 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
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Employee No. - 6691Name - Valerie I horpe **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

****** 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

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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
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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 DEP 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



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

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

(Administering Agency / CUPA ID#)

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:
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

Page

1

of

_3__

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

Hazardous Materials Business Information Form

BUSINESS INFORMATION BEGINNING DATE FACILITY# **ENDING DATE** FA0043909 12/31/2010 01/01/2010 (Supplied by GGFD) **BUSINESS PHONE BUSINESS NAME** 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 STATE 8 ZIP 9 **GARDEN GROVE** CA 92703 **DUN & BRADSTREET** SIC CODE (4 DIGIT #) FIRE DISTRICT 12 10-202-6754 4812 COUNTY 13 **ORANGE** BUSINESS OPERATOR NAME OPERATOR'S PHONE 15 AT&T Mobility 562-468-6161 **BUSINESS OWNER** OWNER NAME OWNER PHONE 17 562-468-6161 New Cingular Wireless PCS, LLC dba AT&T Mobility OWNER MAILING ADDRESS 18 EH&S, 12900 Park Plaza Dr, 339C CITY 19 STATE 7IP 20 21 90703 Cerritos CA **ENVIRONMENTAL CONTACT** CONTACT NAME **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 STATE ZIP 27 6 90703 Cerritos CA **PRIMARY EMERGENCY CONTACTS SECONDARY** NAME NAME 33 Robert Fields Wireless Network Control Center TITLE TITLE 34 Regulatory Affairs Analyst Call Center **BUSINESS PHONE BUSINESS PHONE** 30 35 562-468-6161 800-638-2822 *2 24-HR. PHONE 31 24-HR. PHONE 36 800 KNOW EHS (800-566-9347) 562-274-3282 Email: RF0886@att.com Pager#I: 37 ADDITIONAL LOCALLY COLLECTED INFORMATION DESCRIBE THE TYPE OF BUSINESS OPERATION: **TOTAL # OF EMPLOYEES** 38 39 **Telecommunications** ATTENTION BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 40 41 EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703 Robert Fields PROPERTY OWNER NAME **ADDRESS** 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 DATE 46 2/25/2010 NAME OF SIGNER (print) NAME OF DOCUMENT PREPARER (print) 49 Stantec Consulting Services Inc. Steve Skanderson TITLE OF SIGNER TITLE OF DOCUMENT PREPARER 50 Sr. Project Manager Sr. Project Manager

HAZARDOUS MATERIALS INVENTORY FORM

	☐ ADD	DELETE	□ REVISED) 1			P	age	2	of	3	. 2
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Revised 2/02 -- 2010 ba-bo-inv merge.doc

HAZARDOUS MATERIALS INVENTORY FORM

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Revised 2/02 -- 2010 ba-bo-inv merge.doc

AT&T Site ID#: LA3021

Ops District: 3 Ops Zone: 3C1 FILE THIS DOCUMENT IN THE ENVIRONMENTAL COMPLIANCE RED BINDER



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

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

(Administering Agency / CUPA ID#)



FACILITY INFORMATION

CUPA

BUSINESS ACTIVITIES

Page 1 of 4

I. FACILITY IDENTIFICATION		raye i oi a
FACILITY ID # 3 0 0 3 5	EPA ID # (Hazardou	is Waste Only)
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:	EUCLID ST H	AZARD AVE) (34424/ 25726)
II. ACTIVITIES I	DECLARATION	
NOTE: If you check YES please submit the Business Own		
Does your facility	If Yes	s, 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 to10 CFR Parts 30, 40 or 70?	⊠YES □NO4	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	□YES ⊠NO5	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	□YES 図NO6	 ✓ 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?	□YES ⊠NO7	✓ UST TANK (closure portionone 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, orthe total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste?	□YES ⊠NO9	FPA ID NUMBERprovide at the top of this page
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC ∋25143.2)? 	□YES ⊠NO10	provide at the top of this page
3. Treat hazardous waste on site?	□YES ⊠NO11	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)?	☐YES ☒NO12	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	□YES ⊠NO	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?	□YES ⊠NO14	✓ 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	□YES ⊠NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)
	1	



City Of Garden Grove Fire Department

Page

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

Hazardous Materials Business Information Form

2 of 4 3 **BUSINESS INFORMATION** FACILITY # **BEGINNING DATE ENDING DATE** 3 0 0 3 5 2 (Supplied by GGFD) 01/01/2009 12/31/2009 **BUSINESS NAME 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 STATE 9 GARDEN GROVE CA 92703 **DUN & BRADSTREET** SIC CODE (4 DIGIT #) FIRE DISTRIC 12 10-202-6754 COUNTY 13 **ORANGE** BUSINESS OPERATOR NAME OPERATOR'S PHONE 15 AT&T Mobility 562-468-6161 **BUSINESS OWNER** OWNER NAME 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 90703 Cerritos CA **ENVIRONMENTAL CONTACT CONTACT NAME CONTACT PHONE** 23 Environmental Health & Safety Department, attn: Robert Fields 562-468-6161 CONTACT MAILING ADDRESS 24 EH&S, 12900 Park Plaza Dr, 339C 25 STATE ZIP 27 90703 Cerritos CA **PRIMARY EMERGENCY CONTACTS** SECONDARY NAME NAME 33 Wireless Network Control Center Carol Nichols TITLE TITLE 29 34 Call Center West Region, Compliance BUSINESS PHONE BUSINESS PHONE 30 35 800-638-2822 *2 562-277-0939 24-HR. PHONE 24-HR. PHONE 31 36 866-HELP-EHS (866-435-7347) 866-HELP-EHS (866-435-7347) PAGER # PAGER # 37 562-277-0939 ADDITIONAL LOCALLY COLLECTED INFORMATION DESCRIBE THE TYPE OF BUSINESS OPERATION: TOTAL # OF EMPLOYEES 38 39 Telecommunications 0 BILLING ADDRESS (IF DIFFERENT FROM ABOVE) ATTENTION 40 41 EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703 Robert Fields PROPERTY OWNER NAME **ADDRESS** PHONE 43 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 46 4/14/2009 NAME OF SIGNER (print) NAME OF DOCUMENT PREPARER (print) 49 Steve Skanderson Stantec Consulting Inc. TITLE OF SIGNER TITLE OF DOCUMENT PREPARER 50 Sr. Project Manager Sr. Project Manager

HAZARDOUS MATERIALS INVENTORY FORM

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Revi	sed 2/02 ba-bo-inv m	erge 2009.doc												

HAZARDOUS MATERIALS INVENTORY FORM

ADD	DELETE	REVISED	1			Pa	age	4 of	4	2	
FACILITY ID# 3 0 0 3 4	5			: ility - COMM) ST HAZAR			NT SHO)P		3	
		I. FA	CILITY INFO	DRMATION							
CHEMICAL LOCATION INSIDE CELL	SITE									4	
CONFIDENTIAL LOCATION EPCRA	Yes	⊠ No 5	MAP#	1	6	GRID#	21	K		7	
II. CHEMICAL INFORMATION											
CHEMICAL NAME				WASTE	Yes 8	TRADE SEC	RET	Yes	⊠ No	11	
Battery Electrolyte					9		RA see instr			12	
Lead-Acid Battery					·	An EHS Che		Yes	⊠ No	12	
CAS # 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13 7664-93-9											
TYPE (Check one item only) a. PURE	I	c. w	/ASTE 14	RADIOACTIVE	Yes	No 15	CURIES			16	
PHYSICAL STATE	□ b. LIQUID	C. GAS	17 FED HA			REACTIVE	☐ c. PR	ESSURE RE	LEASE	18	
(Check one item only)			CATEGO		CUTE HEALTH		e. CH	IRONIC HEA	LTH		
AVERAGE DAILY 1 AMOUNT 26	9 MAXIMUM DAILY AMOUNT 26		20 ANNU O	JAL WASTE AMOUN	NT	21 STATI	E WASTE C	ODE		22	
	CUBIC FEET 23 TONS nds.	DAYS ON SITE	E		24 LAF	RGEST CONTA	INER			25	
STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK									26		
STORAGE PRESSURE	a. AMBIENT	☐ b	ABOVE AMBIENT	□ c.	. BELOW AMBI	ENT				27	
STORAGE TEMPERATURE	a. AMBIENT	☐ b. /	ABOVE AMBIENT	☐ c.	BELOW AMBI	ENT	d. CRY	OGENIC		28	
%WT HAZ	ARDOUS COMP	ONENT (For	mixture or was	te only)		EHS		CA	\S #		
1 41 ²⁹ Sulfu	ric Acid (H ₂ S	SO ₄)		30		□ No	³¹ 76	64-93-9		32	
² 59 ²⁹ Wate	r (H ₂ O)			30	☐ Yes	⊠ No ∶	³¹ n/a			32	
3 29				30	Yes	□ No :	31			32	
4 29				30	☐ Yes	□ No 3	31			32	
5 29				30	☐ Yes	□ No 3	31			32	
If more hazardous components are present at g	reater than 1% by weight if				additional sheets	s of paper captui	ring the requ	ired informati	on.		
		PLACAF	RDING INFO	RMATION							
UNDOT # <u>2796</u>			33			HAZARD D	IAMOND				
Refer to	shipping papers	or MSDS			FIRE (RED)	0		CTIVE			
DOT HAZARD CLASS Corr	rosive		34		ALTH .UE) →	3/2	(YELI	LOW)			
Re	efer to shipping pa	apers or MSE	OS 35		SPECIAL HAZARD		OX/AY WHITE				
EPCRA ⊠ YES □ NO											
Х				MAR	KE AS MAI	NY COPIE	S OF CH	HEMICAI	L		
Revised 2/02 ba-bo-inv merge 2009.doc	RA, Please Sign	Here	36		INVENTOR	RY FORM	AS NEE	DED			

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE 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 fro	om equipment	/building.		
	1 1		· · · · · · · · · · · · · · · · · · ·	

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 DISCLOUSRE 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
Office of Emergency Services (OES)	911 (800) 852-7550 OR (916) 845-8911 (800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE 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 DISCLOUSRE PROGRAM

BUSINESS EMERGENCY PROGRAM

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

- 1. Change of business address.
- 2. Change of business ownership
- 3. Change of business name

Within the cell site.

- 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.

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					



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

Page 1 of 4

I. FA	CILITY IDENTIFICATION								
BUSII	FACILITY ID # 3 0 0 3 5 EPA ID # (Hazardous Waste Only) BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3								
AT&T Mobility - Commerce Drive Print Shop (25726)									
	II. ACTIVITIES DECLARATION								
	NOTE: If you check YES	to any pai	rt of	this list,					
	please submit the Business Owner/Operator Identification page								
	Does your facility	If Ye	s, plea	ase complete these pages of the UPCF					
<u>A. H</u> .	AZARDOUS 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 □NO4	✓	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (0ES 2731)					
B. UI 1.	NDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks?	□YES ⊠NO5	V	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B)					
2.	Intend to upgrade existing or install new USTs?	□YES ⊠NO6	V V	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?	□YES ⊠NO7	1	UST TANK (closure portion-one page per tank)					
C. AE	BOVE 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?	□YES 図NO8		NO FORM REQUIRED TO CUPAS					
D. HA 1.	ZARDOUS WASTE Generate hazardous waste?	□YES ☑NO9	1	EPA ID NUMBERprovide at the top of this page					
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC >25143.2)?	□YES ⊠NO10		RECYCLABLE MATERIALS REPORT (one per recycler)					
3.	Treat hazardous waste on site?	□YES ⊠NO11	✓	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)?	□YES ⊠NO12	1	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)					
5.	Consolidate hazardous waste generated at a remote site?	□YES ⊠NO	~	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?	□YES ⊠NO14	✓	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)					
Cal-AR H&SC (Stati	CAL REQUIREMENTS P: California Accidental Release Prevention Program Chapter 6.95, Article 2, § 25531 et seq. onary Source with more than a Threshold Quantity of a Regulated stance in Process	□YES ⊠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	<u>4</u> 3
BUSIN	ESS	INFORMATION	363		H-14.5		H	
FACILITY # 3 0 0 3 5 (Supplied by GGFD)		BEGINNING DATE 01/01/2008		1	ENDING 1	DATE 2/31/20	800	2
BUSINESS NAME AT&T Mobility - Commerce Drive Print Shop (25726)	11			4	BUSINES	S PHONE		5
BUSINESS SITE ADDRESS 14321 CORPORATE DRIVE								6
GARDEN GROVE		7	STATE CA	8	ZIP 92703			9
DUN & BRADSTREET 10-202-6754		10 SIC CODE (4 DIGIT 4812	#)	11	FIRE DIS	rric		12
ORANGE								13
BUSINESS OPERATOR NAME AT&T Mobility		14	OPERA*		рноне 562-468-	6161		15
BUS	SINE	SS OWNER						
OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility				16	OWNER F	PHONE 2-468-6	6161	17
OWNER MAILING ADDRESS 12900 Park Plaza Dr								18
CITY Cerritos		19	STATE	20	ZIP	90703	,	21
	VME	NTAL CONTACT	公司进门		100			
CONTACT NAME Environmental Health & Safety Department, attn: Robert				22	CONTACT 562	PHONE 2-468-6	161	23
CONTACT MAILING ADDRESS 12900 Park Plaza Dr								24
CITY		25	STATE	2	ZIP			27
Cerritos			CA	6		90703		
PRIMARY EMERG	ENC	Y CONTACTS			SECON	DARY		
Wireless Network Control Center	28	NAME Carol Nichols						33
Call Center	29	TITLE West Region, Com	npliance	Э				34
BUSINESS PHONE 800-638-2822 *2	30	BUSINESS PHONE 562-277-0939						35
266-HELP-EHS (866-435-7347);	31	24 THE PIONE CONTROL (8	66-435	-734	7)			36
PAGER #	32 (PAGER# 562-277-0939						37
ADDITIONAL LOCALI	LY C	OLLECTED INFORMAT	ION			1		10
DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications				38	TOTAL # OI	F EMPLO	YEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 12900 Park Plaza Dr, Cerritos, CA 90703				40	ATTENTION Rob	ert Fie	elds	41
PROPERTY OWNER NAME 42 ADDRESS				43	PHONE 562-468-	-6161		44
Certification: Based on my inquiry of those individuals response personally examined and am familiar with the information subm	sible	for obtaining the informa	tion, I ce	ertify u	ınder pena	alty of la	w tha	t I have
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		The state and intering			DATE	10/10/		46
NAME OF SIGNER (print) Steve Skanderson	47	NAME OF DOCUMENT PREF		nt)				49
TITLE OF SIGNER Sr. Project Manager	48	TITLE OF DOCUMENT PREP Sr. Project Manager						50

	AC	OD	DELETE	REVISED) 1						Pa	ige	3	of _	4	_ 2
F/	ACILITY ID# 3 0	0 3 5		38	BUSINES:		itv - C	Comm	erce Driv	e Prin	t Sho	op (2	25726)			3
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CC	Lead DMMON NAME								(If EPCR		instruction	s Yes	⊠ No	12
L	Lead-Acid Batte	гу								ı			amounts m			
CA	s# 7439-92 - 1		10 FIRE CODI	E HAZARD CLASSES	(supplied b	y GGFD)	1									13
TY	PE (Check one item only)	a. PURE	b. MIXTU	JRE C.	WASTE	14	RADIOAC	TIVE	Yes	⊠ No	15	cui	RIES	······································		16
	YSICAL STATE	a. SOLID	☐ b. LIQUIC	c. GAS		FED HAZ		a. F	IRE []	. REACT	TIVE		. PRESSU	RE REL	EASE	18
(C)	eck one item only)				ļ.			☐ d. A	CUTE HEALTI	Н		⊠ ∈	. CHRON	C HEAL	.TH	
	ERAGE DAILY IOUNT 760	1	9 MAXIMUM DAII AMOUNT	14 760	20	ANNU.	AL WAST	E AMOUI	NT	21	STATE n/a	WAS	TE CODE			22
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(CI	neck all that apply)	200	ERGROUND TANK KINSIDE BLDG	f. NONMETAL g. METAL CO h. CARBOY			i. Fiber i I. Bag(s) I. Box(s)		n. GL o PLA	STIC CO	NTAINE	R	r. RA	TE BIN	D.11	
ST	ORAGE PRESSURE		a. AMBIENT		. ABOVE AI		. 507(0)		BELOW AMI		LQOIF		ZJ I. OII	IER	battery	27
ST	ORAGE TEMPERATURE		a. AMBIENT	□ b.	ABOVE A	MBIENT			. BELOW AME		[d.	CRYOGE	1IC		28
	%WT	HAZ	ARDOUS CO	MPONENT (Fo	r mixture	or wasi	te only)			EHS				CA	S#	
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4	2	9						30	☐ Yes	□ No	3	11				32
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F	ACILITY ID# 3 0	0 3 5		38	BUSINES AT&T	s NAME Mobility -	Comm	erce D	rive I	Print Sho	op (:	25726)			3
				I. FA	CILITY	INFORM.	ATION								
Cł	HEMICAL LOCATION INSID	E CELL S	ITE												4
	ONFIDENTIAL LOCATIO	N	Yes	No 5	MAP#				6	GRID#					7
				II. CH	EMICA	L INFORM	TATION								
CH	HEMICAL NAME Battery Electroly	te				W	ASTE [Yes	8	TRADE SEC		instruction	Yes	⊠ No	11
	ммон наме Lead-Acid Batte	ry								An EHS Che	mical		Yes	⊠ No	12
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	ORAGE CONTAINER neck all that apply)	b. UNDE	RGROUND TANK	e. PLASTIC DF f. NONMETALL g. METAL CON h. CARBOY	LIC DRUM	i. VAT	ER DRUM G(S)	□ n. □ o F	PLASTIC	ER CONTAINER CONTAINE H OR EQUIP	R	q. TA	IL CAR		26
STO	ORAGE PRESSURE		a. AMBIENT	□ b.	ABOVE A	MBIENT	☐ c	. BELOW /	AMBIEN	T					27
STO	ORAGE TEMPERATURE		a. AMBIENT	□ b.	ABOVE A	MBIENT	□ c.	. BELOW A	AMBIEN	т	☐ d.	CRYOGE	VIC		28
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2	59 2	9 Water	(H ₂ O)				30	☐ Yes		⊠ No 3	31	n/a			32
3	2	9					30	☐ Yes	[□ No 3	31				32
4	2						30	☐ Yes	[□ No 3	31				32
5	2						30	☐ Yes			31	*			32
If me	ore hazardous component	s are present at gre	eater than 1% by weight if		and the second second second			additional	sheets o	f paper captur	ing the	e required in	nformatio	on.	
**		在文明	· · · · · · · · · · · · · · · · · · ·	PLACA	RDING	INFORMA	ATION								34
UN	IDOT # <u>2796</u>	Refer to s	shipping papers	or MSDS		33		NFPA T		AZARD DI					
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	х	If EPCR	A, Please Sign	Here		36				COPIE:					



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)
<u>ORANGE</u>
(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

Page 1 of 4

I. FACILITY IDENTIFICATION	***************************************	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 AT&T Mobility - COMMERCE DRIVE PRINT SHOP (34)	LI / (III) II (IIII)	us Waste Only)
	DECLARATION	
NOTE: If you check YE please submit the Business Ow	S to any par	t of this list,
Does your facility		s, 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 □NO4	
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	□YES ⊠NO5	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	□YES ⊠NO6	 ✓ 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?	□YES ⊠NO7	✓ UST TANK (closure portionone 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, orthe total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste?	□YES ⊠NO9	✓ FPA ID NI IMBERprovide at the length to
 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC >25143.2)? 	☐YES ⊠NO10	✓ EPA ID NUMBERprovide at the top of this page ✓ RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	□YES ⊠NO11	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)?	□YES ⊠NO12	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	□YES ⊠NO	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?	□YES ⊠NO14	✓ 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	□YES ⊠NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



City Of Garden Grove Fire Department 11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5630 (714) 741-5636

Hazardous Materials Business Information Form

			Page <u>2</u> of	4 3
BUSINESS	SINFORMATION			2 45
FACILITY# 3 0 0 3 5	BEGINNING DATE 01/01/2008	1	ENDING DATE 12/31/2008	2
BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (25726)	3)	4	BUSINESS PHONE UNMANNED	5
BUSINESS SITE ADDRESS 14321 CORPORATE DRIVE				6
GARDEN GROVE	7	STATE 8 CA	ZIP 92703	9
DUN & BRADSTREET 10-202-6754	10 SIC CODE (4 DIGIT 4812	#) 11	FIRE DISTRIC 2721	12
ORANGE				13
BUSINESS OPERATOR NAME AT&T Mobility	14	OPERATOR'S	PHONE 125-580-4902	15
BUSINE	ESS OWNER			
OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility		16	OWNER PHONE 425-580-4902	17
OWNER MAILING ADDRESS EH&S, P.O. Box 97061				18
CITY Redmond	19	STATE 20 WA	ZIP 98073-9761	21
ENVIRONME	ENTAL CONTACT			
CONTACT NAME Environmental Health & Safety Department		22	CONTACT PHONE 425-580-4902	23
CONTACT MAILING ADDRESS EH&S, P.O. Box 97061				24
CITY Redmond	25	STATE 2 WA 6	ZIP 98073-9761	27
PRIMARY EMERGEN	CY CONTACTS		SECONDARY	
NAME Wireless Network Control Center	NAME Carol Nichols			33
Call Center	West Region, Con	npliance		34
800-832-6662	BUSINESS PHONE 562-468-6296			35
31 300-832-6663)	800-832-66 62			36
PAGER # 32	PAGER #			37
ADDITIONAL LOCALLY (COLLECTED INFORMAT	ION		
DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications		38	TOTAL # OF EMPLOYEES 0	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 97061, Redmond, WA 98073		40	ATTENTION EH&S Dept.	41
PROPERTY OWNER NAME 42 ADDRESS		43	PHONE	44
Certification: Based on my inquiry of those individuals responsible personally examined and am familiar with the information submittee	e for obtaining the informa	ation, I certify ution is true, a	under penalty of law that	t I have
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	D. :-t.	45	DATE 2-19.08	46
NAME OF SIGNER (print) Gary Chimienti	NAME OF DOCUMENT PREF RHL Design Group, Inc	PARER (print)	,,	49
TITLE OF SIGNER Sr. Administrator, EH&S	TITLE OF DOCUMENT PREP	PARER		50

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CC	Lead MMON NAME													instruction			
	Lead-Acid Batte	ry									Aire	HS is "Ye		amounts r	Yes	⊠ No	12
5500	s# 7439-92-1		10	FIRE CODE I	HAZARD CLASSES	S (supplied I	by GGFD)				1		, un	unounts	nust be	LBO	13
TY	PE (Check one item only)	a. PURI	E 🗆	b. MIXTUR	E 🗌 c.	WASTE	14	RADIOACTIVE		Yes	⊠ No	15	CUF	RIES			16
	YSICAL STATE	a. SOLI	D 🗆	b. LIQUID	c. GAS	17	FED HAZ		a. FIRE		b. REAC	TIVE		. PRESSI	JRE REI	LEASE	18
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		d ST	TEEL DRUM		h. CARBOY			. BOX(S)		p. IN	MACH O			t. OT	HER	Battery	
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3								30	-	Yes	N	lo 3	11				32
4		9						30	, [Yes	_ N	lo 3	1				32
5		9						30	-	Yes	□N						32
If mo	re hazardous component	s are present a	t greater than	า 1% by weigh				carcinogenic, at RMATION		litional she	ets of pap	er capturi	ing the	required i	nformati	on.	7
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	3796				11000					FPA 70 IRE (RED	^	ARD DI.	AMC	DND			
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Cr		E CELL S	SITE												7
	ONFIDENTIAL LOCATION		Yes	No 5	MAP#				6	GRID#					7
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CH	IEMICAL NAME					V	VASTE	Yes	8	TRADE SEC	RET		Yes	⊠ No	11
CC	Battery Electrolyt	е							9	* If EPCF		instruction		⊠ No	12
	Lead-Acid Batter	у								If EHS is "Y			Yes nust be I		12
	s # 7664-93-9			HAZARD CLASSES	(supplied l	by GGFD)									13
10865	2000 State Automotion	a. PURE	■ b. MIXTUR		WASTE	14 RAD	IOACTIVE	Yes	\boxtimes	No 15	CU	RIES			16
		a. SOLID	b. LIQUID	c. GAS	17	FED HAZARD		FIRE	⊠ b. R	EACTIVE		c. PRESSU	JRE REI	LEASE	18
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2	59 29	Water	r (H ₂ O)				30	☐ Ye	s [⊠ No	31	n/a			32
3	29)					30	☐ Ye	s [□No	31				32
4	29						30	☐ Ye	s [] No	31				32
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GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE 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

 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 DISCLOUSRE 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

Aganari

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) 845-8911
National Response Center	(800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE 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 stora	ge 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	l 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 DISCLOUSRE PROGRAM

BUSINESS EMERGENCY PROGRAM

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

- 1. Change of business address.
- 2. Change of business ownership
- 3. Change of business name

Within the cell site.

- 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.

Show location on site map also using syml	pol in the legend.
Note: A fee is charged for replacement copy	from the Garden Grove Fire Department.
I CERTIFY, UNDER PENALTY OF PERJUTENTE AND CORRECT TO THE BEST OF	JRY, THAT THE ENCLOSED INFORMATION IS MY KNOWLEDGE.
	SIGNATURE: Lay Chiment
	NAME: Gary Chimienti
	TITLE: Sr. Administrator, EH&S
	DATE: February 19, 2008

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDF	ENTIFICATION	ON			Page 2 of 10
FACILITY ID # (Agency Use Only) 3 () (5 3 5)	8086	BEGINNIN	NG DATE 100	D. ENDING DATE	101.
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) New Cingular Wireless PCS, LLC- BUSINESS SITE ADDRESS		1211	3. BUSIN	NESS PHONE	102,
BUSINESS SITE ADDRESS	11111011	00 (349	129) 425-5	580-6000	103.
14321 Corporate Drive					
Garden Grove		104. CA	ZIP CODE		105.
DUN & BRADSTREET	92703 106. SIC CODE (4 digit #)				
10-202-6754	4812				
COUNTY					108.
Orange BUSINESS OPERATOR NAME		109.	DUCINEGO		
New Cingular Wireless PCS, LLC	BUSINESS O 425-580-60	110.			
II. BUS	INESS OWN	ER	423-380-60	00	
OWNER NAME	OWNER PHONE		112.		
Same OWNER MAILING ADDRESS			Same		
PO BOX 97061					113.
CITY	114.	STATE	115.	ZIP CODE	116.
Redmond		WA		98073	
CONTACT NAME III. ENVIRON	MENTAL C	ONTACT	CONTACT D	IONE	
New Cingular Wireless PCS, LLC					118.
CONTACT MAILING ADDRESS			J 562-468-61	42	119.
12900 Park Plaza Drive	100				
Cerritos	120.	STATE	121.	ZIP CODE	122.
-PRIMARY- IV. EMERG	ENCV CONT	CA		90703	
TV. EVIERG	NAME	TACIS		-SECONDARY-	
	I	Network C		128.	
TLE Network Manager	TITLE	- TOUNDIN O		129.	
USINESS PHONE 562-468-6142					
AGER None	HOME BUSINESS PHONE				
AGEN Notice		800-632-6662 24-HOUR PHONE*			
	800-632-			131.	
PAGER #					132.
ADDITIONAL LOCALLY COLLECTED INFORMATION:					
Property Owner:			Dhone Me .		133.
Billing Address:			Phone No.:		
Certification: Based on my inquiry of those individuals responsible for obtainand am familiar with the information submitted and believe the information is t	ning the informat rue, accurate, and	tion, I certify d complete.	under penalty of	law that I have persona	illy examined
SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOC	UMENT PREPARER	135.
NAME OF SIGNER (print)	6-16		Beau Gund		
NAME OF SIGNER (print) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					137.
* See Instructions on next page.	Director	r, EH&S			

ORANGE - GARDEN GROVE

UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Y TOWN	THE CALL TO A				Page 1 of 10				
	TIFICATIO								
FACILITY ID # (Agency Use Only)	861.	BEGINNING	G DATE 100.	ENDING DATE	101.				
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) AT&T Wireless- Euclid St./Hazard Ave.				ESS PHONE 30-6000	102.				
BUSINESS SITE ADDRESS			423-30	30-0000	103.				
14321 Corporate Drive					103.				
CITY	1	04.	ZIP CODE		105.				
Garden Grove		CA			105.				
DUN & BRADSTREET		106.	92703	1' '. 10	100				
NO. 100 O Mark Colombia (100 Data of 100 Colombia) (1		100.	SIC CODE (4		107.				
12-251-4268 COUNTY		_	513322	4812					
Orange	F	ire	DIST	2721	108.				
BUSINESS OPERATOR NAME		109.	BUSINESS OP	ERATOR PHONE	110.				
AT&T Wireless			425-580-600	00					
II. BUSINESS OWNER									
OWNER NAME		111.	OWNER PHO	NE .	112.				
Same			Same	-					
OWNER MAILING ADDRESS			Buille		113.				
8645 154 th Ave. NE									
CITY	114.	STATE	115.	ZIP CODE	116.				
Redmond		WA		98052					
III. ENVIRONM	ENTAL CO			70032					
CONTACT NAME	ENTAL	117.	CONTACT PH	ONE	118.				
EH&S Environmental Compliance	425-580-600		110.						
CONTACT MAILING ADDRESS			423-380-000	U	119.				
					119.				
Same as owner CITY	120.	STATE	121.	7ID CODE	122.				
CIT .	120.	SIAIE	121.	ZIP CODE	122.				
-PRIMARY- IV. EMERGENCY CONTACTS -SECONDARY-									
NAME 123.	NAME				128.				
Wireless Network Control Center	M ike 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			E(C) EIIW	IEIM				
PAGER # 127.	PAGER #		N		132.				
			II 77	ALC A D 2004	-				
ADDITIONAL LOCALLY COLLECTED INFORMATION:				Aug va au	133.				
Property Owner:			Phone No.:	APPOHS MATI	DIME				
Billing Address:	Dilling Addresses								
7			Disc	LOSURE					
5									
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	e, accurate, an	d complete.		•					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOC	UMENT PREPARER	135.				
BS ar	7/3/1	04	Bryan W. F	Brooks					
NAME OF SIGNER (print) 136.	TITLE OF	SIGNER			137.				
* See Instructions on next page.	Porry	Transfer Market	THE SEC	1000					