

Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: 9/25/2003

Business Name: AT&T Wireless- Euclid St./Hazard Ave.

Type of Report on This Page: Page 3 of 10
 Add; Delete; Revise
 (One page per building or area)

1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)		5. Type and Physical State	6. Quantities			7. Units			8. Storage Codes			9. Hazard Categories		
			Chemical Name	Wt. %		EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.	gallons	pounds	cu. feet	tons		Pressure	Temp.
		Lead	lead (pb)- Batteries	100	<input type="checkbox"/>	7439921	178	178	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive
		CAS No.: 7439921		<input type="checkbox"/>	<input checked="" type="checkbox"/>		Curies: (if radioactive)	Days On Site: 365	Storage Container: battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive
		CAS No.: EHS		<input type="checkbox"/>	<input type="checkbox"/>		Curies: (if radioactive)	Days On Site:	Storage Container:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive
		CAS No.: EHS		<input type="checkbox"/>	<input type="checkbox"/>		Curies: (if radioactive)	Days On Site:	Storage Container:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive
		CAS No.: EHS		<input type="checkbox"/>	<input type="checkbox"/>		Curies: (if radioactive)	Days On Site:	Storage Container:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fire reactive pressure release acute health chronic health radioactive

EPCRA Confidential Location? Yes; No
Trade Secret Information? Yes; No

Facility ID # (Agency Use Only) _____

Chemical Name lead (pb)- Batteries
Wt. % 100
EHS
CAS No. 7439921

Map and Grid or Location Code _____

Common Name Lead
CAS No.: 7439921
CAS No.: EHS
CAS No.: EHS
CAS No.: EHS

Quantities
Max. Daily 178
Average Daily 178
Largest Cont. 45
Storage Container: battery

Units
 gallons
 pounds
 cu. feet
 tons

Storage Codes
Pressure ambient
 > amb.
 < amb.
Temp. ambient
 > amb.
 < amb.
 cryogenic

Hazard Categories
 fire
 reactive
 pressure release
 acute health
 chronic health
 radioactive

Code Storage Type
 A Aboveground Tank
 B Belowground Tank
 C Tank Inside Building
 D Steel Drum
 E Plastic/Non-metallic Drum
 F Can
 G Carboy
 H Silo
 I Fiber Drum
 J Bag
 K Box
 L Cylinder
 M Glass Bottle or Jug
 N Plastic Bottle or Jug
 O Tote Bin
 P Tank Wagon
 Q Rail Car
 R Other

Code Storage Type
 P Tank Wagon
 Q Rail Car
 R Other

If EPCRA, sign below: _____

Facility Site Plan and Storage Map Instructions (Hazardous Materials Business Plan Module)

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the previous page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

1. Site Plan (public document): This drawing shall contain, at a minimum, the following information:

- a. An indication of North Direction;
- b. Approximate scale (*e.g. "1 inch = 10 feet".*);
- c. Date the map was drawn;
- d. All streets bordering the facility;
- e. Locations of all buildings and other structures;
- f. Parking lots and internal roads;
- g. Hazardous materials loading/unloading areas;
- h. Outside hazardous materials storage or use areas;
- i. Storm drain and sanitary sewer drain inlets;
- j. Wells for monitoring of underground tank systems;
- k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

2. Storage Map (confidential): The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory - Chemical Description pages of the Business Plan.
- c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank.
- d. Entrances to and exits from each building and hazardous material/waste room/area;
- e. Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
- f. Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 6 of 10

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

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (*see section 3, below*).

1. Evacuation Plan:

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

Bells; Horns/Sirens; Verbal (*i.e. shouting*); Other (*specify*) **Facility is not manned.**

b. Evacuation map is prominently displayed throughout the facility.

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

2. a. Emergency Contacts*:

Fire/Police/Ambulance Phone No. **911**
State Office of Emergency Services Phone No. **(800) 852-7550**

b. Post-Incident Contacts*:

Orange County Hazmat Compliance Phone No. **(714) 744-6699**
California EPA Department of Toxic Substances Control Phone No. **(510) 540-3739**
Cal-OSHA Division of Occupational Safety and Health Phone No. **(408) 452-7288**
Air Quality Management District Phone No. **(415) 771-6000**
Regional Water Quality Control Board Phone No. **(510) 622-2300**

** These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.*

c. Emergency Resources:

Poison Control Center Phone No. **(800) 876-4766**
Nearest Hospital: Name: **Garden Grove Hospital** Phone No.: **(714) 537-5160**
Address: **12601 Garden Grove Blvd.** City: **Garden Grove**

3. Arrangements With Emergency Responders:

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

 none

4. Emergency Procedures:Emergency Coordinator Responsibilities:

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

Responsibilities of Other Personnel:

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

5. Post-Incident Reporting/Recording:

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

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

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

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

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

Battery racks.

7. Emergency Equipment:

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

EMERGENCY EQUIPMENT INVENTORY TABLE

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

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

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

Employee Training Plan (Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 9 of 10

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

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

1. Personnel are trained in the following procedures:

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

2. Chemical Handlers are additionally trained in the following:

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

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

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

Record Keeping
(Hazardous Materials Business Plan Module)

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

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

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

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

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *(Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)*

Check the appropriate box:

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

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>174</u>
BUSINESS NAME	<u>HANDBILL PRINTING</u>
BUSINESS ADDRESS	<u>14321 CORPORATE DRIVE</u>
APPROVED BY	<u>G</u> DATE <u>1.27.11</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</u> BUSLIST <u> </u> CALARP: <u> </u> CUPA: <u> </u> GIS <u> </u>
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	4/23/2008	ENDING DATE	12/31/2008
BUSINESS NAME	HANDBILL PRINTERS			BUSINESS PHONE	714-554-6220
BUSINESS SITE ADDRESS	14321 CORPORATE DRIVE				
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	11-835-5981	SIC CODE (4 DIGIT #)	2752	FIRE DISTRICT	2721
COUNTY	ORANGE				
BUSINESS OPERATOR NAME				OPERATOR'S PHONE	

BUSINESS OWNER

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

ENVIRONMENTAL CONTACT

CONTACT NAME	MARK MESSICK	CONTACT PHONE	714-928-4194
CONTACT MAILING ADDRESS	9 CALISTOGA 521 S. EVERGREEN LN		
CITY	IRVINE	STATE	CA

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	NAME	[REDACTED]
TITLE	MANAGER / OWNER	TITLE	AA
BUSINESS PHONE	714-554-6220	BUSINESS PHONE	714-554-6220
24-HR. PHONE	[REDACTED]	24-HR. PHONE	[REDACTED]
PAGER #	N/A	PAGER #	N/A

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	COMMERCIAL PRINTING	TOTAL # OF EMPLOYEES	90
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		ATTENTION	
PROPERTY OWNER NAME	[REDACTED]	ADDRESS	[REDACTED]
		PHONE	[REDACTED]

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[Signature]	DATE	4/23/2008
NAME OF SIGNER (print)	MARK MESSICK	NAME OF DOCUMENT PREPARER (print)	MARK MESSICK
TITLE OF SIGNER	OWNER	TITLE OF DOCUMENT PREPARER	OWNER



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of _____

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5									1. EPA ID # (Hazardous Waste Only)	2.
														CAD982503781	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)															3.
HANDBILL PRINTERS, 14321 CORPORATE DR., GARDEN GROVE CA 92843															

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) 6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

FIRE DRILL / EVACUATION PROCEDURES

1. Supervisor and / or Office Manager shall press emergency bell and / or make the evacuation notification over the public address (P. A.) system.
2. Supervisor shall sound the fog horn with five (5) bursts.
3. See that all crew members are aware of the evacuation.
4. When possible, see that presses are stopped prior to the evacuation.
5. Advise crew members to evacuate to the muster area (parking lot in front of front office).
6. Account for all crew members at muster area.
7. Office Manager shall account for all employees from Supervisors. If Office Manager is unavailable; Building One (1) Pressroom Supervisor shall account for all employees at muster area.

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

OPTIONAL NOTIFICATIONS:

1. Hazardous Waste Contractor
Name: EXPRESS OIL CO. (818) 700-7996
2. Insurance Company
Name: AMORELLI + ROSEMAN (SAFECO) (909) 987-7600
3. Poison Control Center - 24-Hour 1 (800) 876-4766

EVACUATION PLANS AND PROCEDURES:

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

- * ALARM / BELC WHICH IS LOCATED BY TIME CLOCK
- * PAGING SYSTEM WHICH REACHES ENTIRE FACILITY
- * FIVE BURSTS FROM FOG HORN

Evacuation Drills

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

The following four forms:

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

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

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN
EVACUATION PLANNING**

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

1. Working area: FRONT OFFICE
Evacuation route: THROUGH FRONT DOOR
Emergency exits: _____
Staging area: FRONT OFFICE PARKING LOT

2. Working area: BUILDING 1 - PRESS ROOM
Evacuation route: THROUGH NEAREST / SAFEST EXIT
Emergency exits: _____
Staging area: FRONT OFFICE PARKING LOT

3. Working area: BUILDING 2 - BINDRY
Evacuation route: THROUGH FRONT ROLLUP DOORS
Emergency exits: _____
Staging area: TRAVEL DOWN CAPITAL ST. TO CORPORATE DR. TO FRONT OFFICE PARKING LOT.

4. Working area: BUILDING 3 - MAINTENANCE
Evacuation route: THROUGH ROLLUP DOORS OR OFFICE DOOR
Emergency exits: _____
Staging area: TRAVEL DOWN CAPITAL ST. TO CORPORATE DR. TO FRONT OFFICE PARKING LOT.

5. Working area: PRE-PRESS / ART DEPT.
Evacuation route: PRIMARY: FRONT OFFICE DOOR, SECONDARY: PLANT
Emergency exits: _____
Staging area: FRONT OFFICE PARKING LOT

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

EMPLOYEE RESPONSIBILITIES:

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

JOB TITLE: BUILDING 1, PRESSROOM SUPERVISOR

EMERGENCY FUNCTION(S): _____

- SEE THAT ALL HIS CREWS ARE AWARE OF EVACUATION
- WHEN POSSIBLE, SEE THAT PRESSES ARE STOPPED PRIOR TO EVACUATION
- ADVISE CREWS TO EVACUATE TO MUSTER LOCATION.
- ACCOUNT FOR ALL CREW MEMBERS AT MUSTER LOCATION.

JOB TITLE: BUILDING 2, BINDERY SUPERVISOR

EMERGENCY FUNCTION(S): _____

- ADVISE ALL CREW MEMBERS OF EVACUATION.
- WHEN POSSIBLE, STOP ALL EQUIPMENT.
- ADVISE ALL CREW MEMBERS TO EVACUATE TO MUSTER LOCATION.
- ACCOUNT FOR ALL CREW MEMBERS AT MUSTER LOCATION.

JOB TITLE: BUILDING 3, MAINTENANCE SUPERVISOR

EMERGENCY FUNCTION(S): _____

- ADVISE ALL CREW MEMBERS OF EVACUATION.
- WHEN POSSIBLE, SEE THAT PRESSES ARE STOPPED.
- ADVISE ALL CREW MEMBERS TO EVACUATE TO MUSTER LOCATION.
- ACCOUNT FOR ALL CREW MEMBERS AT MUSTER LOCATION.

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

EMPLOYEE RESPONSIBILITIES:

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

JOB TITLE: BUILDING 1 (PRE-PRESS / ART DEPT.) SUPERVISORS

EMERGENCY FUNCTION(S): _____

- a. ADVISE ALL CREW MEMBERS OF EVACUATION.
- b. ADVISE ALL CREW MEMBERS TO EVACUATE TO MUSTER LOCATION.
- c. ACCOUNT FOR ALL CREW MEMBERS AT MUSTER LOCATION.
- d. _____

JOB TITLE: FRONT OFFICE SUPERVISOR / MANAGER

EMERGENCY FUNCTION(S): _____

- a. ADVISE ALL OFFICE STAFF OF EVACUATION.
- b. ADVISE THEM TO EVACUATE TO MUSTER LOCATION.
- c. ACCOUNT FOR ALL OFFICE STAFF AT MUSTER LOCATION.
- d. ACCOUNT FOR ALL EMPLOYEES FROM SUPERVISORS.

JOB TITLE: _____

EMERGENCY FUNCTION(S): _____

- a. _____
- b. _____
- c. _____
- d. _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

PREVENTION: BUILDING 1 - PRESS ROOM

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

<u>HAZARDOUS MATERIALS STORAGE LOCATION</u>	<u>PREVENTATIVE MEASURE</u>
1. <u>EAST WALL STORAGE CAGE</u>	<u>* ALL LIDS KEPT ON CONTAINERS</u>
2. <u>WEST WALL INK VATS</u>	<u>WHEN NOT IN USE.</u>
3. <u>OUTSIDE SOUTH WALL</u>	<u>* SOLUTION TO BE RETRIEVED</u>
4. _____	<u>IN DAMNED AREA ONLY.</u>
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

ALL SOLUTIONS TO BE KEPT FREE OF COMMON
WALKING / FORKLIFT TRAVEL AREAS.

Prevention measures to be taken at this location:

IN CASE OF SPILL, ABSORBANT FOUND IN
MAINTENANCE BUILDING

Estimated date of completion: ONGOING COMPLIANCE

Actual date of completion: _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

PREVENTION: PRE-PRESS / SHIPPING

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

HAZARDOUS MATERIALS STORAGE LOCATION	PREVENTATIVE MEASURE
1. <u>ALONG WEST WALL</u>	<u>*LIDS KEPT ON CONTAINERS</u>
2. _____	<u>AT ALL TIMES WHEN</u>
3. _____	<u>NOT IN USE</u>
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

SOLUTIONS ARE TO BE KEPT AGAINST THE
WALL AND NOT IN COMMON WALKING AREAS.

Prevention measures to be taken at this location:

IN CASE OF SPILL, ABSORBANT LOCATED IN
MAINTENANCE BUILDING.

Estimated date of completion: ON GOING COMPLIANCE

Actual date of completion: _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

PREVENTION: BUILDING 3 - MAINTENANCE

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

HAZARDOUS MATERIALS STORAGE LOCATION	PREVENTATIVE MEASURE
1. <u>ALONG SOUTH INTERIOR WALL</u>	<u>* LIDS KEPT ON CONTAINERS</u>
2. <u>OUTSIDE NORTH OF BLDG.</u>	<u>AT ALL TIMES WHEN</u>
3. _____	<u>NOT IN USE.</u>
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

SOLUTIONS LINKS ARE TO BE KEPT AGAINST
THE WALL AND NOT IN COMMON WALKING
AREAS. ALL OIL TO BE KEPT IN SEALED
DRUMS. ALL FULL PROPANE TANKS TO BE SHELVED.

Prevention measures to be taken at this location:

IN CASE OF SPILL, ABSORBANT LOCATED
IN MAINTENANCE BUILDING.

Estimated date of completion: ON GOING COMPLIANCE.

Actual date of completion: _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

TRAINING:

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

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

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

(SEE ATTACHED)

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

HAZZARDOUS MATERIALS SPILL PROTOCOL

In the event of any spill the supervisor will asses the severity of the spill. If the spill is minor, steps will be taken to absorb the spill with absorbent or rags. Then he will properly dispose of the materials in a sealed container.

If the spill is near a drain, steps will be taken to seal off the drain from the spill. All spills shall be reported to a supervisor. The supervisor shall then report that spill to the safety manager no later than the next business day.

However, all serious spills shall be reported to the safety manager immediately (after hours phone number for safety manager 714-928-4194). The supervisor and safety manager shall determine if the spill requires the notification of the fire department (911) and/or E.P.A. Also, all serious spills should be reported to MSDS at 1-800-451-8346. MSDS information stickers are located on all phones.

The supervisor shall immediately direct his crew members to assist in the clean up of all spills; unless the spill is determined at that time to be unsafe to the crew members. The supervisor shall also determine if an evacuation is necessary. In such an event, the safety manager and fire department (911) should be notified.

However, it should be noted that Handbill Printers does not currently stock any chemical, solution or ink that would be a serious health hazard to its employees or neighboring businesses, in case of a spill.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

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

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

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

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

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

- 1) BREAK ROOM IN THE RED MSDS BOOK
- 2) OFFICE OF MARK MESSICK IN RED MSDS BOOK

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

Note: A fee is charged for a replacement copy from the Garden Grove Fire Department.

I certify, under penalty of perjury, that the enclosed information is true and correct to the best of my knowledge.

Signature: _____

Name: _____

Title: _____

Date: _____

Mark Messick
MARK MESSICK
SAFETY MANAGER
4/29/08

Building 1 (Plant) – 14321 Corporate Drive

1. Silicone Solution 4046
2. Low VOC Blanket and Roller Wash
3. Perfection Neutral Fountain Solution
4. Platinum Fountain Solution (**also located in Building 3, 10851 Capital St.**)
5. H/S Krystal Process Yellow / Magenta / Cyan / Black (**also located in Building 3 10851 Capital St.**)
6. UV100 (**located in Building 3 – 10851 Capitol St.**)
- 7.
- 8.
- 9.
- 10..



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID# 3 0 0 3 5 38 BUSINESS NAME HANDBILL PRINTERS 3

I. FACILITY INFORMATION

CHEMICAL LOCATION 14321 CORPORATE DRIVE Building 1 4

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 1 6 GRID # 4 J 7

II. CHEMICAL INFORMATION

CHEMICAL NAME _____ WASTE Yes 8 TRADE SECRET Yes No 11

COMMON NAME SILICONE SOLUTION 4046 9 *If EPCRA see instructions
An EHS Chemical Yes No 12

CAS # 68410-69-5 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Corrosive 13
*If EHS is "Yes", all amounts must be LBS

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES _____ 16

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 17 FED-HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 18
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT _____ 19 MAXIMUM DAILY AMOUNT 210 20 ANNUAL WASTE AMOUNT _____ 21 STATE WASTE CODE _____ 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 200 GAL. 25
 c. POUNDS d. TONS
*If EHS, amount must be in pounds.

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

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

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

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

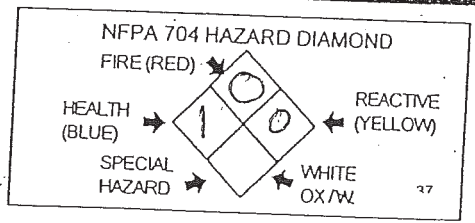
PLACARDING INFORMATION

UNDOT # _____ 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



PRESSROOM SOLUTIONS

4701 Martin St, Fort Worth, TX 76119
(817) 535-3898 • Fax: (817) 536-8556

HAZARD RATING	
LEAST	- 0
SLIGHT	- 1
MODERATE	- 2
HIGH	- 3
EXTREME	- 4

210 Cabers Building I

HEALTH	= 1
FIRE	= 0
REACTIVITY	= 0

MATERIAL SAFETY DATA SHEET

EMERGENCY PHONE NUMBER FOR CHEMTREC: 1-800-424-9300
TRANSPORTATION EMERGENCY NUMBER: 1-800-424-9300

PRODUCT NAME: SILICONE SOLUTION
CHEMICAL NAME: N/A SYNONYMS: N/A

PRODUCT ID NUMBER: 4046
MSDS REVISION DATE: 04/09/98

Product Class: N/A CAS Number: N/A DOT Proper Shipping Name: Compound Cleaning Liquid UN Number: Mixture VOC Content: 0.0 Lb/Gal Vapor Pressure of VOC component: N/A	WARNING STATEMENT: Avoid contact with eyes, skin, and clothing. Wash thoroughly after handling. Keep away from heat. Keep containers closed. Use with adequate ventilation. FOR INDUSTRIAL USE ONLY Do not cut, grind, drill, or reuse any container that contained this product.
--	--

SECTION 1 - HAZARDOUS INGREDIENTS

MATERIAL	CAS NUMBER	PEL/TLV	SOURCE
Diamidoamine quaternary ammonium methyl-sulfate < 4%	68410-69-5	NE	
This product does not contain any components that are reportable under Section 313 of SARA Title III.			

SECTION 2 - EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT	Flush eyes with water for at least 15 minutes, holding eyelids apart to ensure complete irrigation. Seek medical attention if irritation persists.
SKIN CONTACT	Remove contaminated clothing and shoes. Wash affected areas thoroughly with soap and water and seek medical attention if irritation persists.
INHALATION	Though quite unlikely, if symptoms are experienced or breathing difficulties occur, remove to fresh air and administer oxygen if necessary. If breathing stops, give artificial respiration and seek medical attention immediately.
INGESTION	Do not induce vomiting. Dilute stomach contents by drinking milk or water. Seek medical attention immediately.

PEL - Permissible Exposure Limit (OSHA) TLV - Threshold Limit Value (ACGIH) NE - Not Established N/A - Not Applicable
Federal law requires persons receiving this Material Safety Data Sheet to study it carefully and become aware of the hazards of the product involved. Notify your employees, visitors, agents, and contractors of the information on this sheet.

SECTION 3 - PHYSIOLOGICAL EFFECTS AND HEALTH INFORMATION

EYES	Eye contact may cause mild to moderate irritation. Prolonged or repeated eye contact is unlikely to cause tissue damage.
SKIN	Contact with skin may cause mild to moderate skin irritation. Prolonged or repeated skin contact is unlikely to cause tissue damage.
SYSTEMIC	Acute overexposure to this product due to incidental contact is very unlikely but may be possible by way of ingestion in large quantities and may lead to minor abdominal pain and gastrointestinal irritation. Chronic overexposure is not likely to any cause serious adverse effects. None of the components in this product are listed as carcinogens by IARC, NTP, or OSHA.

SECTION 4 - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION	If workplace exposure limits of any component is exceeded, NIOSH/MSHA approved respirator protection is advised.		
VENTILATION	Provide sufficient local exhaust or general ventilation to maintain exposure below TLV's. General ventilation is normally sufficient.		
PROTECTIVE GLOVES	Recommended	EYE PROTECTION	Recommended to safeguard against potential contact or irritation.
OTHER PROTECTIVE EQUIPMENT	Accessibility to eye washes and safety showers in work areas is always recommended.		

SECTION 5 - REACTIVITY DATA

STABILITY	Stable	CONDITIONS TO AVOID	This product may begin to separate if subjected to extreme heat or cold.
INCOMPATIBLE MATERIALS TO AVOID	Strong oxidizing agents		
HAZARDOUS DECOMPOSITION PRODUCTS	Thermal decomposition in the presence of air may yield ammonia and ammonium compounds, various hydrocarbons, aldehydes (including formaldehyde), and silanes, as well as oxides of carbon, silicon, nitrogen, and sulfur.		
HAZARDOUS POLYMERIZATION	Will not occur		

SECTION 6 - SPILL OR LEAK PROCEDURES

PRECAUTIONS IN CASE OF RELEASE OR SPILL	Stop and/or contain discharge. Prevent product from entering drains, sewers, or streams. Carefully and thoroughly wash affected areas with detergent and water to reduce hazardous conditions.
WASTE DISPOSAL METHOD	Pump or transfer spilled material to containers for recovery. Soak up unrecoverable product with sand or other inert absorbent and sweep up for disposal. Dispose of in accordance with all applicable regulations.

SECTION 7 - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS	Keep container closed when not in use.
OTHER PRECAUTIONS	Emptied containers may retain product residue; therefore, all hazard precautions given in this data sheet should be observed.

SECTION 8 - FIRE AND EXPLOSION HAZARD DATA

DOT FLAMMABILITY CLASSIFICATION	None	FLASH POINT AND METHOD	None
LOWER EXPLOSIVE LIMIT	Not Established	UPPER EXPLOSIVE LIMIT	Not Established
EXTINGUISHING MEDIA	Use water, foam, CO ₂ , or dry chemical fire apparatus.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	None		
FIRE FIGHTING PROCEDURES	Fire fighters should wear self-contained breathing apparatus and full protective clothing. Use water spray to cool nearby containers and structures exposed to fire.		

SECTION 9 - PHYSICAL DATA

APPEARANCE	Milky white	pH (APPROXIMATE)	6.0 - 8.0, as is
BOILING RANGE (APPROXIMATE)	212°F	VAPOR DENSITY	N/A
WEIGHT LB. PER GALLON	8.3	EVAPORATION RATE	Same as water
PERCENT VOLATILE INCLUDING WATER	70 - 82%	SOLUBILITY IN WATER	Dispersible

SECTION 10 - DOCUMENTARY INFORMATION

PRODUCT NAME: SILICONE SOLUTION

PRODUCT ID NUMBER: 4046

PREPARED BY: DAN APPROVED BY: *RJL*

MSDS REVISION DATE: 04/09/98

information contained in this data sheet is, to the best of our knowledge, accurate but is not warranted. All materials may present unknown health hazards and should be used with caution. It is the user's responsibility to evaluate the information in a prudent manner and to use it in a manner consistent with its purpose. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	HANDBILL PRINTERS	3
--------------	-----------	----	---------------	-------------------	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	14321 CORPORATE DR.					4
-------------------	---------------------	--	--	--	--	---

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	3 I	7
-----------------------------	---	---	-------	---	---	--------	-----	---

II. CHEMICAL INFORMATION

CHEMICAL NAME	LOW VOC WASH 6026	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	LOW VOC BLANKET & ROLLER WASH	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	-------------------------------	---	-----------------	---	----

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

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

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

AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	210	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
----------------------	----	----------------------	-----	----	---------------------	----	------------------	----

UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	210 GAL.	25
-------	---	----	--------------	-----	----	-------------------	----------	----

STORAGE CONTAINER (Check all that apply)	<input checked="" 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 checked="" type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	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 8-12 ²⁹	AROMATIC HYDRO CARBON	<input type="checkbox"/> Yes <input type="checkbox"/> No	64742-95-6
2 40-50 ²⁹	HEAVY ALIPHATIC HYDROCARBON	<input type="checkbox"/> Yes <input type="checkbox"/> No	64742-54-7
3 20-25 ²⁹	MEDIUM " "	<input type="checkbox"/> Yes <input type="checkbox"/> No	64742-88-7
4 2-4 ²⁹	1,2,4-TRIMETHYLBENZENE	<input type="checkbox"/> Yes <input type="checkbox"/> No	95-63-6
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.

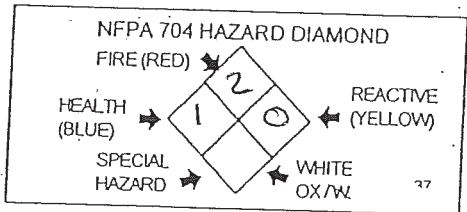
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

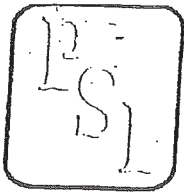
DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



PRESSROOM SOLUTIONS

4701 Martin St, Fort Worth, TX 76119
(817) 535-3898 • Fax: (817) 536-8556

HAZARD RATING	
LEAST	- 0
SLIGHT	- 1
MODERATE	- 2
HIGH	- 3
EXTREME	- 4

210 Galen's
Building I

HEALTH	= 1
FIRE	= 2
REACTIVITY	= 0

MATERIAL SAFETY DATA SHEET

EMERGENCY PHONE NUMBER FOR CHEMTREC: 1-800-424-9300

TRANSPORTATION EMERGENCY NUMBER: 1-800-424-9300

PRODUCT NAME: LOW VOC BLANKET & ROLLER WASH

CHEMICAL NAME: N/A

SYNONYMS: N/A

PRODUCT ID NUMBER: 6026

MSDS REVISION DATE: 04/02/98

Product Class: N/A CAS Number: N/A DOT Proper Shipping Name: Compound Cleaning Liquid UN Number: Mixture VOC Content: 3.4 Lb/Gal Vapor Pressure of VOC component: 4.0 mm Hg @ 68°F	WARNING STATEMENT: Avoid contact with eyes, skin, and clothing. Wash thoroughly after handling. Keep away from heat. Keep containers closed. Use with adequate ventilation. FOR INDUSTRIAL USE ONLY Do not cut, grind, drill, or reuse any container that contained this product.
---	--

SECTION 1 - HAZARDOUS INGREDIENTS

MATERIAL		CAS NUMBER	PEL/TLV	SOURCE
Aromatic hydrocarbon	8 - 12%	64742-95-6	100 ppm	OSHA
Heavy aliphatic hydrocarbon	40 - 50%	64742-54-7	5 mg/m ³ (as oil mist)	ACGIH, OSHA
Medium aliphatic hydrocarbon	20 - 25%	64742-88-7		
1,2,4-Trimethylbenzene †	2 - 4%	95-63-6	25 ppm	OSHA

† Subject to the reporting requirements of Section 313 of SARA Title III.

SECTION 2 - EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT	Gently flush eyes with water for at least 15 minutes, forcibly holding eyelids apart to ensure complete irrigation. Seek medical attention immediately.
SKIN CONTACT	Remove contaminated clothing and shoes. Wash affected areas with soap and water and seek medical attention if irritation persists.
INHALATION	If high vapor concentrations are encountered or light headedness or breathing difficulties occur, remove to fresh air. If breathing stops, give artificial respiration and seek medical attention immediately.
INGESTION	Do NOT induce vomiting. Seek medical attention immediately. If spontaneous vomiting occurs, keep head below hips to prevent aspiration of the liquid into the lungs.

PEL - Permissible Exposure Limit (OSHA) TLV - Threshold Limit Value (ACGIH) NE - Not Established N/A - Not Applicable
Federal law requires persons receiving this Material Safety Data Sheet to study it carefully and become aware of the hazards of the product involved. Notify your employees, visitors, agents, and contractors of the information on this sheet.

SECTION 3 - PHYSIOLOGICAL EFFECTS AND HEALTH INFORMATION

EYES	Eye contact may cause irritation. Prolonged or repeated eye contact may cause mild to severe irritation and aggravate pre-existing conditions.
SKIN	May cause skin irritation. Prolonged or repeated exposure may defat the skin with burning, drying and cracking, and skin burns. May aggravate pre-existing skin conditions.
SYSTEMIC	Acute overexposure may lead to gastro-intestinal disturbances, nasal & respiratory tract irritation, central nervous system (CNS) effects including headache, dizziness, drowsiness, fatigue, depression, convulsions, nausea, respiratory depression, unconsciousness, and respiratory failure. Chronic overexposure to this product may cause minor liver and kidney damage. Ingestion of large amounts may be harmful or fatal.

SECTION 4 - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION	If workplace exposure limits of any component is exceeded, NIOSH/MSHA approved respirator protection is advised.		
VENTILATION	Provide sufficient local exhaust or general ventilation to maintain exposure below TLV's. General ventilation is normally sufficient.		
PROTECTIVE GLOVES	Recommended	EYE PROTECTION	Recommended to safeguard against potential contact or irritation.
OTHER PROTECTIVE EQUIPMENT	To prevent repeated or prolonged skin contact, wear impervious clothing and boots. Accessibility to eye washes and safety showers in work areas is always recommended.		

SECTION 5 - REACTIVITY DATA

STABILITY	Stable	CONDITIONS TO AVOID	Heat, sparks, flames, and pilot lights
INCOMPATIBLE MATERIALS TO AVOID	Strong oxidizing agents		
HAZARDOUS DECOMPOSITION PRODUCTS	Thermal decomposition in the presence of air may yield various hydrocarbons, as well as oxides of carbon and sulfur.		
HAZARDOUS POLYMERIZATION	Will not occur		

SECTION 6 - SPILL OR LEAK PROCEDURES

PRECAUTIONS IN CASE OF RELEASE OR SPILL	Keep away from any source of ignition. Wear protective equipment. Stop and/or contain discharge and ventilate area. Prevent from entering drains, sewers, or streams.
WASTE DISPOSAL METHOD	Pump or transfer spilled material to containers for recovery. Absorb unrecoverable product. Dispose of in accordance with applicable regulations.

SECTION 7 - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS	Keep from sources of heat and ignition. Ground containers when transferring material. Store with adequate ventilation and keep containers closed when not in use.
OTHER PRECAUTIONS	Emptied containers may retain product residue; therefore, all hazard precautions given in this data sheet should be observed.

SECTION 8 - FIRE AND EXPLOSION HAZARD DATA

DOT FLAMMABILITY CLASSIFICATION	Class III-A Combustible Liquid	FLASH POINT AND METHOD	>140°F by Setaflash
LOWER EXPLOSIVE LIMIT	0.7% (approximate)	UPPER EXPLOSIVE LIMIT	14% (approximate)
EXTINGUISHING MEDIA	Use foam, CO ₂ , or dry chemical fire apparatus.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	Vapors may travel along the ground and be ignited by heat, pilot lights, and other flames distant from the material handling point.		
FIRE FIGHTING PROCEDURES	Fire fighters should wear self-contained breathing apparatus and full protective clothing. Spraying water or foam into fire may cause frothing but may be used to cool nearby containers and structures exposed to fire.		

SECTION 9 - PHYSICAL DATA

APPEARANCE	Clear, liquid	pH (APPROXIMATE)	N/A
APPROXIMATE BOILING RANGE	350 - 550°F	VAPOR DENSITY	Heavier than air
WEIGHT LB. PER GALLON	7.2	EVAPORATION RATE	Slower than water
PERCENT VOLATILE INCLUDING WATER	48%	SOLUBILITY IN WATER	Dispersible

SECTION 10 - DOCUMENTARY INFORMATION

PRODUCT NAME: LOW VOC BLANKET & ROLLER WASH

PRODUCT ID NUMBER: 6026

PREPARED BY: DAN

APPROVED BY: *afL*

MSDS REVISION DATE: 04/02/98

The information contained in this data sheet is, to the best of our knowledge, accurate but is not warranted. All materials may present unknown health hazards and should be used with caution. It is the user's responsibility to evaluate the information in a prudent manner and to use it in a manner consistent with its purpose. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	HANDBILL PRINTERS
--------------	-----------	---------------	-------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	14321 CORPORATE DRIVE		
-------------------	-----------------------	--	--

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	3 I	7
-----------------------------	---	---	-------	---	---	--------	-----	---

II. CHEMICAL INFORMATION

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

COMMON NAME	PERFECTION NEUTRAL FOUNTAIN SOLUTION			9
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	CORROSIVE	

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 type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
--------------------------------------	---	----	-----------------------	--	----

AVERAGE DAILY AMOUNT	210	19	MAXIMUM DAILY AMOUNT	210	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
----------------------	-----	----	----------------------	-----	----	---------------------	----	------------------	----

UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	210 GAL.	25
-------	---	----	--------------	-----	----	-------------------	----------	----

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

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1-2	SODIUM HEXAMETAPHOSPHATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	68915-31-1
1-2	PROPYLENE GLYCOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	57-55-6
1-4	TETRA POTASSIUM	<input type="checkbox"/> Yes <input type="checkbox"/> No	7320-34-5
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

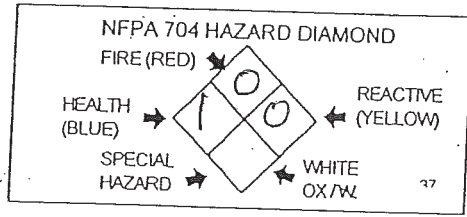
PLACARDING INFORMATION

UNDOT # _____ 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



PSI PRESSROOM SOLUTIONS

4701 Martin St, Fort Worth, TX 76119
(817) 535-3898 • Fax: (817) 536-8556

HAZARD RATING	
LEAST	- 0
SLIGHT	- 1
MODERATE	- 2
HIGH	- 3
EXTREME	- 4

210 Galens
Buildin I

HEALTH	= 1
FIRE	= 0
REACTIVITY	= 0

MATERIAL SAFETY DATA SHEET

EMERGENCY PHONE NUMBER FOR CHEMTREC: 1-800-424-9300

TRANSPORTATION EMERGENCY NUMBER: 1-800-424-9300

PRODUCT NAME: *PERFECTION NEUTRAL FOUNTAIN SOLUTION*

PRODUCT ID NUMBER: 2012

CHEMICAL NAME: N/A

SYNONYMS: N/A

MSDS REVISION DATE: 01/08/2004

Product Class: N/A CAS Number: N/A DOT Shipping Description: Ink-related Material, n.o.s. (Liquid), NOT REGULATED BY DOT VOC Content (typical): 0.18 Lb/Gal (21 g/l) VOC Composite Partial Pressure, PpC: 0.004 mm.Hg @ 68°F	WARNING STATEMENT: Avoid contact with eyes, skin, and clothing. Wash thoroughly after handling. Keep away from heat. Keep containers closed. Use with adequate ventilation. FOR INDUSTRIAL USE ONLY Do not cut, grind, drill, or reuse any container that contained this product.
--	--

SECTION 1 - HAZARDOUS INGREDIENTS

MATERIAL	CAS NUMBER	PEL/TLV	SOURCE
Sodium hexametaphosphate < 2%	68915-31-1	NE	
Propylene glycol < 2%	57-55-6	NE	
Tetrapotassium pyrophosphate < 4%	7320-34-5	NE	
This product does not contain any components that are reportable under Section 313 of SARA Title III, and none of its components are listed as carcinogens by IARC, NTP, or OSHA.			

SECTION 2 - EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT	Gently flush eyes with water for at least 15 minutes and seek medical attention.
SKIN CONTACT	Remove contaminated clothing and shoes. Wash affected areas with soap and water and seek medical attention if irritation persists.
INHALATION	If symptoms are experienced or if breathing difficulties occur, remove to fresh air. If breathing stops, give artificial respiration and seek medical attention immediately.
INGESTION	Do not induce vomiting. Dilute stomach contents by drinking milk (or water). Seek medical attention immediately.

PEL - Permissible Exposure Limit (OSHA) TLV - Threshold Limit Value (ACGIH) NE - Not Established N/A - Not Applicable
Federal law requires persons receiving this Material Safety Data Sheet to study it carefully and become aware of the hazards of the product involved. Notify your employees, visitors, agents, and contractors of the information on this sheet.

SECTION 3 - PHYSIOLOGICAL EFFECTS AND HEALTH INFORMATION

EYES	Eye contact may cause mild to severe irritation. Prolonged or repeated eye contact may cause severe irritation or aggravate pre-existing conditions.
SKIN	Skin contact may cause mild to moderate irritation. Prolonged or repeated exposure may defat the skin with burning, drying and cracking, and skin burns. May also aggravate pre-existing skin conditions.
SYSTEMIC	Acute overexposure to this product due to incidental contact is not likely to occur but is possible by way of ingestion and could include gastrointestinal disturbances and central nervous system (CNS) effects. Chronic overexposure may aggravate pre-existing kidney conditions.

SECTION 4 - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION	Respiratory protection is generally not needed. If overexposure to this product is likely due to handling conditions or working environment, then NIOSH/MSHA-approved respirator protection is advised.		
VENTILATION	Provide sufficient local exhaust or general ventilation to maintain minimal exposure levels. General ventilation is normally sufficient.		
PROTECTIVE GLOVES	Recommended	EYE PROTECTION	Recommended
OTHER PROTECTIVE EQUIPMENT	Accessibility to eye washes and safety showers in work areas is always recommended.		

SECTION 5 - REACTIVITY DATA

STABILITY	Stable	CONDITIONS TO AVOID	None
INCOMPATIBLE MATERIALS TO AVOID	Strong oxidizing agents		
HAZARDOUS DECOMPOSITION PRODUCTS	Thermal decomposition in the presence of air may yield carbon monoxide and/or carbon dioxide, various hydrocarbons, and oxides of nitrogen, sulfur, and phosphorous.		
HAZARDOUS POLYMERIZATION	Will not occur		

SECTION 6 - SPILL OR LEAK PROCEDURES

PRECAUTIONS IN CASE OF RELEASE OR SPILL	Stop and/or contain discharge. Prevent from entering drains, sewers, or streams.
WASTE DISPOSAL METHOD	Pump or transfer spilled material to containers for recovery. Absorb unrecoverable product. Dispose of in accordance with applicable regulations.

SECTION 7 - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS	Keep container closed when not in use.
OTHER PRECAUTIONS	Emptied containers may retain product residue; therefore, all hazard precautions given in this data sheet should be observed.

SECTION 8 - FIRE AND EXPLOSION HAZARD DATA

FLAMMABILITY CLASSIFICATION	N/A	FLASH POINT AND METHOD	None
LOWER EXPLOSIVE LIMIT	Not Established	UPPER EXPLOSIVE LIMIT	Not Established
EXTINGUISHING MEDIA	Use water, foam, CO ₂ , or dry chemical fire apparatus.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	None		
FIRE FIGHTING PROCEDURES	Fire fighters should wear self-contained breathing apparatus and full protective clothing. Use of water is effective but may cause frothing. Use water spray also to cool nearby containers and structures exposed to fire.		

SECTION 9 - PHYSICAL DATA

APPEARANCE	Clear liquid	pH (APPROXIMATE)	6.2 - 6.6, as supplied 6.8 - 7.2, 1.5% solution
APPROXIMATE BOILING RANGE	212°F	VAPOR DENSITY	Heavier than air
WEIGHT LB. PER GALLON	8.8	EVAPORATION RATE	Same as water
PERCENT VOLATILE INCLUDING WATER	86 - 88%	SOLUBILITY IN WATER	100%

SECTION 10 - DOCUMENTARY INFORMATION

PRODUCT NAME: *PERFECTION NEUTRAL FOUNTAIN SOLUTION*

PRODUCT ID NUMBER: 2012

PREPARED BY: *DAN*APPROVED BY: *RJL*

MSDS REVISION DATE: 01/08/2004

The information contained in this data sheet is, to the best of our knowledge, accurate but is not warranted. All materials may present known health hazards and should be used with caution. It is the user's responsibility to evaluate the information in a prudent manner and to use it in a manner consistent with its purpose. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	HANDBILL PRINTERS
--------------	-----------	---------------	-------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	14321 CORPORATE DRIVE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
GRID #	3 I		

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	PLATINUM FOUNTAIN SOLUTION	
CAS #	FIRE CODE HAZARD CLASSES (supplied by GGF0)	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mixture	Corrosive	*If EHS is "Yes", all amounts must be LBS
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
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT
	210	
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	LARGEST CONTAINER
	365	210 GAL.
STORAGE CONTAINER (Check all that apply)	<input checked="" 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 checked="" type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1-4	DIPROPYLENE GLYCOL MONOMETHYL ETHER	<input type="checkbox"/> Yes <input type="checkbox"/> No	34590-94-8
1-4	MAGNESIUM NITRATE	<input type="checkbox"/> Yes <input type="checkbox"/> No	13446-18-9
1-4	MALIC ACID	<input type="checkbox"/> Yes <input type="checkbox"/> No	6915-15-7
1-4	PROPYLENE GLYCOL	<input type="checkbox"/> Yes <input type="checkbox"/> No	57-55-6
		<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.

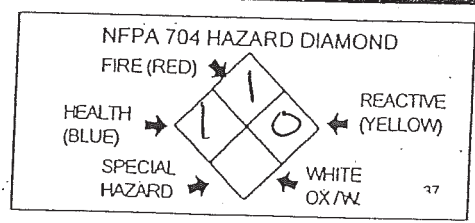
PLACARDING INFORMATION

UNDOT # _____ 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



PRESSROOM SOLUTIONS

4701 Martin St, Fort Worth, TX 76119
(817) 535-3898 • Fax: (817) 536-8556

Keep 210 Gallons

HAZARD RATING	
LEAST	- 0
SLIGHT	- 1
MODERATE	- 2
HIGH	- 3
EXTREME	- 4

HEALTH	= 1
FIRE	= 1
REACTIVITY	= 0

MATERIAL SAFETY DATA SHEET

EMERGENCY PHONE NUMBER FOR CHEMTREC: 1-800-424-9300
TRANSPORTATION EMERGENCY NUMBER: 1-800-424-9300

PRODUCT NAME: PLATINUM FOUNTAIN SOLUTION
CHEMICAL NAME: N/A **SYNONYMS:** N/A

PRODUCT ID NUMBER: 1034
MSDS REVISION DATE: 03/04/98

Product Class: N/A CAS Number: N/A DOT Proper Shipping Name: Compound Cleaning Liquid UN Number: Mixture VOC Content: 0.5 Lb/Gal Vapor Pressure of VOC component: <0.6 mm Hg	WARNING STATEMENT: Avoid contact with eyes, skin, and clothing. Wash thoroughly after handling. Keep away from heat. Keep containers closed. Use with adequate ventilation. FOR INDUSTRIAL USE ONLY Do not cut, grind, drill, or reuse any container that contained this product.
---	--

SECTION 1 - HAZARDOUS INGREDIENTS

MATERIAL	CAS NUMBER	PEL/TLV	SOURCE
Dipropylene glycol monomethyl ether < 4%	34590-94-8	100 ppm	ACGIH
Magnesium nitrate < 4%	13446-18-9	NE	
Malic acid < 4%	6915-15-7	NE	
Propylene glycol < 4%	57-55-6	NE	

SECTION 2 - EMERGENCY AND FIRST AID PROCEDURES

EYE CONTACT	Gently flush eyes with water for at least 15 minutes and seek medical attention.
SKIN CONTACT	Remove contaminated clothing and shoes. Wash affected areas with soap and water and seek medical attention if irritation persists.
INHALATION	If symptoms are experienced or if breathing difficulties occur, remove to fresh air. If breathing stops, give artificial respiration and seek medical attention immediately.
INGESTION	Induce vomiting and seek medical attention immediately.

PEL - Permissible Exposure Limit (OSHA) TLV - Threshold Limit Value (ACGIH) NE - Not Established. N/A - Not Applicable
Federal law requires persons receiving this Material Safety Data Sheet to study it carefully and become aware of the hazards of the product involved. Notify your employees, visitors, agents, and contractors of the information on this sheet.

SECTION 3 - PHYSIOLOGICAL EFFECTS AND HEALTH INFORMATION

EYES	Eye contact may cause irritation. Prolonged or repeated eye contact may cause severe irritation or aggravate pre-existing conditions.
SKIN	May cause skin irritation. Prolonged or repeated exposure may defat the skin with burning, drying and cracking, and skin burns. Possible secondary infection and dermatitis. May also aggravate pre-existing skin conditions.
SYSTEMIC	Repeated excessive exposures may cause liver or possibly kidney effects. Signs and symptoms of excessive exposure may be anesthetic or narcotic effects.

SECTION 4 - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION	If workplace exposure limits of any component is exceeded, NIOSH/MSHA approved respirator protection is advised.		
VENTILATION	Provide sufficient local exhaust or general ventilation to maintain exposure below TLV's. General ventilation is normally sufficient.		
PROTECTIVE GLOVES	Recommended	EYE PROTECTION	Recommended to safeguard against potential contact or irritation.
OTHER PROTECTIVE EQUIPMENT	Accessibility to eye washes and safety showers in work areas is always recommended.		

SECTION 5 - REACTIVITY DATA

STABILITY	Stable	CONDITIONS TO AVOID	None
INCOMPATIBLE MATERIALS TO AVOID	Strong oxidizing agents		
HAZARDOUS DECOMPOSITION PRODUCTS	Thermal decomposition in the presence of air may yield carbon monoxide and/or carbon dioxide, various hydrocarbons, and oxides of phosphorous.		
HAZARDOUS POLYMERIZATION	Will not occur		

SECTION 6 - SPILL OR LEAK PROCEDURES

PRECAUTIONS IN CASE OF RELEASE OR SPILL	Stop and/or contain discharge. Prevent from entering drains, sewers, or streams.
WASTE DISPOSAL METHOD	Pump or transfer spilled material to containers for recovery. Absorb unrecoverable product. Dispose of in accordance with applicable regulations.

SECTION 7 - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS	Keep container closed when not in use.
OTHER PRECAUTIONS	Emptied containers may retain product residue; therefore, all hazard precautions given in this data sheet should be observed.

SECTION 8 - FIRE AND EXPLOSION HAZARD DATA

DOT FLAMMABILITY CLASSIFICATION	None	FLASH POINT AND METHOD	>200°F by Setaflash
LOWER EXPLOSIVE LIMIT	Not Established	UPPER EXPLOSIVE LIMIT	Not Established
EXTINGUISHING MEDIA	Use foam, CO ₂ , or dry chemical fire apparatus.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	None		
FIRE FIGHTING PROCEDURES	Fire fighters should wear self-contained breathing apparatus and full protective clothing. Use water spray to cool nearby containers and structures exposed to fire.		

SECTION 9 - PHYSICAL DATA

APPROXIMATE BOILING RANGE	212°F	VAPOR DENSITY	Heavier than air
WEIGHT LB. PER GALLON	8.9	EVAPORATION RATE	Same as water
PERCENT VOLATILE INCLUDING WATER	84%	SOLUBILITY IN WATER	100%

SECTION 10 - DOCUMENTARY INFORMATION

PRODUCT NAME: PLATINUM FOUNTAIN SOLUTION

PRODUCT ID NUMBER: 1034

PREPARED BY: DAN

APPROVED BY: 

MSDS REVISION DATE: 03/04/98

The information contained in this data sheet is, to the best of our knowledge, accurate but is not warranted. All materials may present own health hazards and should be used with caution. It is the user's responsibility to evaluate the information in a prudent manner and to use it in a manner consistent with its purpose. Recipients are advised to confirm in advance of need that the information is current, applicable, and suitable to their circumstances.



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	HANDBILL PRINTERS
--------------	-----------	---------------	-------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	14321 CORPORATE DRIVE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5 MAP #	1
		6 GRID #	5 G

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	* If EPCRA see instructions	
H/S KRystal PROCESS YELLOW/MAGENTA/CYAN/BLACK	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS #	"If EHS is "Yes", all amounts must be LBS	
N/A	FIRE CODE HAZARD CLASSES (supplied by GGFD)	
	Class 3	

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

AVERAGE DAILY AMOUNT	19 MAXIMUM DAILY AMOUNT	20 ANNUAL WASTE AMOUNT	21 STATE WASTE CODE
	3,000 x 4		
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	24 LARGEST CONTAINER
	*If EHS, amount must be in pounds.	365	3,000 GAL.

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

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	33
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	34

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

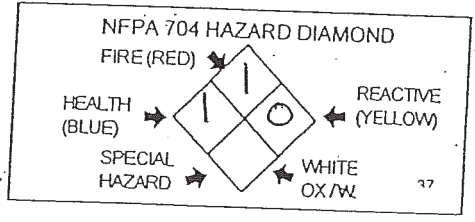
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

3000 LB

KRAMER INK CO.

PRODUCT CODE: 98385

MATERIAL SAFETY DATA SHEET
For Printing Ink & Related Materials

HMIS RATING: HEALTH-1 FLAMMABILITY-1 REACTIVITY-0
Minimal...1 Slight...2 Moderate...3 Serious...4 Severe...5

DATE OF PREP: 1-4-05

PREPARED BY: ROBERT CHASE

SECTION I : PRODUCT INFORMATION

MANUFACTURER'S NAME: KRAMER INK COMPANY
9900 JORDAN CIRCLE
SANTA FE SPRINGS, CA 90670

EMERGENCY PHONE #: (562) 946-8847
FAX # : (562) 941-8828

PRODUCT CLASS: Offset Web Heatset **TRADE NAME:** H/S KRYSTAL PROC YELLOW
PHOTOCHEMICALLY REACTIVE : YES NO
CONTAINS NO WATER AND NO EXEMPT SOLVENTS.

SECTION II : HAZARD DATA :

HAZARD DATA: NONE THAT ARE KNOWN TO KRAMER INK CO.
INGREDIENTS:

SECTION III : PHYSICAL DATA : % H2O CONTENT: <0.1-0.2, **EVAPORATION RATE:** Slower vs Butyl Acetate
LIQUID DENSITY vs WATER: Heavier (X) Lighter () N/A () **VAPOR DENSITY vs AIR:** Heavier (X) Lighter () N/A ()
BOILING RANGE: 500 deg F **TYPE OF ODOR:** Petroleum **APPEARANCE:** Colored Paste
VOC CONTENT: 33% **DENSITY :** 8.12 **GRAM/LITER:** 321 **LBS/GAL VOC:** 2.68
VEGETABLE OIL: 0 % **SOYA:** 0 %

SECTION IV : FIRE & EXPLOSION DATA

FLAMMABILITY CLASSIFICATION: OSHA: IIIIB D.O.T.: Non-regulated
FLASH POINT: 220 Degrees F **METHOD USED:** Pensky Martin Open Cup\CCC
EXTINGUISHING MEDIA: Dry chemical, CO2, foam. **UNUSUAL FIRE & EXPLOSION PROCEDURES:** Dense smoke, along with carbon dioxide and may release from burning material.
SPECIAL FIRE FIGHTING PROCEDURES: Sealed containers may experience pressure build up, water spray or fog may be used to cool container. Self contained breathing apparatus is recommended for fire fighters.

SECTION V : HEALTH HAZARD DATA

EFFECTS OF OVEREXPOSURE: 1. **SKIN CONTACT-** Prolonged contact may cause irritation and dermatitis. 2. **EYE CONTACT-** May cause irritation 3. **INHALATION-** Excessive inhalation may cause headaches, dizziness and nausea or irritation of nasal and respiratory tract. **PRIMARY ROUTES OF ENTRY:** Dermal, Inhalation **EMERGENCY FIRST AID PROCEDURES:** 1. **SKIN-** Wipe off excess material with dry towel or rag. Wash with waterless hand cleaner, followed up by soap and water. Remove contaminated clothing and launder before reuse. 2. **EYES-** Flush with water or saline solution for at least 15 minutes. Seek medical attention if necessary. 3. **INHALATION-** Remove to fresh air. If person has stopped breathing administer artificial respiration and seek medical attention immediately. 4. **INGESTION-** If swallowed in large amounts seek medical attention.

SECTION VI : REACTIVITY DATA

PRODUCT STABILITY: Stable (X) Unstable: () **CONDITIONS TO AVOID:** Heat, sparks and open flames.

SECTION VII : SPILL OR LEAK PROCEDURES

PROCEDURE WHEN MATERIAL SPILLED OR RELEASED: Stop leak as soon as possible. Remove all sources of ignition. Ventilate spill area. Add absorbent and dispose in proper waste container.
WASTE DISPOSAL METHOD: Landfill or incinerate in accordance to federal and local regulations. Remove remaining film with high boiling solvent, such as Kerosene, do not use highly volatile cleaning washes.

3000 LBS

KRAMER INK CO.

PRODUCT CODE: 98386

MATERIAL SAFETY DATA SHEET
For Printing Ink & Related Materials

HMIS RATING: HEALTH--1 FLAMMABILITY--1 REACTIVITY--0
Minimal...1 Slight...2 Moderate...3 Serious...4 Severe...5

DATE OF PREP: 1-5-05

PREPARED BY: ROBERT CHASE

SECTION I : PRODUCT INFORMATION

MANUFACTURER'S NAME: KRAMER INK COMPANY
9900 JORDAN CIRCLE
SANTA FE SPRINGS, CA 90670

EMERGENCY PHONE #: (562)946-8847
FAX # : (562)941-8828

PRODUCT CLASS: Offset Web Heatset

TRADE NAME: H/S-KRYSTAL PROC MAGENTA

PHOTOCHEMICALLY REACTIVE : YES NO

CONTAINS NO WATER AND NO EXEMPT SOLVENTS.

SECTION II : HAZARD DATA :

HAZARD DATA: NONE THAT ARE KNOWN TO KRAMER INK CO.

INGREDIENTS:

SECTION III : PHYSICAL DATA : % H2O CONTENT: <0.1-0.2 **EVAPORATION RATE:** Slower vs Butyl Acetate
LIQUID DENSITY: vs WATER Heavier (X) Lighter () N/A () **VAPOR DENSITY:** Heavier (X) vs Air Lighter () N/A
BOILING RANGE: 500 deg F **TYPE OF ODOR:** Petroleum **APPEARANCE:** Colored Paste
VOC CONTENT: 31% **DENSITY :** 8.40 **GRAM/LITER:** 312 **LBS/GAL VOC:** 2.60
VEGETABLE OIL: 0 % **SOYA:** 0 %

SECTION IV : FIRE & EXPLOSION DATA

FLAMMABILITY CLASSIFICATION: OSHA: IIIIB D.O.T.: Non-regulated

FLASH POINT: 220 Degrees F **METHOD USED:** Pensky Martin Open Cup\CCC

EXTINGUISHING MEDIA: Dry chemical, CO2, foam, **UNUSUAL FIRE & EXPLOSION PROCEDURES:** Dense smoke, along with carbon dioxide and may release from burning material.

SPECIAL FIRE FIGHTING PROCEDURES: Sealed containers may experience pressure build up, water spray or fog may be used to cool container. Self contained breathing apparatus is recommended for fire fighters

SECTION V : HEALTH HAZARD DATA

EFFECTS OF OVEREXPOSURE: 1. **Skin contact** - Prolonged contact may cause irritation and dermatitis. 2. **Eye contact** - May cause irritation 3. **Inhalation** - Excessive inhalation may cause headaches, dizziness and nausea or irritation of nasal and respiratory tract. **PRIMARY ROUTES OF ENTRY:** Dermal, Inhalation **EMERGENCY FIRST AID**

PROCEDURES: 1.**SKIN**-Wipe off excess material with dry towel or rag. Wash with waterless hand cleaner, followed up by soap and water. Remove contaminated clothing and launder before reuse. 2. **Eyes**-Flush with water or saline solution for at least 15 minutes. Seek medical attention if necessary. 3.**Inhalation**-Remove to fresh air. If person has stopped breathing administer artificial respiration and seek medical attention immediately. 4-**Ingestion**-If swallowed in large amounts seek medical attention.

SECTION VI : REACTIVITY DATA

PRODUCT STABILITY: Stable (X) Unstable: () **CONDITIONS TO AVOID:** Heat, sparks and open flames

SECTION VII : SPILL OR LEAK PROCEDURES

PROCEDURE WHEN MATERIAL SPILLED OR RELEASED: Stop leak as soon as possible. Remove all sources of ignition. Ventilate spill area. Add absorbent and dispose in proper waste container.

WASTE DISPOSAL METHOD: Landfill or incinerate in accordance to federal and local regulations. Remove remaining film with high boiling solvent, such as Kerosene, do not use highly volatile cleaning washes.

KRAMER INK CO.

3000 LB
PRODUCT CODE: 98387

MATERIAL SAFETY DATA SHEET
For Printing Ink & Related Materials

HMIS RATING: HEALTH--1 FLAMMABILITY--1 REACTIVITY--0
Minimal...1 Slight...2 Moderate...3 Serious...4 Severe...5

DATE OF PREP: 12/14/98

PREPARED BY: ROBERT CHASE

SECTION I : PRODUCT INFORMATION

MANUFACTURER'S NAME: KRAMER INK COMPANY
9900 JORDAN CIRCLE
SANTA FE SPRINGS, CA 90670

EMERGENCY PHONE #: (562)946-8847
FAX # : (562)941-8828

PRODUCT CLASS: Offset Web Heatset

TRADE NAME: ~~H/S~~ KRYSTAL PROC CYAN

PHOTOCHEMICALLY REACTIVE : YES NO

CONTAINS NO WATER AND NO EXEMPT SOLVENTS.

SECTION II : HAZARD DATA :

HAZARD DATA: NONE THAT ARE KNOWN TO KRAMER INK CO.
INGREDIENTS:

SECTION III : PHYSICAL DATA : % H2O CONTENT: <0.1-0.2 **EVAPORATION RATE:** Slower vs Butyl Acetate
LIQUID DENSITY: Heavier (X) vs WATER Lighter () N/A () **VAPOR DENSITY:** Heavier (X) vs Air Lighter () N/A
BOILING RANGE: 500 deg F **TYPE OF ODOR:** Petroleum **APPEARANCE:** Colored Paste
VOC CONTENT: 32% **DENSITY :** 8.32 **GRAM/LITER:** 309 **LBS/GAL VOC:** 2.66
VEGETABLE OIL: 0 % **SOYA:** 0 %

SECTION IV : FIRE & EXPLOSION DATA

FLAMMABILITY CLASSIFICATION: OSHA: III B D.O.T.: Non-regulated

FLASH POINT: 220 Degrees F **METHOD USED:** Pensky Martin Open Cup\CCC

EXTINGUISHING MEDIA: Dry chemical, CO2, foam, **UNUSUAL FIRE & EXPLOSION PROCEDURES:** Dense smoke, along with carbon dioxide and may release from burning material.

SPECIAL FIRE FIGHTING PROCEDURES: Sealed containers may experience pressure build up, water spray or fog may be used to cool container. Self contained breathing apparatus is recommended for fire fighters

SECTION V : HEALTH HAZARD DATA

EFFECTS OF OVEREXPOSURE: 1. **Skin contact** - Prolonged contact may cause irritation and dermatitis. 2. **Eye contact** - May cause irritation 3. **Inhalation** - Excessive inhalation may cause headaches, dizziness and nausea or irritation of nasal and respiratory tract. **PRIMARY ROUTES OF ENTRY:** Dermal, Inhalation **EMERGENCY FIRST AID**

PROCEDURES: 1. **SKIN**-Wipe off excess material with dry towel or rag. Wash with waterless hand cleaner, followed up by soap and water. Remove contaminated clothing and launder before reuse. 2. **Eyes**-Flush with water or saline solution for at least 15 minutes. Seek medical attention if necessary. 3. **Inhalation**-Remove to fresh air. If person has stopped breathing administer artificial respiration and seek medical attention immediately. 4. **Ingestion**-If swallowed in large amounts seek medical attention.

SECTION VI : REACTIVITY DATA

PRODUCT STABILITY: Stable (X) Unstable: () **CONDITIONS TO AVOID:** Heat, sparks and open flames

SECTION VII : SPILL OR LEAK PROCEDURES

PROCEDURE WHEN MATERIAL SPILLED OR RELEASED: Stop leak as soon as possible. Remove all sources of ignition. Ventilate spill area. Add absorbent and dispose in proper waste container.

WASTE DISPOSAL METHOD: Landfill or incinerate in accordance to federal and local regulations. Remove remaining film with high boiling solvent, such as Kerosene, do not use highly volatile cleaning washes.

KRAMER INK CO.

3000 LB
PRODUCT CODE: 98388

MATERIAL SAFETY DATA SHEET
For Printing Ink & Related Materials

HMIS RATING: HEALTH-1 FLAMMABILITY-1 REACTIVITY-0
Minimal...1 Slight...2 Moderate...3 Serious...4 Severe...5

DATE OF PREP: 12/14/98

PREPARED BY: ROBERT CHASE

SECTION I : PRODUCT INFORMATION

MANUFACTURER'S NAME: KRAMER INK COMPANY
9900 JORDAN CIRCLE
SANTA FE SPRINGS, CA 90670

EMERGENCY PHONE #: (562) 946-8847
FAX #: (562) 941-8828

PRODUCT CLASS: Offset Web Heatset

TRADE NAME: ~~HS: KRYSTAL PROC BLACK~~

PHOTOCHEMICALLY REACTIVE: YES NO

CONTAINS NO WATER AND NO EXEMPT SOLVENTS.

SECTION II : HAZARD DATA :

HAZARD DATA: NONE THAT ARE KNOWN TO KRAMER INK CO.
INGREDIENTS:

SECTION III : PHYSICAL DATA : % H2O CONTENT: <0.1-0.2 EVAPORATION RATE: Slower vs Butyl Acetate
LIQUID DENSITY vs WATER: Heavier (X) Lighter () N/A () VAPOR DENSITY vs AIR: Heavier (X) Lighter () N/A ()
BOILING RANGE: 500 deg F TYPE OF ODOR: Petroleum APPEARANCE: Colored Paste
VOC CONTENT: 30% DENSITY : 8.65 GRAM/LITER: 311 LBS/GAL VOC: 2.60
VEGETABLE OIL: 0 % SOYA: 0 %

SECTION IV : FIRE & EXPLOSION DATA

FLAMMABILITY CLASSIFICATION: OSHA: IIIIB D.O.T.: Non-regulated
FLASH POINT: 220 Degrees F METHOD USED: Pensky Martin Open Cup/CCC
EXTINGUISHING MEDIA: Dry chemical, CO2, foam. UNUSUAL FIRE & EXPLOSION PROCEDURES: Dense smoke,
along with carbon dioxide and may release from burning material.
SPECIAL FIRE FIGHTING PROCEDURES: Sealed containers may experience pressure build up, water spray or fog may
be used to cool container. Self contained breathing apparatus is recommended for fire fighters

SECTION V : HEALTH HAZARD DATA

EFFECTS OF OVEREXPOSURE: 1. SKIN CONTACT- Prolonged contact may cause irritation and dermatitis. 2. EYE
CONTACT- May cause irritation 3. INHALATION- Excessive inhalation may cause headaches, dizziness and nausea or
irritation of nasal and respiratory tract. PRIMARY ROUTES OF ENTRY: Dermal, Inhalation EMERGENCY FIRST AID
PROCEDURES: 1.SKIN- Wipe off excess material with dry towel or rag. Wash with waterless hand cleaner, followed up by
soap and water. Remove contaminated clothing and launder before reuse. 2. EYES- Flush with water or saline solution for
at least 15 minutes. Seek medical attention if necessary. 3. INHALATION- Remove to fresh air. If person has stopped
breathing administer artificial respiration and seek medical attention immediately. 4. INGESTION- If swallowed in large
amounts seek medical attention.

SECTION VI : REACTIVITY DATA

PRODUCT STABILITY: Stable (X) Unstable: () CONDITIONS TO AVOID: Heat, sparks and open flames.

SECTION VII : SPILL OR LEAK PROCEDURES

PROCEDURE WHEN MATERIAL SPILLED OR RELEASED: Stop leak as soon as possible. Remove all
sources of ignition. Ventilate spill area. Add absorbent and dispose in proper waste container.
WASTE DISPOSAL METHOD: Landfill or incinerate in accordance to federal and local regulations. Remove
remaining film with high boiling solvent, such as Kerosene, do not use highly volatile cleaning washes.

Building 1 (Stripping / Pre-press) – 14321 Corporate Drive

1. Plate Cleaner
2. Silicone Spray
3. 3M Super 77 Spray Adhesive
4. Blanket Saver #14
5. Glass Cleaner
6. Really Works Heavy Duty Hand Cleaner
7. DNS Neutralizer Powder
8. LP-D3WR Laser Plate Developer Work. Rep.
9. Fuji Film FN-6 Plate Finisher Gum
10. Photographic Cleaner
11. Developer Parts A,B and Neutralizer
12. Kodak RA3000 Automix Fixer and Replenisher Part A
13. Kodak RA3000 Fixer and Replenisher Part B
14. Kodak RA2000 Developer and Replenisher
15. Kodak RA2000 Developer Replenisher /US/C
16. Film Kleen 7065
17. News 3000B Fixer Hardener
- 18.
- 19.
- 20:



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	HANDBILL PRINTERS
--------------	-----------	---------------	-------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	14321 CORPORATE DRIVE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
GRID #	4B		

II. CHEMICAL INFORMATION

CHEMICAL NAME	2429 PLATE CLEANER / DESENSITIZER	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	PLATE CLEANER		*If EPCRA see instructions		
CAS #	mix	FIRE CODE HAZARD CLASSES (supplied by GGFD)	class 3		

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
----------------------------	---	-------------	---

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

AVERAGE DAILY AMOUNT	2	MAXIMUM DAILY AMOUNT	2	ANNUAL WASTE AMOUNT		STATE WASTE CODE	
----------------------	---	----------------------	---	---------------------	--	------------------	--

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

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

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
5-10	BUTYL CELLOSOLVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	111-76-2
1-5	SODIUM METASILICATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6834-92-0
90-100	WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

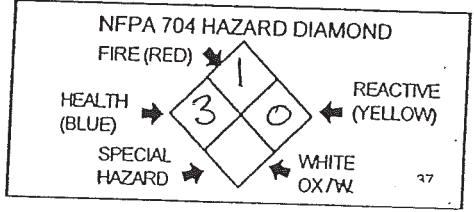
PLACARDING INFORMATION

UNDOT # _____ Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 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