



**CITY OF GARDEN GROVE**  
**FIRE DEPARTMENT**

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

6/2/2016

Estella Villacorta  
ATC Group Services, Inc.  
(323) 517-9654

RE: Records Search for 12021 Harbor Blvd., Garden Grove CA

Dear Estella Villacorta:

Enclosed are the records found concerning the history of the above-mentioned site(s), especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the installation or removal of underground flammable or combustible liquid storage tanks.

The City of Garden Grove Fire Department has utilized its best efforts to locate the records requested. However, the City makes no representation as to the accuracy of the records or that all records requested were retained or located. The City does not provide records on spills, leaks or clean-up, as that information is provided through the County of Orange Health Department.

Sincerely,

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

Thanh Nguyen  
Fire Captain/Senior Fire Protection Specialist





1 100003 SPECIAL EVENTS 55.00

THE OPERATION OF A FESTIVAL/CARNIVAL SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 020815

1. INSPECTION# : 026710

2. PERMIT LOC : 12021 HARBOR BLVD

3. BUSINESS NAME: CROWNE PLAZA HOTEL RESORTS 9. BUS LICENSE:165583

4. PHONE: 867-5555 10. OCC CLASS :R1

5. BILL-TO-NAME : CROWNE PLAZA HOTEL RESORTS 11. ISSUE DATE :12-16-02

6. BILL-TO-ADDR : 12021 HARBOR BLVD 12. EXPIRATION :12-31-03

7. BILL-TO-CSZ : GARDEN GROVE CA 92840 13. TOTAL FEES :720.00

8. REMARKS : 14. INSPECTOR :2512

WAIDELICH, SUSAN C

=====

NO.	CODE	DESCRIPTION / CONDITION	FEE
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1 251013 ASSEMBLY A-2.1 210.00

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

2 240005 HIGH-RISE 55'-75' 380.00

HIGH RISE BUILDINGS SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES  
9 FLOORS

8. REMARKS : CHURCH SERVICE AT HOTEL 14. INSPECTOR :2512

WAIDELICH, SUSAN C

=====

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

1	251161	CANDLES IN ASSEMBLIES	45.00
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USE OF OPEN FLAME DEVICE OR CANDLES IN AN ASSEMBLY AREA,  
 DINING AREA OF A RESTAURANT, OR DRINKING ESTABLISHMENT SHALL  
 COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 040024

1. INSPECTION# :

2. PERMIT LOC : 12021 HARBOR BLVD

3. BUSINESS NAME: CROWNE PLAZA RESORT HOTEL 9. BUS LICENSE:

4. PHONE: 714-971-2244 10. OCC CLASS :CANDLE

5. BILL-TO-NAME : ST LUKES ORTHODOX CHURCH 11. ISSUE DATE :06-15-04

6. BILL-TO-ADDR : 13261 DUNKLEE AVE 12. EXPIRATION :07-04-04

7. BILL-TO-CSZ : GARDEN GROVE CA 92840 13. TOTAL FEES :45.00

8. REMARKS : CHURCH SERVICE AT HOTEL 14. INSPECTOR :2512

WAIDELICH, SUSAN C

=====

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

1 251161 CANDLES IN ASSEMBLIES 45.00

USE OF OPEN FLAME DEVICE OR CANDLES IN AN ASSEMBLY AREA,  
DINING AREA OF A RESTAURANT, OR DRINKING ESTABLISHMENT SHALL  
COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 050040

1. INSPECTION# :

2. PERMIT LOC : 12021 HARBOR BLVD

3. BUSINESS NAME: BLAINE CONVENTION SERVICES 9. BUS LICENSE:

4. PHONE: 714-522-8270 10. OCC CLASS :SHOW

5. BILL-TO-NAME : BLAINE CONVENTION SERVICES 11. ISSUE DATE :10-27-05

6. BILL-TO-ADDR : 6310 CABALLERO BLVD 12. EXPIRATION :11-17-05

7. BILL-TO-CSZ : BUENA PARK CA 90620 13. TOTAL FEES :55.00

8. REMARKS : 14. INSPECTOR :3303

SOLTIS, SABRINA M

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

1	100003	SPECIAL EVENTS	55.00
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THE OPERATION OF A FESTIVAL/CARNIVAL SHALL COMPLY WITH ALL  
APPLICABLE STATE AND LOCAL CODES.

0. PERMIT# : 080027

1. INSPECTION# :

2. PERMIT LOC : 12021 HARBOR BLVD

3. BUSINESS NAME: CROWNE PLAZA HOTEL      9. BUS LICENSE:  
 4. PHONE: 949-858-9704      10. OCC CLASS :CANDLE  
 5. BILL-TO-NAME : JAY D PATEL      11. ISSUE DATE :05-17-08  
 6. BILL-TO-ADDR : 4 VIA DE LA MESA      12. EXPIRATION :05-17-08  
 7. BILL-TO-CSZ : RANCHO SANTA MARGARITA      13. TOTAL FEES :45.00  
 8. REMARKS :      14. INSPECTOR :3303

SOLTIS, SABRINA M

=====

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

1	251161	CANDLES IN ASSEMBLIES	45.00
		USE OF OPEN FLAME DEVICE OR CANDLES IN AN ASSEMBLY AREA, DINING AREA OF A RESTAURANT, OR DRINKING ESTABLISHMENT SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL CODES.	
2	251161	CANDLES IN ASSEMBLIES	00.00
		HINDU WEDDING CEREMONIAL FIRE. BURN TO LAST FOR 10 - 15 MIN MUST HAVE A 2A10BC FIRE EXTINGUISHER ON HAND AT ALL TIMES.	

0. PERMIT# : 10529  
 1. INSPECTION# : 016943  
 2. PERMIT LOC : 12021 HARBOR BLVD

3. BUSINESS NAME: CROWNE PLAZA HOTEL RESORTS      9. BUS LICENSE:  
 4. PHONE: 867-5555      10. OCC CLASS :R1  
 5. BILL-TO-NAME : CROWNE PLAZA HOTEL RESORTS      11. ISSUE DATE :11-30-01  
 6. BILL-TO-ADDR : 12021 HARBOR BLVD      12. EXPIRATION :  
 7. BILL-TO-CSZ : GARDEN GROVE CA 92840      13. TOTAL FEES :590.00  
 8. REMARKS :      14. INSPECTOR :5190

LUKAS JR, EDWARD F

=====

NO. CODE DESCRIPTION / CONDITION FEE

=====

1 251013 ASSEMBLY A-2.1 210.00

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

2 240005 HIGH-RISE 55'-75' 380.00

HIGHRISE BUILDING SHALL COMPLY WITH ALL APPLICABLE STATE AND  
LOCAL CODES



**Violation List for  
WYNDHAM ANAHEIM GARDEN GROVE (MANDATORY)  
12021 HARBOR Blvd**

<b>Date Issued</b>	<b>Date Cleared</b>	<b>Code #</b>	<b>Violation Description</b>
02/27/2015	07/29/2015		Repair holes in walls: 7th floor staff elevator room and 8th floor C st:
01/16/2014	01/30/2014		REPLACE MISSING SPRINKLER ESCUTCHEON: OUTSIDE JR'S
01/16/2014	01/30/2014	CFC 605.1	Provide/ replace electrical
01/16/2014	01/30/2014	CFC 315.2.1	Lower storage
09/30/2013	10/03/2013		Final notice E6 called in for fire alarm system down for 2 months. Fa
08/20/2013	09/30/2013	CFC 2701.5.	Complete Haz Mat Disclosure packet
01/29/2013	02/12/2013		REDUCE STROAGE IN MECHANICAL - MEZZANINE.
01/29/2013	02/12/2013		ADJUST FIRE DOORS TO CLOSE AND LATCH COMPLETELY: LC
01/29/2013	02/12/2013	CFC 3003.5.:	Secure compressed gas cylinders.
01/29/2013	02/12/2013	CFC 605.3	Keep 30" clear in front of elec. panel
01/29/2013	02/12/2013	CFC 605.6	Discontinue use of extension cords.
05/02/2012	05/02/2012		Remove temp ceiling in storage on 9th by 901 - obstructs sprinkler.
05/02/2012	05/02/2012	CFC 605.3	Keep 30" clear in front of elec. panel
11/01/2010	11/22/2010		Repair fire door to close and latch;
11/01/2010	11/22/2010		Repair holes in wall: outer roof access door (stairways)
11/01/2010	11/22/2010		Reduce storage in roof elevator
11/01/2010	11/22/2010		Verbal: 5 year cert. due in March for sprinkler system
11/01/2010	11/22/2010	Title 19 Sec.	Hang extinguisher(s) 3.5'-5' from floor
11/01/2010	11/22/2010	CFC 901.6	Service and tag Fire Extinguishers.
11/01/2010	11/22/2010	CFC 906.1	Provide extinguisher(s)
11/01/2010	11/22/2010	CFC 1011.2	Provide illuminated exit sign(s).
11/01/2010	11/22/2010	CFC 605.3	Keep 30" clear in front of elec. panel
11/04/2009	12/14/2009		Replace fire rated door in shell vacations snack room, X3 csl kitchen
11/04/2009	12/14/2009		Replace sprinkler escutcheon 3rd floor elevator lobby, kitchen X2, fc
11/04/2009	12/14/2009		Repair elevator doors (fire doors) to close and latch completely, 9th
11/04/2009	12/14/2009	CFC 605.1	Provide/ replace electrical
10/09/2008	10/23/2008		Provide faceplate for junction box by exit / electrical room 1st fl.
10/09/2008	10/23/2008		Replace ceiling tile in banquet storage
10/09/2008	10/23/2008		Repair hole in wall mechanical eletrical 2nd fl (behind door)
10/09/2008	10/23/2008		Repair fire door to close and latch- 9th fl (left), 1st fl (left)
10/09/2008	10/23/2008		Provide annual fire pump test.
10/09/2008	10/23/2008	CFC 3003.5.:	Secure compressed gas cylinders.

**Violation List for  
WYNDHAM ANAHEIM GARDEN GROVE (MANDATORY)  
12021 HARBOR Blvd**

<b>Date Issued</b>	<b>Date Cleared</b>	<b>Code #</b>	<b>Violation Description</b>
10/30/2007	11/13/2007		Replace 2 telephone handsets in fire control room.
10/30/2007	11/13/2007		Fix fire door to close and latch completely.- 2nd fl (left)
10/30/2007	11/13/2007		Loosen standpipe caps on roof (stair 4- right)
10/30/2007	11/13/2007	CFC 8506	Discontinue use of extension cords.
10/30/2007	11/13/2007	CFC 1001.5.	Service and tag Fire Extinguishers.
11/02/2006	11/02/2006		Remove bench obstructing far right Mazzanine elevator (abatefd wh
11/02/2006	11/16/2006		Repair fir doors to close and latch completely: 9th left ad right; 8th le
11/02/2006	11/16/2006		Remove combustibile storage on roof.
11/02/2006	11/16/2006	Title 19 Sec.	Hang extinguisher(s) 3.5'-5' from floor
11/02/2006	11/16/2006	CFC 1001.5.	Service and tag Fire Extinguishers.- elevator mech room- roof; fire c
10/18/2005	11/16/2005		Remove combustibile storage from electrics room in 4,5 & 7 and fron
10/18/2005	11/16/2005		Maintain caps on roof standpipes handtight.
10/18/2005	11/16/2005		Repair pull station on 3rd floor in front of elevators - also pull station
10/18/2005	11/16/2005		Clear chairs in electrical room 2nd floor.
10/18/2005	11/16/2005	8509.2	Keep 30" clear for access in front of electrical panel - Mechanical Rc
01/27/2005	04/11/2005		If possible, program elevators to by-pass mezzanine during after- hc
01/27/2005	04/11/2005	CFC appdx F	Re-program ( if not already done) elevator recall to 2nd floor.
01/27/2005	04/11/2005	1207.3 & 100	Provide panic hardware on wrought iron gate on mezzanine stairs.
09/21/2004	01/27/2005	1111.2	Provide magnetic door holders to 1st floor service area & elect. room
09/21/2004	01/27/2005	1111.1	Provide fire stop to sprinkler pipe in electric & linen rooms on all gue
10/27/2003	09/20/2004	1103 & 1203	Post sign stating "No Storage" in west banquet storage corridor.
10/27/2003	09/20/2004	1001.5	Mail or fax reports (when completed) on quarterly sprinkler tests, ani
10/27/2003	09/20/2004	8509	Remove & maintain clear all doors to electric rooms to be free of car
10/27/2003	09/20/2004	1103	Provide housekeeping to 2nd floor store room.
10/25/2003	12/02/2003	HSC 25503.5	Failure to establish / implement a Business Emergency Plan.
02/06/2003	02/06/2003	1203.7	Maintain all exits clear during all conferences in banquet rooms.
11/14/2002	09/20/2004	8001.7	PROVIDE A 704 PLACARD ON THE POOL PUMP ROOM
11/14/2002	09/20/2004	8001	STORE AND MAINTAIN POOL ACID 20' AWAY FROM CHLORINE
11/14/2002	09/20/2004	1103	REMOVE COMBUSTIBLE STORAGE FROM ELECTRIC ROOMS /
11/14/2002	09/20/2004	8509	MAINTAIN CLEARANCE AROUND ELECTRIC PANELS
11/14/2002	09/20/2004	1112	APPLY FIRE CAULK IN THE ELECTRIC ROOMS IN FLOOR AND I
11/14/2002	09/20/2004	1002	MOVE FIRE EXTINGUISHER IN PENTHOUSE

**Violation List for  
WYNDHAM ANAHEIM GARDEN GROVE (MANDATORY)  
12021 HARBOR Blvd**

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<b>Date Issued</b>	<b>Date Cleared</b>	<b>Code #</b>	<b>Violation Description</b>
11/14/2002	09/20/2004	1001.5	REPAIR FIRE ALARM SYSTEM; SYSTEM SHOWS ALARM

Dbas MOVIE ZONE

Complex

Address

12021

GARDEN GROVE

Blvd

92843

**Business Information**

Business License No. 157439

Dunn and Bradstreet -

Sic Code-

Fax

E-Mail

Business Owner Name

Home Phone

Property Use

**Construction Information**

Construction type-

Occupany group- B

Occupany Load- 0

Building Sq.ft- 0

**Contacts Information**

Property Owner

Building Owner

Contacts

**Inspection Information**

Archived by VThorpe

File number 2066

Inspector- E6 A

**Inspection History**

03/21/2005 Time 09:05

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

06/06/2005 Time 09:38

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2491 Michael Jacobs by Valerie Thorpe

\*\*\*\*\*

03/13/2006 Time 10:59

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

### Visits

06/03/2005

Inspector Id- 2491 Name - Michael Jacobs

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

\*\*\*\*\*

### Violations

### Permits

### EPS Information

Business Operator -

Phone -

Environmental Contact -

phone -

address - ,

### Chemical Information

### Tank Information

Tank Owner Name -

Phone -

Address-

### Disclosure Local Information

Date Disclosure was verified 00/00/00

Disclosure letter verified by

Date Inquiry letter Sent 00/00/00

Date New Business Packet Sent 00/00/00

Date New Business Packet Received 00/00/00

Date Year end packet sent 00/00/00

Date Year end packet Received 00/00/00

Date Year end Packet Approved 00/00/00

Date year end Packet Approved 00/00/00  
Citation Date 00/00/00  
City Attorney Letter sent Date 00/00/00  
Date BEP sent 00/00/00  
Date BEP Submitted 00/00/00  
Date BEP Corrected 00/00/00  
Date BEP Approved 00/00/00  
Business was not in the Cal Arp program  
Number of Employee  
Local ID Number 021729

**Invoices**

**External Invoices**

**Notes**

Date Archived 08/04/2014

District 2424

Dbas PNC WIRELESS

Complex

Address

12021

GARDEN GROVE

Blvd

92843

**Business Information**

Business License No.  
Dunn and Bradstreet -  
Sic Code-

Fax

E-Mail

Business Owner Name

Home Phone

Property Use

**Construction Information**

Construction type-  
Occupancy group- B  
Occupancy Load- 0  
Building Sq.ft- 0

**Contacts Information**

Property Owner

Building Owner

Contacts

Contact Type - Emergency One

TROUNG DO

Primary 7148768885

**Inspection Information**

Archived by Smouse

File number 2066

Inspector- E6 A

7/10/14: OUT OF BUSINESS.

Inspection History

03/21/2005 Time 09:05

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

06/06/2005 Time 09:38

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2491 Michael Jacobs by Valerie Thorpe

\*\*\*\*\*

03/13/2006 Time 10:59

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

07/25/2006 Time 10:48

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Archived

Notes - Business Information Archived

\*\*\*\*\*

07/25/2006 Time 10:54

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2648 Shane Howey by Valerie Thorpe

\*\*\*\*\*

03/19/2008 Time 08:27

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A En

\*\*\*\*\*

12/15/2008 Time 08:39

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 2648 Shane Howey by Valerie Thorpe

\*\*\*\*\*

12/15/2008 Time 08:39

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Violation Cleared

Notes - Auto Cleared Lifesafety -Violation 2648 Shane Howey

\*\*\*\*\*

12/15/2008 Time 08:39

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Violation Cleared

Notes - Auto Cleared Lifesafety -Violation 2648 Shane Howey

\*\*\*\*\*

12/15/2008 Time 08:39

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Violation Cleared

Notes - Auto Cleared Lifesafety -Violation 2648 Shane Howey

\*\*\*\*\*

05/10/2010 Time 10:13

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A En

\*\*\*\*\*

10/20/2010 Time 10:05



10/20/2010 Time 10:25

Employee No. - 3795 Name - Alex Fertal

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 1705 Patrick Collins by Alex Fertal

\*\*\*\*\*

05/21/2012 Time 08:34

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

05/23/2013 Time 07:46

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

08/05/2013 Time 12:44

Employee No. - 0012 Name - Tony R Acosta

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 0012 Tony Acosta by Tony R Acosta

\*\*\*\*\*

05/28/2014 Time 16:38

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

06/09/2014 Time 08:52

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

### Visits

06/15/2006

Inspector Id- 2648 Name - Shane Howey

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - MBCC due 7/30/06

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07/22/2006

Inspector Id- 2648 Name - Shane Howey

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

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05/12/2008

Inspector Id- 2648 Name - Shane Howey

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Re-insp 5/26/08

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12/08/2008

Inspector Id- 2648 Name - Shane Howey

Insp. Type - ReInspection

Category - Life Safety

Comments - Cleared.

\*\*\*\*\*

12/10/2010

10/18/2010

Inspector Id- 1705Name - Patrick Collins

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - NO CONTACT 06/03/2010

NO VIOLATIONS

\*\*\*\*\*

08/05/2013

Inspector Id- 0012Name - Tony Acosta

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - vacant 8-5-13

\*\*\*\*\*

07/10/2014

Inspector Id- 0012Name - Tony Acosta

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - OUT OF BUSINESS.

\*\*\*\*\*

## Violations

06/15/2006

code no - CFC 1001.5.1

Description - Service and tag Fire Extinguishers.

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06/15/2006

code no - Title 19 Sec. 567.6

Description - Hang extinguisher(s) 3.5'-5' from floor

\*\*\*\*\*

06/15/2006

code no - CFC 8506

Description - Discontinue use of extension cords.

\*\*\*\*\*

05/12/2008

code no - CFC 906.1

Description - Provide extinguisher

\*\*\*\*\*

05/12/2008

code no - Title 19 Sec. 567.6

Description - Hang extinguisher(s) 3.5'-5' from floor

\*\*\*\*\*

05/12/2008

code no -

Description - Secure helium tank with chain to wall.

\*\*\*\*\*

## Permits

## EPS Information

Business Operator -

Phone -

Environmental Contact -

phone -  
address - ,

## Chemical Information

## Tank Information

Tank Owner Name -  
Phone -  
Address-

## Disclosure Local Information

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

## Invoices

## External Invoices

## Notes

Date Archived 08/04/2014

District 2424

Dbas PNC WIRELESS

Complex

Address

12021

GARDEN GROVE

Blvd

92843

**Business Information**

Business License No.  
Dunn and Bradstreet -  
Sic Code-

Fax

E-Mail

Business Owner Name

Home Phone

Property Use

**Construction Information**

Construction type-

Occupancy group- B

Occupancy Load- 0

Building Sq.ft- 0

**Contacts Information**

Property Owner

Building Owner

Contacts

Contact Type - Emergency One

TROUNG DO

Primary 7148768885

**Inspection Information**

Archived by Smouse

File number 2066

Inspector- E6 A

7/10/14: OUT OF BUSINESS.

Inspection History

03/21/2005 Time 09:05

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

06/06/2005 Time 09:38

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2491 Michael Jacobs by Valerie Thorpe

\*\*\*\*\*

03/13/2006 Time 10:59

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

07/25/2006 Time 10:48

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Archived

Notes - Business Information Archived

\*\*\*\*\*

07/25/2006 Time 10:54

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 2648 Shane Howey by Valerie Thorpe

\*\*\*\*\*

03/19/2008 Time 08:27

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A En

\*\*\*\*\*

12/15/2008 Time 08:39

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 2648 Shane Howey by Valerie Thorpe

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Employee No. - 6691Name - Valerie Thorpe

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Employee No. - 6691Name - Valerie Thorpe

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12/15/2008 Time 08:39

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Violation Cleared

Notes - Auto Cleared Lifesafety -Violation 2648 Shane Howey

\*\*\*\*\*

05/10/2010 Time 10:13

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A En

\*\*\*\*\*

10/06/2010 Time 10:05

10/20/2010 Time 10:25

Employee No. - 3795 Name - Alex Fertal

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 1705 Patrick Collins by Alex Fertal

\*\*\*\*\*

05/21/2012 Time 08:34

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

05/23/2013 Time 07:46

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

08/05/2013 Time 12:44

Employee No. - 0012 Name - Tony R Acosta

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 0012 Tony Acosta by Tony R Acosta

\*\*\*\*\*

05/28/2014 Time 16:38

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

06/09/2014 Time 08:52

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E6 shift A Engine 6

\*\*\*\*\*

Visits

06/15/2006

Inspector Id- 2648 Name - Shane Howey

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - MBCC due 7/30/06

\*\*\*\*\*

07/22/2006

Inspector Id- 2648 Name - Shane Howey

Insp. Type -

Category - Life Safety

Comments - Mailback card returned

\*\*\*\*\*

05/12/2008

Inspector Id- 2648 Name - Shane Howey

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - Re-insp 5/26/08

\*\*\*\*\*

12/08/2008

Inspector Id- 2648 Name - Shane Howey

Insp. Type - ReInspection

Category - Life Safety

Comments - Cleared.

\*\*\*\*\*

10/10/2010

10/18/2010

Inspector Id- 1705Name - Patrick Collins

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - NO CONTACT 06/03/2010

NO VIOLATIONS

\*\*\*\*\*

08/05/2013

Inspector Id- 0012Name - Tony Acosta

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - vacant 8-5-13

\*\*\*\*\*

07/10/2014

Inspector Id- 0012Name - Tony Acosta

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - OUT OF BUSINESS.

\*\*\*\*\*

## Violations

06/15/2006

code no - CFC 1001.5.1

Description - Service and tag Fire Extinguishers.

\*\*\*\*\*

06/15/2006

code no - Title 19 Sec. 567.6

Description - Hang extinguisher(s) 3.5'-5' from floor

\*\*\*\*\*

06/15/2006

code no - CFC 8506

Description - Discontinue use of extension cords.

\*\*\*\*\*

05/12/2008

code no - CFC 906.1

Description - Provide extinguisher

\*\*\*\*\*

05/12/2008

code no - Title 19 Sec. 567.6

Description - Hang extinguisher(s) 3.5'-5' from floor

\*\*\*\*\*

05/12/2008

code no -

Description - Secure helium tank with chain to wall.

\*\*\*\*\*

## Permits

## EPS Information

Business Operator -

Phone -

Environmental Contact -

phone -  
address - ,

## Chemical Information

## Tank Information

Tank Owner Name -  
Phone -  
Address-

## Disclosure Local Information

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

## Invoices

## External Invoices

## Notes



# GARDEN GROVE



*Updated  
11/11/2010  
g. j. j.*

## FIRE DEPARTMENT

# HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## REPORTING FORMS PACKET

**LONG VERSION**

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	_____
BUSINESS NAME	<u>CROWNE PLAZA RESORT</u>
BUSINESS ADDRESS	<u>12021 HARBOR BOULEVARD</u>
APPROVED BY	<u>MK</u> DATE <u>06-19-07</u>
NEW BUSINESS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO UPDATE <u>2010</u>
PICK	<u>4D</u> <input checked="" type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>
FEE	_____



# Hazardous Materials Disclosure

Program Description, Disclosure Forms, Placard Information

## **This Program Affects Your Business**

State and federal legislation requires EVERY BUSINESS that handles or stores hazardous materials and/or hazardous waste above a specified amount, to report their inventories to their local fire department. This disclosure information will assist the Fire Department in responding to emergencies involving hazardous materials along with meeting the "Community Right to Know Act" and safeguarding the environment.

## **Does Your Business Handle Hazardous Materials?**

Many materials you may not consider as a "hazardous material" are, in fact, hazardous. If it is flammable, combustible, corrosive, caustic, explosive, toxic, poisonous, an irritant, etc., then it is a hazardous material. Also, if the item has a warning label or the manufacturer supplies a Material Safety Data Sheet (MSDS), it is considered it a hazardous material.

Consider the materials that you use in your business operations. If there are any hazards associated with them, then you are handling a hazardous material. The question now becomes one of, "Is this hazardous material a reportable quantity?" Basically, if your business handles any single hazardous material at any one time, in an amount greater than or equal to

**55 gallons of a liquid, 500 pounds of a solid, or  
200 cubic feet of a gas,**

then you have a reportable quantity and are required to report your inventory to the fire department.

## **Other Circumstances**

In addition, there are chemicals that state and federal governments have deemed to be "Extremely Hazardous Substances" (EHS) chemicals. These chemicals will be subject to SARA III or EPCRA reporting, as indicated on the MSDS. As a general rule, EHS items are required to be disclosed regardless of the amount.

Reportable amounts of waste materials must be disclosed. The fire department monitors the disclosure only, while Orange County Environmental Health regulates and tracks hazardous wastes for the city of Garden Grove.

## **Cost Recovery**

Fees are assessed to recoup the costs involved in operating the Hazardous Materials Disclosure Program. The fees are determined by the amount and number of reportable chemicals and/or the number of employees. Your business will be billed annually by the Orange County Certified Unified Program Agency (CUPA) for Garden Grove's Hazardous Material Disclosure Program fees. See Page 3 for Fee Schedule.

### **Penalties**

Failure to report disclosure information in a timely manner may result in fines and penalties of up to \$2,000 per day, and up to \$5,000 per day for knowingly refusing to disclose (California Health and Safety Code, Section 25514).

### **How Do I Complete This Packet?**

1. **Determine if your business handles reportable quantities of a hazardous material.** If you have not read the first page of this booklet, please do so now. Many items you may not consider as "hazardous," are indeed recognized as a "hazardous material" under state and/or federal law.
2. **Complete Form 1,** the Business Information Form. Each box is numbered and has a corresponding explanation, which is found in the "Guide for Completing" Form 1.
3. **Complete Form 2.** This is the site plan of your facility. Please use the legend symbols as needed. This information is important, as it will inform the fire department of the location of your hazardous materials, and will also provide vital information during emergency responses pertaining to the layout of your facility.
4. **Complete Form 3,** the Chemical Inventory Form. Fill in your business name and make as many copies as needed to disclose all your reportable hazardous materials. Please use one form per chemical and/or each waste item. Accompany each form with the respective MSDS.
5. **Complete the CUPA Business Activities Form,** required by Orange County Health Care Agency.
6. **Complete the Emergency Business Plan.** This is a fill-in-the-blank safety workbook that will assist your business in maintaining safety, and also help to remain in compliance with hazardous materials laws and OSHA regulations. Since state law requires the fire department to review your business plan for sufficiency, you must return it along with the other forms. Please note that the Business Emergency Plan workbook has two versions. The version that applies to you will depend on the complexity of your business. Businesses are required to keep a separate copy of their Business Emergency Plan at their location (CFC 8001.3.2). The original is kept on file at the Garden Grove Fire Department.

### **Updates To Disclosure**

You are required to notify the Hazardous Materials Coordinator at the Garden Grove Fire Department, of any changes in your business information, and/or chemical inventory information, within 30 days. The entire disclosure packet does not

HAZARDOUS MATERIALS DISCLOSURE (Continued)  
Program Description, Disclosure Forms, Placard Information

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necessarily need to be resubmitted. You only will need to submit Forms 1, 2, or 3, whichever one(s) may be affected.

**MSDS Copies**

MSDS are requested for each chemical submitted. MSDS may be obtained from your supplier. Note: The law requires that the suppliers provide MSDS.

**Items To Be Returned To The Fire Department**

1. The Hazardous Materials Disclosure
  - a. Business Information - Form 1
  - b. Site Plan - Form 2
  - c. Chemical Inventory - Form 3
2. The Business Emergency Plan
3. Copies of the Material Safety Data Sheet
4. CUPA Business Information Form

**Assistance**

The Garden Grove Fire Department recognizes that completing the forms may be difficult and/or time consuming; therefore, any assistance you may need is offered to you. Also, if you prefer the form to be filled out for you, the department offers a Hazardous Materials Disclosure Reporting Assistance Program. Under this program, forms are completed upon payment of the appropriate fees. You may contact the Hazardous Materials Coordinator at (714) 741-5636 for additional information.

**Fee Schedule**

The schedule listed below shows the current fees adopted for the Garden Grove Fire Department Hazardous Materials Disclosure Program, Resolution No. 8101-98, under Hazardous Material Ordinance No. 1986.

<b>FEE SCHEDULE</b>	
1 -15 chemicals, <10,000 gallons <1000 lbs. <1000 cu ft of compressed gas, 1-10 Employees	\$ 200
1 -15 chemicals, <20,000 gallons <2000 lbs. <2000 cu ft of compressed gas, 11-20 Employees	\$ 300
1 -15 chemicals, <30,000 gallons <3000 lbs. <3000 cu ft of compressed gas, 21-30 Employees	\$ 400
>30,000 gallons, >3000 lbs., >3000 cu ft of compressed gas, +31 Employees	\$ 500
16 - 30 chemicals	\$ 750
31 or more chemicals	\$ 1,000

**GUIDE FOR COMPLETING  
THE CALIFORNIA HAZARDOUS MATERIAL  
BUSINESS INFORMATION - FORM 1**

There are minimum hazardous material inventory report and data management requirements in Chapter 6.95 of Division 20 of the California Health and Safety Code and Section 11022 of Title 42 of the United States Code (1989). This inventory form is required to be used by businesses and administering agencies. It is designed to include inventory information mandated under both state and federal laws.

<b>BUSINESS OWNER &amp; OPERATOR IDENTIFICATION</b>		
<b>NO.</b>	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION REQUIRED</b>
	Facility ID Number	Number assigned by GGFD. Leave this blank.
1.	Calendar year beginning	The current date you are filling out this report (e.g., 8/21/2007).
2.	Calendar year ending	The ending date and current year of the report (e.g., 12/31/2007).
3.	Page 1 of	The number of total pages in the inventory, including this page.
4.	Business Name	Enter the full legal name of the business or facility.
5.	Business Phone	Enter the business phone number.
6.	Business Site Address	Enter the street address, including street, avenue, boulevard, etc., where the facility is located. <b>No post office box numbers. This information must provide a means to geographically locate the facility.</b>
7.	City	Enter the city where the facility is located. Garden Grove filled in for you.
8.	State	Enter the two-character state abbreviation. CA filled in for you.
9.	Zip	Enter the zip code for the street address shown above.
10.	Dun & Bradstreet (Optional)	Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number can be obtained by calling <b>(610) 882-7748</b> .
11.	SIC Code	Enter the facility Standard Industrial Classification four digit code. NOTE: If code is more than four digits, report only the first four. If you don't know your SIC Code, leave blank and the Fire Department will fill it in for you.
12.	Fire District	(Fire Dept. Use – Leave Blank)
13.	County	Enter the county where facility is located. Orange is filled in for you.

**BUSINESS OWNER & OPERATOR IDENTIFICATION**

NO.	DATA ELEMENT BOXES	INFORMATION REQUIRED
14.	Business Operator/Manager's Name	Enter the name of the business operator/manager.
15.	Operator Phone Number	Enter business operator phone number if different from business phone, area code first, and any extension.
16.	Owner Name	Enter name of business owner.
17.	Owner Phone Number	Enter the owner's phone number, if different from business phone.
18.	Owner Mailing Address	Enter the owner's mailing address, if different from business address.
19.	City	Owner's mailing address – City
20.	State	Owner's mailing address – State
21.	Zip	Enter the zip code for the above address
22.	Environmental Contact Name	Enter the name of the person, if different from the Business Owner and Operator, that receives all environmental correspondence and will respond to enforcement activity.
23.	Contact Phone Number	Enter the phone number at which the above person can be contacted—area code first, then any extension.
24.	Mailing Address	Enter the mailing address, if different from the site address, where all environmental correspondence should be sent.
25.	City	Enter the name of the city.
26.	State	Enter the state abbreviation.
27.	Zip	Enter the zip code for the above address.
28.	Primary Contact Name	Enter the name of a facility representative that can be contacted in case of an emergency involving hazardous materials at the facility. The contact should have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
29.	Primary Contact Title	Enter the title of the primary contact.
30.	Primary Business Phone	Enter the business phone number for the primary contact, area code first and any extensions.
31.	Primary 24-hour Phone	Enter the 24-hour phone number for the primary contact.
32.	Primary Pager Number	Enter the pager telephone number for the primary contact, if available.

BUSINESS OWNER & OPERATOR IDENTIFICATION		
NO.	DATA ELEMENT BOXES	INFORMATION REQUIRED
33.	Secondary Contact Name	Enter the name of facility official that can be contacted in the event that the primary contact is not available. The contact should have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
34.	Secondary Contact Title	Enter the title of the secondary contact.
35.	Secondary Business Phone	Enter the business number for the secondary contact.
36.	Secondary 24-hour Phone	Enter the 24-hour phone number for the secondary contact.
37.	Secondary Pager Number	Enter the pager number for the secondary contact, if available.
38.	Business Operation	Description of main operations and/or processes at this site.
39.	Total # of employees	Number of employees at this site.
40.	Billing Address	Billing address, if different from site address.
41.	Attention:	Responsible person or department for billing purposes.
42.	Property Owner Name	
43.	Property Owner Address	
44.	Phone	Property Owner's phone
45.	Owner/Operator Signature	The business owner/operator shall sign in the space provided. The signature certifies that all information contained in the inventory report (including subsequent chemical description information) is true, accurate, and complete.
46.	Date	Enter the date that the document was signed (e.g., 03/01/07).
47.	Name of Signer ( <i>Print</i> )	Print the full name of owner/operator on line 45.
48.	Title of Signer ( <i>Print</i> )	Print the title of signer on line 48.
49.	Name of Document Preparer	Print the full name of the document preparer.
50.	Title of Document Preparer	Print the title of document preparer.



# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

## Hazardous Materials Business Information Form

Page \_\_\_ of \_\_\_ 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Crowne Plaza Resort			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	12021 Harbor Blvd			714-867-5555	
CITY	GARDEN GROVE	STATE	CA	ZIP	92840
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE			15

### BUSINESS OWNER

OWNER NAME	OHI RESORT HOTELS			OWNER PHONE	17
OWNER MAILING ADDRESS	18				
CITY	19	STATE	20	ZIP	21

### ENVIRONMENTAL CONTACT

CONTACT NAME	Claudia Arbaiza			CONTACT PHONE	23
CONTACT MAILING ADDRESS	12021 Harbor Blvd			714-867-5143	
CITY	Garden Grove	STATE	CA	ZIP	92840

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	TOD MAKIMOTO	28	NAME	Claudia Arbaiza	33
TITLE	DIRECTOR OF FOOD & BEVERAGE	29	TITLE	Facility Manager	34
BUSINESS PHONE	714-867-5144	30	BUSINESS PHONE	714. 867. 5143	35
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #		32	PAGER #	[REDACTED]	37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

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

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50





# 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	6/15/07	1	ENDING DATE	12/31/07	2			
BUSINESS NAME	CROWNE PLAZA RESORT			4	BUSINESS PHONE	714-867-5555		5		
BUSINESS SITE ADDRESS	12021 HARBOR BOULEVARD							6		
CITY	GARDEN GROVE			7	STATE	CA	8	ZIP	92840	9
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT		12				
COUNTY	ORANGE							13		
BUSINESS OPERATOR NAME	PACIFIC HOSPITALITY GROUP / OHE, LLC			14	OPERATOR'S PHONE	(949) 474-7368			15	

### BUSINESS OWNER

OWNER NAME	STEVE E. Arnold, President			16	OWNER PHONE	[REDACTED]			17	
OWNER MAILING ADDRESS	12021 Harbor Blvd							18		
CITY	Garden Grove			19	STATE	CA	20	ZIP	92840	21

### ENVIRONMENTAL CONTACT

CONTACT NAME	RICARDO VASQUEZ			22	CONTACT PHONE	714-867-5143			23	
CONTACT MAILING ADDRESS	12021 HARBOR BOULEVARD							24		
CITY	GARDEN GROVE			25	STATE	CA	26	ZIP	92840	27

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28	NAME	33
SCOTT L MATTHEWS		RICARDO VASQUEZ	
TITLE	29	TITLE	34
ROOM DIVISION MANAGER		FACILITY MANAGER	
BUSINESS PHONE	30	BUSINESS PHONE	35
(714) 867-5108		(714) 867-5143	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37
[REDACTED]		[REDACTED]	

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	HOSPITALITY	38	TOTAL # OF EMPLOYEES	200	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	same as above	40	ATTENTION		41
PROPERTY OWNER NAME	same as above	42	ADDRESS		43
			PHONE		44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[Signature]	45	DATE	6/15/07	46
NAME OF SIGNER (print)	RICARDO VASQUEZ	47	NAME OF DOCUMENT PREPARER (print)	RICARDO VASQUEZ	49
TITLE OF SIGNER	FACILITY MANAGER	48	TITLE OF DOCUMENT PREPARER	FACILITY MANAGER	50

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

**INSTRUCTIONS TO COMPLETE SITE PLAN DRAWING  
FORM 2**

Attach a map of the facility using the standard grid. As a minimum, the map should show the following:

1. Site Layout

- Scale of map (if any)
- Site orientation (North arrow)
- Loading areas
- Parking lots
- Internal roads
- Storm and sewer drains
- Adjacent property use
- Locations and names of adjacent streets and alleys
- Access and egress points and roads

2. Facility

- Location of each hazardous material (shown by placing  on attached map).
- If hazardous material is not listed, use a square box (ex.  Cl chlorine) and label as needed.
- Place a letter in the box, from the map symbol legend that best describes the material; i.e., w = waste oil.
- Location of emergency response equipment. For example, equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.

**NOTE:** When you fill out Haz-Mat Form 3 (Chemical Information Form), you will use the matrix coordinates on this map to show where each hazardous material is stored or handled (i.e., acetone is at A-3, waste oil is stored at C-4, etc.). This will help Firefighters in the event of a fire or hazardous materials spill at your facility.

**ALTERNATE METHOD**

If you already have a good site diagram, and if it can be reduced to an 8-1/2 inch by 11 inch page and still be legible, then you can submit that map instead of this form. Just draw the matrix over the map, and make sure it shows all the information listed above.

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

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

You must complete a separate Hazardous Materials Inventory Form for **each** hazardous material or hazardous waste that you handle at your facility in amount equal to or greater than:

- 500 pounds of a solid; 55 gallons of a liquid; 200 cubic feet of compressed gas
  - Any amount of Extremely Hazardous Substance (EHS) or Acutely Hazardous Materials (AHM)
1. Type or print legibly in black ink only.
  2. Photocopy the blank form and save if needed later.
  3. Fill in your business name (Box 3).
  4. Photocopy the number of forms you'll need for completing an inventory for **each** of your reportable chemicals.
  5. Complete the Chemical Information (Box 1 through 39). Material Safety Data Sheets contain necessary information to complete this form.
  6. Supply MSDS for each reportable chemical.

<b>INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3</b>		
<b>NO.</b>	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION DESCRIPTION</b>
1.	Add, Delete, Revise	Check the appropriate box to identify if the chemical is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised.
2.	Page Number, Total Pages	The number of the page and the number of total pages in the inventory, including the business information form.
3.	Business Name	Enter full business name of facility.
4.	Chemical Location	Enter the area, building, address, etc. where the hazardous material/waste is handled. Example: Northwest wall of shop inside the building. South of chiller plant outside the building. Note: This information is not subject to public disclosure.

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

NO.	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
5.	Confidential Location EPCRA <input type="checkbox"/> Y <input type="checkbox"/> N	All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location confidential. Otherwise check "No."
6.	Map Number	If more than one map is included, enter the number of the map on which the location of the hazardous material is shown.
7.	Grid Number	Enter the grid coordinates of the map, showing the location of the hazardous material is shown.
8.	Chemical Name	Enter the proper chemical name of the hazardous material. If a waste check <input type="checkbox"/> Yes.
9.	Common Name	Enter the common name or trade name of the hazardous material/waste.
10.	CAS Number	Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture, if it has been assigned a number distinct from its components. If it has no CAS number, leave this column blank and report the CAS number of the individual hazardous components in the appropriate section below.
11.	Trade Secret	Check "Yes" to declare this chemical a trade secret. As a state requirement, if "Yes" and the business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC Sec. 25511. If "Yes" and the business is subject to EPCRA, the information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (CFR 350.72) to USEPA.
12.	EHS (AHM)	Is this hazardous material an Extremely Hazardous Substance (EHS), as defined in section 25532 of the Health and Safety Code? NOTE: If the material is an Extremely Hazardous Substance, all amounts must be reported in pounds.

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

NO.	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
13.	Fire Code Hazard Class	Uniform Fire Code hazard classes from Article 80, MSDS and other references. Used only if required by the local Fire Chief. Lists will be provided when required.
14.	Type of Material	Check the box that appropriately describes the type of hazardous material: pure, mixture, or waste.
15.	Radioactive	Check if radioactive. _____
16.	Curies	If hazardous material/waste is radioactive, use this area to report concentration in $\mu$ Curies.
17.	Physical State	Check the box that appropriately describes the state of the hazardous material: solid, liquid, or gas.
18.	Federal Hazardous Categories	Check all categories that describe the physical and health hazards associated with the hazardous material/waste. The Environmental Protection Agency's Hazards Categories are:

**PHYSICAL HAZARDS**

Fire	Flammable, Combustible liquids, Pyrophorics, Oxidizers
Reactive	Unstable Reactive, Organic Peroxides, Water Reactives
Pressure Release	Explosives, Compressed Gases
<b>HEALTH HAZARDS</b>	
Acute Health (Immediate)	Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives
Chronic Health (Delayed)	Carcinogens

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE  
FORM 3**

	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION DESCRIPTION</b>
19.	Avg. Daily Amount	For each building calculate the average daily amount on hand of the hazardous material/waste or mixture containing hazardous materials.
20.	Max. Daily Amount	For each building provide the maximum daily amounts on hand of the hazardous material/waste or mixture containing hazardous materials.
21.	Annual Waste Amount	If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
22.	State Waste Code	If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
23.	Units of Measure	Check the unit of measure that is most appropriate for the material being inventoried: gallons, pounds, cubic feet or tons. NOTE: If material is an Extremely Hazardous Substance (EHS), all amounts must be reported in pounds.
24.	Days on-site	List the total number of days during the year that the material is on site (i.e., "365 days").
25.	Largest Container	List largest vessel (i.e., 55 gallon drum, 12,000 gallon tank)
26.	Storage Container	Check the boxes that best describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
27.	Storage Pressure	Check the box that best describes the pressure at which the hazardous material is stored.
28.	Storage Temperature	Check the box that best describes the pressure at which the hazardous material is stored.
29.	Percent (%) Weight	Enter the percentage weight of the hazardous components in a mixture. If the MSDS describes the percentage as a range, enter the highest number in the range.

<b>INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3</b>		
	<b>DATA ELEMENT BOXES</b>	<b>INFORMATION DESCRIPTION</b>
30.	Hazardous Component	List the three most hazardous ingredients (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting waste mixtures, mineral and chemical composition of the waste should be listed.
31.	EHS / AHM	Is the component of the mixture considered an Extremely Hazardous Substance (EHS) or Acutely Hazardous Material (AHM), as defined in Section 25532 of the Health and Safety Code.
32.	CAS Numbers	List all Chemical Abstract Service (CAS) number of the hazardous components you listed in the mixture.
33.	UNDOT #	4 digit ID number, used for shipping purposes, found in MSDS.
34.	DOT HAZARD CLASS	DOT hazard classification or division number as listed in MSDS or shipping documentation.
35.	EPCRA	If an EPCRA regulated chemical check "Yes."
36.	Signature	Signature required for all EPCRA chemicals.
37.	NFPA 704 Placard	Hazard classification using NFPA categories. Refer to Pages 15-16.
38.	Facility ID Number	Generated by GGFD. Leave this blank.

**FILL OUT A COMPLETE "HAZARDOUS MATERIALS INVENTORY" FORM FOR EVERY REPORTABLE HAZARDOUS AND EXTREMELY HAZARDOUS MATERIAL HANDLED BY YOUR FACILITY. MAKE AS MANY COPIES OF THE CHEMICAL INFORMATION PAGES AS NEEDED.**



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

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

## I. FACILITY INFORMATION

CHEMICAL LOCATION				4
NORTHWEST WALL OF HOUSEKEEPING DEPARTMENT & EAST SIDE OF POOL ROOM EQUIPMENT INSIDE				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6
			GRID #	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	ECO - STAR DESTAINER / BLEACH	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	ECO - STAR DESTAINER / BLEACH	* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #	7681-52-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)		10	* If EHS is "Yes", all amounts must be LBS		13

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

AVERAGE DAILY AMOUNT	1 GAL	19	MAXIMUM DAILY AMOUNT	15 GAL	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	25
	*If EHS, amount must be in pounds.								15 GALL	

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 8.4 29	SODIUM HYPOCHLORITE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7681-52-9 32
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	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.

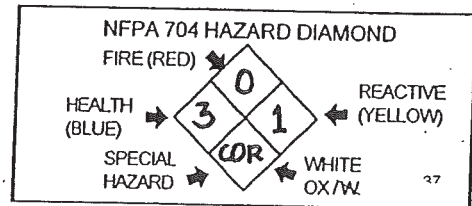
## PLACARDING INFORMATION

UNDOT # UN1791 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS 8 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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

**REQUIREMENT FOR HAZARDOUS MATERIALS IDENTIFICATION SIGNS**

To meet the requirements of the newly revised Uniform Fire Code, all businesses that have more than a certain amount of hazardous materials at their business site must identify each location where hazardous materials are stored, dispensed, used, or handled. These locations must be identified with specialized signs. The information presented below will help you understand if this sign program applies to you, the purpose for these signs, and how to comply with the new regulations.

**DOES MY BUSINESS HANDLE HAZARDOUS MATERIALS?**

According to the California Health and Safety Code (H&SC) Section 25501(j), a "hazardous material" is "any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant hazard to human health and safety or to the environment if released." In other words, if there is any kind of hazard associated with a material, it is a "hazardous material." This includes items such as gasoline, most solvents, many cleaning products, pesticides, etc.

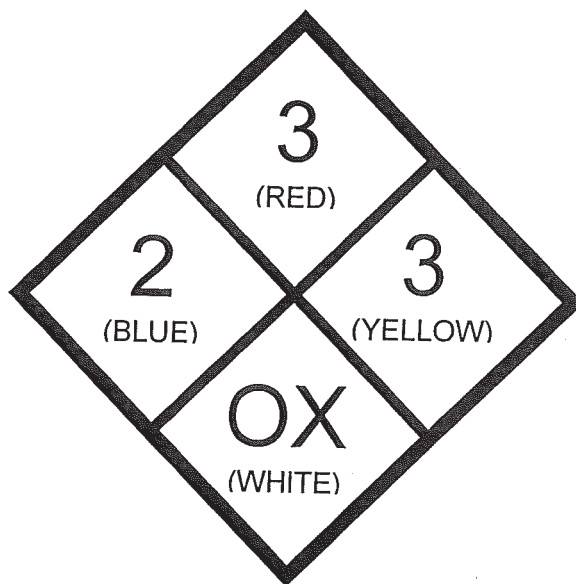
**HOW MUCH "HAZARDOUS MATERIAL" MUST MY BUSINESS HANDLE BEFORE I AM REQUIRED TO INSTALL HAZARDOUS MATERIALS SIGNS?**

If your business handles any kind of hazardous material that requires a permit from the Fire Department, or if your business handles AT ANY ONE TIME a hazardous material equal to or greater than 55 gallons for a liquid, 500 pounds for a solid, or 200 cubic feet for a gas, then you are REQUIRED to have hazardous materials signs installed. These signs are required by Sections 80.104(e), 80.301(d), and 80.40(a) of the Uniform Fire Code (UFC).

**WHAT ARE THESE SIGNS AND WHAT DO THEY TELL THE FIRE DEPARTMENT?**

These signs are based on the National Fire Protection Association (NFPA) Standard No. 704, which is used throughout the United States to help identify the hazards associated with hazardous materials. The sign is diamond shaped, and divided into four sections (see illustration, right). The left quadrant is colored blue, and stands for health hazard. The top quadrant is red in color, and represents fire hazard. The right quadrant is yellow, and shows likelihood of reactivity with other chemicals. The bottom quadrant is white, and is reserved for special hazards (i.e., oxidizer, water reactive, radioactive). A number is placed in each quadrant, ranging from 0 to 4. "0" represents no hazard, while "4" represents the worst hazard.

If you have more than one hazardous material at your site, the worst hazard level for each category is listed on the sign for all your hazardous materials. For example, if you have a material that has a health rating of 1, a fire rating of 3, and a reactivity rating of 0 (1-3-0), and if you have another material with a health rating of 2, a fire rating of 2, and a reactivity rating of 3 (2-2-3), your sign would show a health rating of 2, a fire rating of 3, and a reactivity rating of 3 (2-3-3).



Through this system, Fire Fighters can tell at a glance the worst case hazard levels that can be found within the building. This can be of great assistance in an emergency!

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

**HOW DO I FIND OUT WHAT NUMBERS TO PUT ON THE SIGNS?**

The NFPA has determined the ratings for over 1,400 hazardous materials commonly used in business. If you prepare a list of what hazardous materials you handle, the Fire Department will tell you what numbers you need to use. If your list is short, tell the Fire Fighters as they are inspecting your business or call the Fire Department at (714) 741-5600, and we can give you the information over the phone. If your list is long, please bring your list to the Fire Administration office at 11301 Acacia Parkway, Garden Grove, and we will be happy to assist you.

**WHERE DO THE SIGNS GO?**

The signs must be located at the entrance where hazardous materials are located. Entrances may be to the rear or side as well as the front of a building or structure. The number of and location of signs will be determined by Fire Department personnel inspecting your business.

**WHO WILL HANG AND MAINTAIN MY SIGNS?**

Each business will hang and maintain their signs in the predetermined locations, and must maintain these signs as long as they handle hazardous materials. When hanging your sign, please remember it is a diamond shaped sign. The red quadrant is the top, while the white quadrant is the bottom (please see the illustration).

**QUESTIONS??????**

If you have any questions regarding the Hazardous Materials Identification Program, please call the Garden Grove Fire Department at (714) 741-5636.



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

**EMERGENCY NOTIFICATIONS:**

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

**REQUIRED NOTIFICATIONS:**

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

AGENCY	PHONE NUMBERS
Garden Grove Fire Department, Police, Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802
Individual responsible for calling these agencies:	

Provide the following information when you call:

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

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

To the North		
Facility	<u>RED ROBIN HAMBURGERS</u>	Phone <u>(714) 971-4882</u>
Facility	<u>OUTBACK STEAKHOUSE</u>	Phone <u>(714) 663-1107</u>
To the South		
Facility	<u>APARTMENT COMPLEX</u>	Phone <u>( )</u>
Facility		Phone <u>( )</u>
To the East		
Facility	<u>TARGET STORE</u>	Phone <u>(714) 971-4826</u>
Facility		Phone <u>( )</u>
To the West		
Facility	<u>MARRIOTT SUITES</u>	Phone <u>(714) 750-1000</u>
Facility		Phone <u>( )</u>

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

**OPTIONAL NOTIFICATIONS:**

1. Hazardous Waste Contractor  
Name: \_\_\_\_\_ ( ) \_\_\_\_\_
2. Insurance Company  
Name: Heckerman Insurance (650) 842-5255
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.):

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**Evacuation Drills**

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

The following four forms:

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

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

**GARDEN GROVE FIRE DEPARTMENT  
EVACUATION DRILL RECORD**

Business Name: CROWNE PLAZA RESORT

Street Address: 12021 HARBOR BOULEVARD

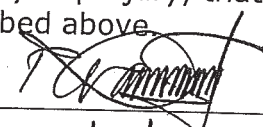
Date of Evacuation Drill: JANUARY 31, 2007

Brief Description of Drill: PULL A PULL STATION

Facilitator's Name: RICARDO VASQUEZ

Facilitator's Title: FACILITY MANAGER

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

Signature of Facilitator: 

Date Signed: 6/15/07

Date of Evacuation Drill: \_\_\_\_\_

Brief Description of Drill: \_\_\_\_\_

Facilitator's Name: \_\_\_\_\_

Facilitator's Title: \_\_\_\_\_

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

Signature of Facilitator: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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



**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM  
EMERGENCY CHEMICAL DISCLOSURE FORM**

Complete the following information for all hazardous chemicals involved in or potentially affected by the incident. Make as many additional copies of this form as you may require, IN ADVANCE, and keep the copies in a convenient place for your immediate use during an emergency.

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

Chemical Name \_\_\_\_\_  
CAS Number (if known): \_\_\_\_\_  
Amount of chemical spilled or released: \_\_\_\_\_  
If still spilling, the estimated amount of  
the chemical substance remaining in the  
original container. \_\_\_\_\_

---

THIS FORM SHALL BE GIVEN TO THE EMERGENCY RESPONDERS  
UPON THEIR ARRIVAL AT THE FACILITY.



**GARDEN GROVE FIRE DEPARTMENT  
TRAINING RECORDS  
FOR HAZARDOUS MATERIALS AND EMERGENCIES**

In addition to planning and conducting training programs, each employer should maintain training records for no less than three years. For your convenience, a form for recording this information is provided for your use. These reports do not have to be mailed back to the Fire Department with the Business Plan, but should be available to Fire Department personnel upon request. Make as many additional copies of these forms as you need.

Employee Name: ISRAEL LOPEZ

Employee Title: LAUNDRY SUPERVISOR

Training Provided: CPR / MSDS

Date Completed: 5/7/07

Employee Name: ANGELICA BAHENA

Employee Title: HOUSEKEEPING SUPERVISOR

Training Provided: CPR / MSDS

Date Completed: 5/7/07

Employee Name: MARICELA VASQUEZ

Employee Title: HOUSEKEEPING SUPERVISOR

Training Provided: CPR / MSDS

Date Completed: 5/7/07

Employee Name: BONFILIA ABARCA

Employee Title: HOUSEKEEPING SUPERVISOR

Training Provided: CPR / MSDS

Date Completed: 5/7/07

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

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

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

---

1. Working area: HOUSEKEEPING  
Evacuation route: BACK EMPLOYEE ENTRANCE  
Emergency exits: HALLWAY  
Staging area: HARBOR BLV IN FRONT OF TARGET

---

2. Working area: LAUNDRY  
Evacuation route: BACK EMPLOYEE ENTRANCE  
Emergency exits: HALLWAY  
Staging area: HARBOR BLVD. IN FRONT OF TARGET

---

3. Working area: FLOORS 2<sup>ND</sup> TO 9<sup>TH</sup>  
Evacuation route: STAIRS  
Emergency exits: HALLWAYS  
Staging area: HARBOR BLVD. IN FRONT OF TARGET

---

4. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

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5. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging area: \_\_\_\_\_

---

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**EMPLOYEE RESPONSIBILITIES:**

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

JOB TITLE: \_\_\_\_\_

EMERGENCY FUNCTION(S): \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMERGENCY FUNCTION(S): \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

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:**

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>POOL AREA</u>	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Comments relating to the listed storage areas:

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**Prevention measures to be taken at this location:**

NFPA 704 PLACARD

Estimated date of completion: \_\_\_\_\_

Actual date of completion: \_\_\_\_\_

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

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

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

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

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

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

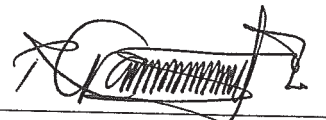
---

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

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

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

Signature: \_\_\_\_\_



Name: \_\_\_\_\_

RICARDO VASQUEZ

Title: \_\_\_\_\_

FACILITY MANAGER

Date: \_\_\_\_\_

6/15/07

# Material Safety Data Sheet

**ECOLAB<sup>®</sup>**

ECO-STAR DESTAINER

## Section 1. Chemical product and company identification

Trade name : ECO-STAR DESTAINER  
Product use : Bleach  
Supplier : Ecolab Inc. Institutional Division  
370 N. Wabasha Street  
St. Paul, MN 55102  
1-800-352-5326

Code : 900043-65  
Date of issue : 25-February-2005

EMERGENCY HEALTH INFORMATION: 1-800-328-0026  
Outside United States and Canada CALL 1-651-222-5352

## Section 2. Composition, Information on Ingredients

<u>Name</u>	<u>CAS number</u>	<u>% by weight</u>
sodium hypochlorite	7681-52-9	8.4

## Section 3. Hazards identification

Physical state : Liquid. (Liquid.)

Emergency overview : Danger!

CAUSES EYE AND SKIN BURNS.  
HARMFUL IF SWALLOWED.  
CAUSES RESPIRATORY TRACT IRRITATION.

Do not ingest. Do not get in eyes, on skin or clothing. Avoid breathing vapor or mist. Keep container closed. Use only with adequate ventilation. Wash thoroughly after handling.

### Potential acute health effects

Eyes : Corrosive to eyes.

Skin : Corrosive to the skin.

Inhalation : Irritating to respiratory system.

Ingestion : Corrosive. Harmful if swallowed. May cause burns to mouth, throat and stomach.

See toxicological information (section 11)

## Section 4. First aid measures

Eye contact : In case of contact, immediately flush eyes with cool running water. Remove contact lenses and continue flushing with plenty of water for at least 15 minutes. Get medical attention immediately.

Skin contact : In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

Inhalation : If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.

Ingestion : Rinse mouth; then drink one or two large glasses of water. Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Get medical attention immediately.

## Section 5. Fire fighting measures

- Flash point** : > 100°C
- Products of combustion** : These products are halogenated compounds, hydrogen chloride, chlorine gas.
- Fire fighting media and instructions** : Use an extinguishing agent suitable for surrounding fires.
- Dike area of fire to prevent product run-off.  
No specific hazard.
- Special protective equipment for fire-fighters** : Fire fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full facepiece operated in positive pressure mode.

## Section 6. Accidental release measures

- Personal precautions** : Ventilate area of leak or spill. Do not touch damaged containers or spilled material unless wearing appropriate protective equipment (Section 8). Stop leak if without risk. Prevent entry into sewers, water courses, basements or confined areas.
- Environmental precautions** : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.
- Methods for cleaning up** : If emergency personnel are unavailable, contain spilled material. For small spills add absorbent (soil may be used in the absence of other suitable materials) scoop up material and place in a sealed, liquid-proof container for disposal. For large spills dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Place spilled material in an appropriate container for disposal.-

## Section 7. Handling and storage

- Handling** : Do not ingest. Do not get in eyes, on skin or on clothing. Keep container closed. Use only with adequate ventilation. Avoid breathing vapor or mist. Wash thoroughly after handling.
- Storage** : Keep out of the reach of children. Keep container tightly closed. Keep container in a cool, well-ventilated area.  
Do not store above 40°C

## Section 8. Exposure Controls, Personal Protection

- Engineering controls** : Provide exhaust ventilation or other engineering controls to keep the airborne concentrations of vapors below their respective occupational exposure limits. Ensure that eyewash stations and safety showers are proximal to the work-station location.
- Personal protection**
- Eyes** : Use chemical splash goggles. For continued or severe exposure wear a face shield over the goggles.
- Hands** : Use chemical resistant, impervious gloves.
- Skin** : Use suitable protective equipment.
- Respiratory** : Avoid breathing vapor or mist.
- Consult local authorities for acceptable exposure limits.**



## Section 9. Physical and chemical properties

Physical state : Liquid. (Liquid.)  
 Color : Yellow. (Light.)  
 Odor : chlorine  
 pH : 12.5 (100%)  
 Specific gravity : 1.154 (Water = 1)

## Section 10. Stability and reactivity

Stability : The product is stable.  
 Reactivity : Extremely reactive or incompatible with acids.  
 Slightly reactive to reactive with metals.  
 Mixing this product with acid or ammonia releases chlorine gas.  
 Hazardous decomposition products : These products are halogenated compounds, hydrogen chloride, chlorine.

## Section 11. Toxicological information

### Potential acute health effects

Eyes : Corrosive to eyes.  
 Skin : Corrosive to the skin.  
 Inhalation : Irritating to respiratory system.  
 Ingestion : Corrosive. Harmful if swallowed. May cause burns to mouth, throat and stomach.  
 Chronic effects on humans : Contains material which causes damage to the following organs: upper respiratory tract, skin, eye, lens or cornea

## Section 12. Ecological information

Products of degradation : These products are halogenated compounds. Some metallic oxides.

## Section 13. Disposal considerations

Waste disposal : The generation of waste should be avoided or minimized wherever possible. Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements.

Waste classification : Unused product is D002 (Corrosive)

Consult your local or regional authorities.

## Section 14. Transport information

Regulatory information	UN number	Proper shipping name	Class	Packing group	Additional information
DOT Classification	UN1791	Hypochlorite solutions	8	III	<p><b>Limited quantity</b> Yes.</p> <p><b>Special provisions</b> IB3; N34, T4, TP2, TP24</p>

APPLIES ONLY DURING ROAD TRANSPORT

Any variation of the shipping description based on the packaging is not addressed.



# Hazardous Material Disclosure

## Business Information / Chemical Inventory / Business Emergency Plan



GARDEN GROVE FIRE DEPARTMENT  
11301 Acacia parkway  
Garden Grove, CA 92840  
Bus. (714) 741-5600 Fax (714) 741-5640  
Hazardous Materials Coordinator  
(714) 741-5636

Address: 12021 HARBOR BLVD.  
Occupant or DBA: CROWNE PLAZA HOTEL RESORTS.  
Owner/Manager: RICARDO VASQUEZ

Date: 06-05-07  
File No: 6708  
Phone: (714) 867-5555

California Health and Safety Code, Section 6.95, you are required to properly complete the Business Emergency Plan (BMP) packet. You are required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material safety data sheets within fifteen (15) days to the Garden Grove Fire Department. HazMat Coord. (714) 741-5636

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

**Violation(s): CA Health and Safety Code Chapter 6.95, Article 1 and Title 19, §2729 et seq., California Code of Regulations (CCR)**

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)]; CFC 8001.3.2
- Failure to review and/or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]
- Chemical inventory is incomplete and/or requires update. [HSC 25509]
- The Emergency Response Plan is inadequate and/or does not address the following issues and shall be immediately revised and resubmitted: [HSC 25504(b)&(c)]
  - Notification Procedures
  - Mitigation Procedures
  - Evacuation Procedures
  - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated. [HSC 25509]
- Failure to provide name, title, and 24-hour number of emergency contact(s). [HSC 25509(a)(7)]
- Site Map is incomplete or insufficient. [HSC 25509]
- Failure to report a release or threatened release. [HSC 25507]
- Failure to report a change in business or chemical inventory within 30 days of the following event(s): [HSC 25510]
  - 100% or more increase in the quantity of a disclosed material
  - Addition of a previously undisclosed material
  - Change in business address
  - Change in business ownership
  - Change of business name
  - Other (See comments below):

**Violation(s): California Fire Code 2001, Articles 79 & 80, Title 19 Part 9, California Code of Regulations (CCR)**

- Provide for secondary containment for hazardous materials liquids and solids (CFC 8003.1.3.3)
- Provide spill control for hazardous materials liquids (CFC 8003.1.3.2)
- Provide approved cabinet if more than 10 gallons of flammable liquids (CFC 7902.5)
- Provide placarding and signs (NFPA 704, CFC Article 79 §7901.9, Article 80 §8001.7-8)
- No Violations Found

Additional Violations and/or Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible Party: ~~RICARDO VASQUEZ~~ RICARDO VASQUEZ Re-inspection Date: 06-19-07

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

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

Condition Upon Re-inspection: CLEARED Date: 06-19-07



GARDEN GROVE FIRE DEPARTMENT  
 ENVIRONMENTAL PROTECTION SECTION  
 11301 Acacia Parkway  
 Garden Grove, CA 92840  
 Business: 714 741-5600 Haz Mat: 714 741-5636

**Hazardous Materials Business Emergency Plan And  
 Inventory Certification Statement**

Business Name: CROWNE PLAZA HOTEL RESORTS  
 Site Address: 2021 HARBOR BLVD.

Telephone: (714) 867-5555  
 Zip Code: 92840

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
  - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
  - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
  - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.  
 (Please check applicable boxes.)

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name RICARDO VASQUEZ

Signature

Job Title FACILITY MANAGER

Date 6/19/07

Fire Department Inspector M. KORDICH

ID # 3307

*Crown Plaza*

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY					
FACILITY ID NO.	<u>6708</u>				
BUSINESS NAME	<u>Crown Plaza</u>				
APPROVED BY:	<u>TH</u>	DATE:	<u>11/2</u>		
NEW BUSINESS	_____		UPDATE	<u>11/20/06</u>	
FEE	1	2	3	4	5 6
PICK	<u>4D</u>	BUSLIST	_____	CALARP:	_____
				CUPA:	_____
				GIS	_____



# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

## Hazardous Materials Business Information Form

Page \_\_\_ of \_\_\_ 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	11/13/03	ENDING DATE	12/3/03		
BUSINESS NAME	CROWNE Plaza RESORT				BUSINESS PHONE	714-867-5555	
BUSINESS SITE ADDRESS	12021 HARBOR BLVD						
CITY	GARDEN GROVE			STATE	CA	ZIP	92840
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	7011	FIRE DISTRICT	2324		
COUNTY	ORANGE						
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE				15	

### BUSINESS OWNER

OWNER NAME	OHI RESORTS - Tim Busch - President				OWNER PHONE	949-474-7368	
OWNER MAILING ADDRESS	2532 Dupont Drive						
CITY	IRVINE			STATE	CA	ZIP	92612

### ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE				23
CONTACT MAILING ADDRESS	P/A					24
CITY	25	STATE	26	ZIP		27

### PRIMARY EMERGENCY CONTACTS SECONDARY

NAME	28	NAME	33
Steve Arnold		Wade Branning	
General Manager	29	Accounting Mgr. Controller	34
BUSINESS PHONE	30	BUSINESS PHONE	35
714-867-5103		949-474-7368	
24-HR. PHONE	31	24-HR. PHONE	36
		[REDACTED]	
PAGER #	32	PAGER #	37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Hotel	38	TOTAL # OF EMPLOYEES	200+	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	12021 Harbor Blvd. Garden Grove, CA 92840	40	ATTENTION	Steve Arnold	41
PROPERTY OWNER NAME	Timothy R. Busch - Ohi Resorts	42	ADDRESS	GAME 1	43
			PHONE	(714) 867-5103	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[Signature]	45	DATE	11/13/03	46
NAME OF SIGNER (print)	[Signature]	47	NAME OF DOCUMENT PREPARER (print)	Juan Salinas	49
TITLE OF SIGNER	Chief Engineer	48	TITLE OF DOCUMENT PREPARER	Lead Engineer	50



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page \_\_\_ of \_\_\_ 2

FACILITY ID#	30035	6704	38	BUSINESS NAME	Crowne Plaza Resort	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	10001 Harbor Blvd. Housekeeping area		4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 6 GRID # 7

## II. CHEMICAL INFORMATION

CHEMICAL NAME	DESTAINER V-	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	Bleach	An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*If EPCRA see instructions		12		
CAS #	7681-52-8	FIRE CODE HAZARD CLASSES (supplied by GGFD)		10			13		
TYPE (Check one item only)	<input checked="" type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16		
PHYSICAL STATE (Check one item only)	<input 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	5 Gal.	19	MAXIMUM DAILY AMOUNT	405 Gal - 600 lbs	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	15 Gal	25	
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input 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	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

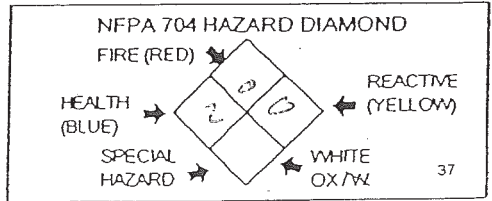
## PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 33  
 Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
 Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1- Page \_\_\_ of \_\_\_ 2

FACILITY ID#	3 0 0 3 5	6 7 0 8	38	BUSINESS NAME <u>Crowne Plaza Resort</u>	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION <u>12021 Harbor Blvd. West Central plant exterior</u>	4
--	---

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME <u>DIESEL</u>	WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME <u>Diesel</u>	9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS # <u>000169-00-0</u>	10	FIRE CODE HAZARD CLASSES (supplied by GGF D) <u>Flammable</u>	13
-----------------------------	----	--	----

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

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

AVERAGE DAILY AMOUNT <u>2.5 G weekly</u>	19	MAXIMUM DAILY AMOUNT <u>75 gal.</u>	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 <u>365</u>	24	LARGEST CONTAINER <u>75 gal.</u>	25
-------	---	---------------------------------------	-----------------------------------	---------------------------------	----	----------------------------	----	-------------------------------------	----

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a ABOVEGROUND TANK	<input type="checkbox"/> b UNDERGROUND TANK	<input type="checkbox"/> c TANK INSIDE BLDG	<input type="checkbox"/> d STEEL DRUM	<input type="checkbox"/> e PLASTIC DRUM	<input type="checkbox"/> f NONMETALLIC DRUM	<input 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	26
--	---	---	---	---------------------------------------	---	---	---	-----------------------------------	--------------------------------	---------------------------------------	-----------------------------------	-----------------------------------	-------------------------------------	--	--	---	---------------------------------------	-------------------------------------	-------------------------------------	----------------------------------	----

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

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

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

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

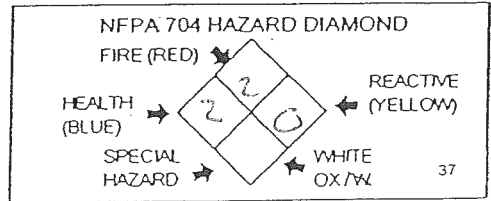
## PLACARDING INFORMATION

UNDOT # <u>1202</u>	33	Refer to shipping papers or MSDS
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DOT HAZARD CLASS <u>3</u>	34	Refer to shipping papers or MSDS
---------------------------	----	----------------------------------

EPCRA <input type="checkbox"/> YES <input type="checkbox"/> NO	35
--	----

X	36	If EPCRA, Please Sign Here
---	----	----------------------------



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

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

## I. FACILITY INFORMATION

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No	11
COMMON NAME	* If EPCRA see instructions			9
CAS #	An EHS Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No			12
FIRE CODE HAZARD CLASSES (supplied by GGF D)		*If EHS is "Yes", all amounts must be LBS		
TYPE (Check one item only)	<input type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	15
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a SOLID <input type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	17	FED HAZARD CATEGORIES <input type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH	18
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT
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
LARGEST CONTAINER	25	STORAGE CONTAINER (Check all that apply)		
<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> t. OTHER				
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27		
STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28		

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

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.

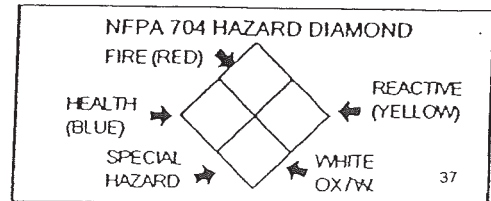
## PLACARDING INFORMATION

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





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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page J of \_\_\_

### I. FACILITY IDENTIFICATION

FACILITY ID# 3 0 0 3 5 6 7 0 8 1. EPA ID # (Hazardous Waste Only)

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

### 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?  
 YES  NO 4. ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)

**B. UNDERGROUND STORAGE TANKS (USTs)**  
 1. Own or operate underground storage tanks?  YES  NO 5. ✓ UST FACILITY (Formerly SWRCB Form A)  
 2. Intent to upgrade existing or install new USTs?  YES  NO 6. ✓ UST TANK (one page per tank) (Formerly Form E)  
 3. Need to report closing a UST?  YES  NO 7. ✓ UST FACILITY  
 ✓ UST TANK (one per tank)  
 ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)  
 ✓ UST TANK (closure portion-one page per tank)

**C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)**  
 Own or operate ASTs above these thresholds:  
 - any tank capacity is greater than 660 gallons, or  
 - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?  
 YES  NO 8. ✓ NO FORM REQUIRED TO CUPAS

**D. HAZARDOUS WASTE**  
 1. Generate hazardous waste?  YES  NO 9. ✓ EPA ID NUMBER - provide at the top of this page  
 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?  YES  NO 10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler)  
 3. Treat hazardous waste on site?  YES  NO 11. ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)  
 ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)  
 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?  YES  NO 12. ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)  
 5. Consolidate hazardous waste generated at a remote site?  YES  NO 13. ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)  
 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?  YES  NO 14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

**E. LOCAL REQUIREMENTS**  
 Cal-ARP. California Accidental Release Prevention Program  
 H&SC Chapter 6.95, Article 2, §25531 et seq  
 --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process  
 YES  NO 15. ✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

*Crowne  
Plaza*

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET: PART 2

#### BUSINESS EMERGENCY PLAN LONG VERSION

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

FILL THESE FORMS OUT COMPLETELY AND BE READY TO HAND  
THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN THEY  
ARRIVE AT THE EMERGENCY SCENE.

IN THE EVENT OF AN EMERGENCY,

CALL 911

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

**EMERGENCY NOTIFICATIONS**

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

**REQUIRED NOTIFICATIONS**

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

**AGENCY**

**PHONE NUMBERS**

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

Individual(s) Responsible for Calling These Agencies

Provide the following information when you call:

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

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

To the North:

Facility JOES CRAB SHAQ Phone ( \_\_\_ ) \_\_\_\_\_  
 Facility RED ROBIN Phone ( \_\_\_ ) \_\_\_\_\_

To the South:

Facility LOS SANCHEZ REST. Phone ( \_\_\_ ) \_\_\_\_\_  
 Facility GREEN GLASS Phone ( \_\_\_ ) \_\_\_\_\_

To the East

Facility TARGET Phone ( \_\_\_ ) \_\_\_\_\_  
 Facility \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

To the West:

Facility MARROT SUITES HOTEL Phone ( \_\_\_ ) \_\_\_\_\_  
 Facility \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

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

**OPTIONAL NOTIFICATIONS**

1. Hazardous Waste Contractor  
Name: \_\_\_\_\_ ( ) \_\_\_\_\_
2. Insurance Company  
Name: \_\_\_\_\_ ( ) \_\_\_\_\_
3. Poison Control Center - 24-Hour  
1-(800) 876-4766

**EVACUATION PLANS AND PROCEDURES**

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

equip with all VOCAL, PAGING and Manual.

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**Evacuation Drills**

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

The following four forms:

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

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

# GARDEN GROVE FIRE DEPARTMENT

## EVACUATION DRILL RECORD

Business Name: CROWN PLAZA RESORT

Street Address: \_\_\_\_\_

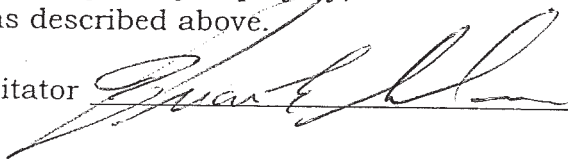
Date of evacuation drill: 9-12-03

Brief description of drill: EVACUATED ALL EMPLOYEES, MANAGERS TO SPECIFIC LOCATION IN FRONT OF BUILDING.

Facilitator's Name: JUAN SALINAS

Facilitator's Title: LEAD ENGINEER

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

Signature of Facilitator 

Date Signed: \_\_\_\_\_

Date of evacuation drill: \_\_\_\_\_

Brief description of drill: \_\_\_\_\_

Facilitator's Name: \_\_\_\_\_

Facilitator's Title: \_\_\_\_\_

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

Signature of Facilitator \_\_\_\_\_

Date Signed: \_\_\_\_\_

THIS RECORD TO BE RETAINED AT THE BUSINESS

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**"EMERGENCY COORDINATOR TASK COMPLETION SHEET"**

\_\_\_\_\_ Date and time the incident was reported:

Date: 9-12-03

Time: 3:00 p.m.

\_\_\_\_\_ Identify the nature and extent of the incident.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Activate internal facility alarms or communication systems.

\_\_\_\_\_ Notify the Fire Department.

\_\_\_\_\_ Designate an employee to direct emergency response units to the incident scene.

\_\_\_\_\_ Initiate prearranged mitigation and evacuation plans.

\_\_\_\_\_ Secure all emergency shut-off valves (as required).

\_\_\_\_\_ Initiate internal company notifications.

\_\_\_\_\_ Account for all evacuated personnel.

\_\_\_\_\_ Have resource material available for use by responding agencies (maps drawings, Material Safety Data Sheets (MSDS), etc.)

\_\_\_\_\_ Identify actions taken by the business to control the incident.

\_\_\_\_\_ Secure the incident scene to include treatment, storage or disposal of hazardous materials or waste involved.

\_\_\_\_\_ Other: (specify)

\_\_\_\_\_  
\_\_\_\_\_

THIS RECORD TO BE RETAINED AT THE BUSINESS

THIS FORM SHALL BE GIVEN TO THE EMERGENCY RESPONDERS  
UPON THEIR ARRIVAL AT THE FACILITY.

**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE PROGRAM  
EMERGENCY CHEMICAL DISCLOSURE FORM**

Complete the following information for all hazardous chemicals involved in or potentially affected by the incident. Make as many additional copies of this form as you may require, IN ADVANCE, and keep the copies in a convenient place for your immediate use during an emergency.

Chemical Name: Bleach

CAS Number (if known): 7681-52-8

Amount of chemical spilled or released: None

If still spilling, the estimated amount of the chemical substance remaining in the original container. N/A

Chemical Name: \_\_\_\_\_

CAS Number (if known): \_\_\_\_\_

Amount of chemical spilled or released: \_\_\_\_\_

If still spilling, the estimated amount of the chemical substance remaining in the original container. \_\_\_\_\_

Chemical Name: \_\_\_\_\_

CAS Number (if known): \_\_\_\_\_

Amount of chemical spilled or released: \_\_\_\_\_

If still spilling, the estimated amount of the chemical substance remaining in the original container. \_\_\_\_\_

Chemical Name: \_\_\_\_\_

CAS Number (if known): \_\_\_\_\_

Amount of chemical spilled or released: \_\_\_\_\_

If still spilling, the estimated amount of the chemical substance remaining in the original container. \_\_\_\_\_

Chemical Name: \_\_\_\_\_

CAS Number (if known): \_\_\_\_\_

Amount of chemical spilled or released: \_\_\_\_\_

If still spilling, the estimated amount of the chemical substance remaining in the original container. \_\_\_\_\_

THIS FORM SHALL BE GIVEN TO THE EMERGENCY RESPONDERS  
UPON THEIR ARRIVAL AT THE FACILITY.

**GARDEN GROVE FIRE DEPARTMENT**  
**TRAINING RECORDS FOR HAZARDOUS MATERIALS**  
**AND EMERGENCIES**

In addition to planning and conducting training programs, each employer should maintain training records for no less than three years. For your convenience, a form for recording this information is provided for your use. These reports do not have to be mailed back to the Fire Department with the Business Plan, but should be available to Fire Department personnel upon request. Make as many additional copies of these form as you need.

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Training Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

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Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Training Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

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Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Training Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

---

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Training Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date Completed: \_\_\_\_\_

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THIS RECORD TO BE RETAINED AT THE BUSINESS

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED



**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**EVACUATION PLANNING**

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

1. Working area: FRONT DESK ~~FR~~  
Evacuation route: FRONT LOBBY / REAR OFFICE EXIT.  
Emergency exits: BACK OF OFFICE (Scales)  
Staging area: EAST PARKING LOT.
  
2. Working area: HOUSE KEEPING / KITCHEN  
Evacuation route: REAR EMPLOYEE ENTRANCES  
Emergency exits: REAR EMPLOYEE - WEST CORRIDOR.  
Staging area: EAST PARKING.
  
3. Working area: RESTAURANT.  
Evacuation route: SOUTH GATE TO POOL.  
Emergency exits: SOUTH ENTRANCE  
Staging area: EAST PARKING.
  
4. Working area: MAID (HSTP)  
Evacuation route: NORTH, WEST, SOUTH STAIRWELLS  
Emergency exits: \_\_\_\_\_  
Staging area: EAST PARKING.
  
5. Working area: \_\_\_\_\_  
Evacuation route: \_\_\_\_\_  
Emergency route: \_\_\_\_\_  
Emergency exits: \_\_\_\_\_  
Staging are: \_\_\_\_\_

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

**EMPLOYEE RESPONSIBILITIES:**

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

JOB TITLE: FRONT office Manager.

EMERGENCY FUNCTION(S)

- a. ASSIST in evac.
- b. OBTAIN records needed.
- c. \_\_\_\_\_
- d. \_\_\_\_\_

JOB TITLE: LEAD ENGINEER.

EMERGENCY FUNCTION(S)

- a. NOTIFY Fire Department.
- b. Sound of evac.
- c. \_\_\_\_\_
- d. \_\_\_\_\_

JOB TITLE: Food & Bev. Manager.

EMERGENCY FUNCTION(S)

- a. Gas shut off
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED.



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

**PREVENTION**

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

<u>HAZARDOUS MATERIALS STORAGE LOCATION</u>	<u>PREVENTATIVE MEASURE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prevention Measures to be taken at this location:**

A \_\_\_\_\_  
\_\_\_\_\_

Estimated date of completion: \_\_\_\_\_

Actual date of completion: \_\_\_\_\_

\_\_\_\_\_

MAKE ADDITIONAL COPIES OF THIS FORM, AS NEEDED

**GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN**

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

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

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

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

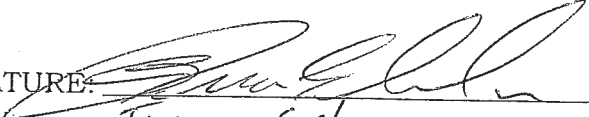
Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

File @ shop w/ engineering

**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: Juan Salinas  
TITLE: Lead Engineer  
DATE: 11/06/03



**GARDEN GROVE FIRE DEPARTMENT**  
**Life Safety & Hazardous Materials Disclosure Program**  
 11301 Acacia Parkway, Garden Grove, CA 92842  
 Bus 714-741-5600 Fax 714-741-5640

File # 6708  
 Fire District 2324  
 Inspector FPB Shift N  
 Next Insp 2 / 2014

Occupant or DBA	CROWNE PLAZA HOTEL RESORTS		Business Tel	714 867-5555
Address	12021 HARBOR Blvd	Suite	Zip	92840
Business Owner	PACIFIC HOSPITALITY GROUP/OHI,LLC		Tel	949 474-7368
Emergency Contact	CLAUDIA ARBAIZA		Tel	310 343-6317
Group	R1	Load	441	Sprinklers F/P/N
				F
			5 yr. Cert.	5 / 2011
				Haz Mat <input checked="" type="checkbox"/>

Fire Permits 251161 CANDLES / OPEN FLAME DEVICE in assembly area, 791035 FLAM/COMB OUT/ABOVE +60 GAL, 801031 HAZARDOUS MATERIALS - use, handling or storage. 251013 ASSEMBLY A-2.1: 300+ occupant load.  
 An inspection at the above location/occupancy revealed the following violations(s):

**ASSEMBLY OCCUPANCIES**

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.2.4)

**SIGNS**

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

**EXITS**

- Provide/maintain approved panic hardware (CFC 1008.1.10)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.9)
- Remove exit obstruction (CFC 1003.6)
- Provide/maintain illuminated exit sign(s) (CFC 1011.1)

**ACCESS**

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

**FIRE PROTECTION EQUIPMENT AND SYSTEMS**

- Provide \_\_\_ extinguishers \_\_\_2A10BC \_\_\_40BC \_\_\_K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (CFC 906.9)
- Clean filters, ducts, hood above cooking surface (CFC 904.1)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.2)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

**MISCELLANEOUS**

- Lower storage  18" below sprinklers or  2' from ceiling (CFC 315.2.1)
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post  Business License  Fire Department permit (CFC 105.3.5)

NO VIOLATIONS

**ADDITIONAL VIOLATIONS AND/OR NOTES**

*In process of e-submit. Just need a few corrections. 8/19/2013 sus*

Business representative signature *[Signature]* Date 8/20/13  
 Inspector Name/ ID # S. Solter 3303 Date 8/20/2013  
 Cleared 9/30/13  Mailback card due 1/1  Re-inspection date 1/1  Final Notice 1/1

**ELECTRICAL SAFETY PRE-CAUTIONS**

- Discontinue use of extension cords (CFC 605.5)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical  Cover  Socket  Power Strip (CFC 605.1)

**HAZ-MAT SAFETY PRE-CAUTIONS**

- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
- Provide approved safety container(s) for flammable liquids (CFC 3404.3.1)

**HAZARDOUS MATERIALS DISCLOSURE**

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP [www.esubmit.ocgov.com](http://www.esubmit.ocgov.com)
- Chemical inventory is incomplete and/or requires updating
- The Emergency Response Plan is inadequate and/or does not adequately address Notification, Mitigation, Evacuation and/or Employee Training
- Site Map is incomplete or insufficient
- Failure to report a change in business or chemical inventory within 30 days of the following:
  - 100% or more increase in the quantity of a disclosed material
  - Addition of a previously undisclosed material
  - Change of business name or owner
- Failure to report a release or threatened release
- Failure to submit annual certification
- NO VIOLATIONS
- MINOR VIOLATION
- CLASS I VIOLATION
- CLASS II VIOLATION