



CITY OF GARDEN GROVE
FIRE DEPARTMENT

TEL: (714) 741-5600
FAX: (714) 741-5640

July 18, 2016

Danny Huerta
AEI Consultants
(310) 798-4255

RE: Records Search for 10781 Forbes Ave, Garden Grove CA 92841

Dear Danny Huerta:

Enclosed are the records found concerning the history of the above-mentioned site, especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the environmental records.

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 Dept.

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



**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION**



BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID# 285	BEGINNING DATE 01/01/2002	ENDING DATE 12/31/2002
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) AMERICAN COMBUSTION TECHNOLOGIES INC.		BUSINESS PHONE 562-633-2722
BUSINESS SITE ADDRESS 10781 FORBES Ave		BUSINESS FAX
CITY GARDEN GROVE	STATE CA	ZIP CODE 92843
DUN & BRADSTREET		COUNTY
BUSINESS MAILING ADDRESS		PRIMARY SIC
BUSINESS OPERATOR NAME		PRIMARY NAICS
BUSINESS OPERATOR PHONE		

II. BUSINESS OWNER

OWNER NAME LILA MAHJOOB
ADDRESS ,
PHONES 5625081983

III. ENVIRONMENTAL CONTACT

CONTACT NAME
ADDRESS
PHONES

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	NAME
TITLE	TITLE
Phone 1	
Phone 2	
Phone 3	
Phone 4	

ADDITIONAL LOCALLY COLLECTED INFORMATION - Number of Employees

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	

Common Name ACETONE

Chemical Name KETONE

Cas # 67-64-1

Location ALL MFG. AREAS

Map

5 Gallons

Grid All

Delete __ Modify __

Common Name ACETYLENE

Chemical Name ACETYLENE, ETHYNE, EHTLNE

Cas # 74-85-2

Location STATIC TEST

Map

100 Cubic Fee

Grid F1

Delete __ Modify __

Common Name ARGON

Chemical Name ARGON

Cas # 7440-37-1

Location SOUTH SIDE OF BUILDING- MACHINE SHOP

Map 1

100 Cubic Fee

Grid

Delete __ Modify __

Common Name ISOROPYL ACOHOL

Chemical Name ISOROPYL ACOHOL

Cas # 67-63-0

Location ALL MFG AREAS

Map

5 Gallons

Grid A-L & Delete

Modify __

Common Name OXYGEN, COMPRESSED

Chemical Name OXYGEN, COMPRESSED

Cas # 7782-44-7

Location STATIC TEST

Map

25 Cubic Fee

Grid E1

Delete __ Modify __

Common Name PROPANE

Chemical Name PARALFINIA HYDROCARBON

Cas # 74-98-6

Location

Map 1

286.4 Pounds

Grid E1

Delete __ Modify __

Dbas DRIESSEN AIRCRAFT INTERIOR

Complex

Address

10781

FORBES

Ave

92843

Business Information

Business License No.

Dunn and Bradstreet - 15-395-3930

Sic Code- 4977

Fax 7145549323

E-Mail

Business Owner Name Alex Johnston

Home Phone 0000000000

Property Use

Construction Information

Construction type-

Occupancy group- F2

Occupancy Load- 0

Building Sq.ft- 0

Lock box Type - Vehicular Padlock Location - DRIESSEN - 10781 FORBES

Lock box Type - Vehicular Padlock Location - DRIESSEN - 10781 FORBES

Contacts Information

Property Owner

DASKIN PROPERTIES

8550 PASEO GRANDE

LA JOLLA ,CA 92037

8584566144

Building Owner

Contacts

Contact Type - Emergency Primary

CYNTHIA FUNKE Position/Title -FACILITY MANAGER

Mobile 5625478324

7142656204

Pager

Contact Type - Emergency Secondary

DEL HERBERT Position/Title -PRESIDENT

Office 7142656205

Mobile 7142519811

Contact Type - Business Owner

Contact Type - Business Owner
Alex Johnston Position/Title -Business Owner
Mobile 7142656229

10781 FORBES Ave
GARDEN GROVE, CA 92843
Contact Type - Business Operator
CYNTHIA FUNKE Position/Title -Business Operator
Mobile 5625478324

Contact Type - Environmental
NEAL ROMEY Position/Title -Environmental Contact
Office 7142656262

10781 FORBES AVE
GARDEN GROVE, CA 92843
Contact Type - Property Owner
DASKIN PROPERTIES Position/Title -Property Owner
Office 8584566144
Mobile

8550 PASEO GRANDE
LA JOLLA , CA 92037
Contact Type - Inspection
Cynthia Funke- Fac. Mgr. Position/Title -Inspection Contact
Office

Contact Type - Emergency One
CYNTHIA FUNKE
7142656204

Inspection Information

Archived by Smouse
File number 285
Inspector- FPB N
BUSINESS HRS: 0800-1700
APPROX 387 EMPLOYEES
SCHOOLS & HOSP<1000 FT = NO

04/10/02

5/12/15: OUT OF BUSINESS.

Inspection History

10/24/2003 Time 08:36

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 0910 Nathan Brady by Valerie Thorpe

09/29/2003 Time 09:05

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

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

12/01/2003 Time 08:00

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

12/01/2004 Time 07:50

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

09/19/2006 Time 08:38

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E1 shift A Engine 1

12/01/2005 Time 09:00

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

12/01/2006 Time 09:06

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

05/17/2007 Time 07:34

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E1 shift A Engine 1

09/10/2007 Time 09:20

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared using Status field on input form- Inspector 3409 John Green by Valerie Thorpe

12/03/2007 Time 08:35

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

12/04/2013 Time 07:38

Employee No. - 2867 Name - Don Nguyen

Action Performed - Inspection Cleared

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

12/01/2008 Time 11:06

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

08/17/2009 Time 10:08

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E1 shift A En

12/01/2009 Time 08:45

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Fire code Permit

Notes - Fire Code Permit for a exempt business printed

01/13/2010 Time 11:29

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 2422 Richard Ronstadt by Valerie Thorpe

02/17/2010 Time 10:59

Employee No. - 6691 Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

01/13/2015 Time 07:31

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

10/20/2010 Time 11:43

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

01/03/2011 Time 15:45

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

04/08/2011 Time 12:31

Employee No. - 0052 Name - Thang T Nguyen

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 2867 Don Nguyen by Thang T Nguyen

04/28/2011 Time 14:42

Employee No. - 4079 Name - Jim Hughes

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

10/19/2011 Time 15:03

Employee No. - 3303 Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

01/03/2012 Time 13:54

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

02/13/2012 Time 14:54

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

02/28/2012 Time 14:41

Employee No. - 3384Name - KATRENA SCHULZE

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 2867 Don Nguyen by KATRENA SCHULZE

10/17/2012 Time 07:54

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

01/02/2013 Time 06:10

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

01/23/2013 Time 10:32

Employee No. - 2076Name - Ben A Kosky

Action Performed - Disclosure Inspection Cleared

Notes - EPS inspection cleared by EPS - Inspector 2867 Don Nguyen

02/05/2013 Time 15:12

Employee No. - 2867Name - Don Nguyen

Action Performed - Inspection Cleared

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

03/06/2013 Time 08:34

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

10/22/2013 Time 13:31

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

01/02/2014 Time 07:41

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

03/03/2014 Time 12:34

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

07/07/2014 Time 08:20

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Life Safety Inspection

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

01/05/2015 Time 05:37

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

01/08/2015 Time 15:29

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Permit Printed

Notes - Permit Copy Printed

02/26/2015 Time 14:23

Employee No. - 3303Name - Sabrina M Soltis

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

Visits

02/05/2013

Inspector Id- 2867Name - Don Nguyen

Insp. Type - Annual Life Safety

Category - Life Safety

Comments -

10/23/2003

Inspector Id- 0910Name - Nathan Brady

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

-Record / Kuhns

10/25/2006

Inspector Id- 3307Name - Michael Kordich

Insp. Type - Hazardous Materials/ Disclosure Inspection

Category - EPS

Comments - UPDATE HMDP FORM 1 ONLY

01/08/2010

Inspector Id- 2422Name - Richard Ronstadt

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations. Needs hot works permit for next year.

08/22/2007

Inspector Id- 3409Name - John Green

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

07/08/2009

Inspector Id- 4212Name - Michael Janovick

Insp. Type - Hazardous Materials Disclosure Inspection
Category - EPS
Comments - UPDATED AND FILED HMBEP B. HOLLAND

12/04/2013

Inspector Id- 2867Name - Don Nguyen
Insp. Type -
Category - EPS
Comments - Moving out by March 2014

04/04/2011

Inspector Id- 2867Name - Don Nguyen
Insp. Type - Annual Life Safety
Category - Life Safety
Comments - CLEARED.

03/01/2011

Inspector Id- 2867Name - Don Nguyen
Insp. Type - Annual Life Safety
Category - Life Safety
Comments - REINSPECT ON 4/4

05/12/2015

Inspector Id- 2867Name - Don Nguyen
Insp. Type - Annual Life Safety
Category - Life Safety
Comments - OUT OF BUSINESS.

01/31/2012

Inspector Id- 2867Name - Don Nguyen
Insp. Type - Annual Life Safety
Category - Life Safety
Comments - Re-inspection 2/15/12

01/31/2012

Inspector Id- 2867Name - Don Nguyen
Insp. Type - ReInspection
Category - Life Safety
Comments - Cleared

01/31/2012

Inspector Id- 2867Name - Don Nguyen
Insp. Type - Hazardous Materials Disclosure Inspection
Category - EPS
Comments - This is an EPS inspection

Violations

01/23/2013

code no -
Description - Use paper bag to cover up sprinkler heads in both spray booths. Remove plastic bags for the heads.

11/07/2013

code no -
Description - No Violation

01/23/2013

code no -

Description - Provide wreches for the sprinkler boxes

03/01/2011

code no - CFC 1011.2

Description - Provide illuminated exit sign(s). HANG FROM CEILING

03/01/2011

code no - CFC 906.1

Description - Provide extinguisher(s) DECOR ROOM

03/01/2011

code no - Title 19, Sec. 904

Description - 5 yr. certification on sprinkler / standpipe system. DUE IN 2012

03/01/2011

code no - CFC 605.3

Description - Keep 30" clear in front of elec. panel. LIGHT BULB

03/01/2011

code no -

Description - 3' CLEARANCE AROUND HYDRANT

03/01/2011

code no -

Description - GLUE ON SPRINKLER HEAD-DECOR ROOM (WATER BASE)

03/01/2011

code no -

Description - DOOR 9-DOOR SHALL REMAIN LOCK DURING BUSINESS HOUR (EAST DOOR)

03/01/2011

code no -

Description - CEILING TILE. ELECTRICAL DEPT

01/31/2012

code no - CFC 901.6

Description - Service and tag Fire Extinguishers. Shipping.

01/31/2012

code no -

Description - Put timer on space heater (placecarerom)

01/31/2012

code no -

Description - Sanding ventilation, missing filter.

Permits

Permit No- 801031

Permit description- HAZARDOUS MATERIALS - use, handling or storage

Permit No- 451021

Permit description- SPRAYING/DIPPING - flammable/combustible liquids

Permit No- 761021

Permit description- DUST PRODUCING IN F OCCUPANCIES

Permit No- 491011

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

EPS Information

Business Operator - CYNTHIA FUNKE

Phone - 5625478324

Environmental Contact - NEAL ROMEY

phone - 7142656262

address - 10781 FORBES AVE , GARDEN GROVE CA 92843

Chemical Information

Chemical Name - ACETYLENE, ETHYNE, EHTLNE

Common name - ACETYLENE

Chemical Name - OXYGEN, COMPRESSED

Common name - OXYGEN, COMPRESSED

Chemical Name - NITROGEN, cryogenic

Common name - Nitrogen

Chemical Name - EPOXY ADHESIVE RESIN

Common name - ARALDITE 2015/A

Chemical Name - ADHESIVE HARDENER

Common name - ARALDITE 2015/B

Chemical Name - ISOROPYL ACOHOL

Common name - ISOROPYL ACOHOL

Chemical Name - KETONE

Common name - ACETONE

Chemical Name - ARGON

Common name - ARGON

Chemical Name - PARALFINIA HYDROCARBON

Common name - PROPANE

Tank Information

Tank Owner Name -

Phone -

Address-

Disclosure Local Information

Date Disclosure was verified 00/00/00
Disclosure letter verified by
Date Inquiry letter Sent 00/00/00
Date New Business Packet Sent 00/00/00
Date New Business Packet Received 00/00/00
Date Year end packet sent 00/00/00
Date Year end packet Received 00/00/00
Date Year end Packet Approved 00/00/00
Citation Date 00/00/00
City Attorney Letter sent Date 00/00/00
Date BEP sent 00/00/00
Date BEP Submitted 00/00/00
Date BEP Corrected 00/00/00
Date BEP Approved 00/00/00
Date BEP Approved 00/00/00
Business was not in the Cal Arp program
Number of Employee 31+
Local ID Number 000285

Invoices

Date Billed 01/13/2010
Bill type - Permit Bill
Total Due \$60.00
Amount Paid - \$60.00
Balance Due -\$.00

Items

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

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

Date Billed 01/03/2011
Bill type - Permit Bill
Total Due \$60.00
Amount Paid - \$60.00
Balance Due -\$.00

Items

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

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

Date Billed 01/03/2012
Bill type - Permit Bill
Total Due \$230.00
Amount Paid - \$230.00
Balance Due -\$.00

Items

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

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

DUST PRODUCING IN F OCCUPANCIES - \$60.00

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

Date Billed 01/02/2013

Bill type - Permit Bill

Total Due \$230.00

Amount Paid - \$230.00

Balance Due -\$0.00

Items

HAZARDOUS MATERIALS - use, handling or storage - \$0.00

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

DUST PRODUCING IN F OCCUPANCIES - \$60.00

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

Date Billed 01/02/2014

Bill type - Permit Bill

Total Due \$230.00

Amount Paid - \$230.00

Balance Due -\$0.00

Items

HAZARDOUS MATERIALS - use, handling or storage - \$0.00

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

DUST PRODUCING IN F OCCUPANCIES - \$60.00

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

Date Billed 01/05/2015

Bill type - Permit Bill

Total Due \$230.00

Amount Paid - \$230.00

Balance Due -\$0.00

Items

HAZARDOUS MATERIALS - use, handling or storage - \$0.00

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

DUST PRODUCING IN F OCCUPANCIES - \$60.00

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

External Invoices

Notes

Date Archived 01/08/2003

District

Dbna DRIESSEN AIRCRAFT

Complex

Address

10781

FORBES

AVE

92844

Business Information

Business License No. 138438

Dunn and Bradstreet -

Sic Code-

Fax

E-Mail

Business Owner Name Home Phone

Construction Information

Construction type-

Occupancy group- B

Occupancy Load- 0

Building Sq.ft- 0

Contacts Information

Property Owner

Building Owner

Contacts

Inspection Information

Deleted and Archived by VThorpe

File number 3375

Inspector-

Inspection History

Visits

Violations

Permits

Permits

EPS Information

Business Operator -

Phone -

Environmental Contact -

phone -

address - ,

Chemical Information

Tank Information

Disclosure Local Information

Invoices

External Invoices

Notes

Inspection # :003188 1.Insp_Date:12-28-00
2. Permit # :
3. Address :10781 FORBES AVE
4. Business Name/DBA :DRIESSEN AIRCRAFT
5. Address Info : 6.Buslic :138438
7. Business Owner :
8. Business Address : 10.Bus Phone:
9. Business CityStZip: 11.EmerPhone:

12.Occ Group :B 16.5yr Cert. :3-1-88 20.MBCC :N
13.Occ Load : 17.FDC loc :N/E CORNER 21.Clear date :12-28-00
14.No of Ext :4.4 18.Haz Mat'l :N 22.InspectorId:5190
15.Sprinklers:Y 19.ReInsp date: LUKAS JR, EDWARD F

=====

Violation Code Violation description

=====

1 NO VIOLATIONS
2
3
4
5
6

Inspection # :013151 1.Insp_Date:
2. Permit # :
3. Address :10781 FORBES AVE
4. Business Name/DBA :DRIESSEN AIRCRAFT
5. Address Info : 6.Buslic :138438
7. Business Owner :

8. Business Address : 10. Bus Phone:

9. Business CityStZip: 11. EmerPhone:

12. Occ Group :B 16. 5yr Cert. :3-1-88 20. MBCC :

13. Occ Load : 17. FDC loc :N/E CORNER 21. Clear date :

14. No of Ext :4.4 18. Haz Mat'l :N 22. InspectorId:

15. Sprinklers:Y 19. ReInsp date:

=====

Violation Code Violation description

=====

- 1
- 2
- 3
- 4
- 5
- 6

Inspection # :023121 1. Insp_Date:

2. Permit # :

3. Address :10781 FORBES AVE

4. Business Name/DBA :DRIESSEN AIRCRAFT

5. Address Info : 6. Buslic :138438

7. Business Owner :

8. Business Address : 10. Bus Phone:

9. Business CityStZip: 11. EmerPhone:

12. Occ Group :B 16. 5yr Cert. :3-1-88 20. MBCC :

13. Occ Load : 17. FDC loc :N/E CORNER 21. Clear date :

14.No of Ext :4.4 18.Haz Mat'l :N 22.InspectorId:

15.Sprinklers:Y 19.ReInsp date:

=====

Violation Code Violation description

=====

- 1
- 2
- 3
- 4
- 5
- 6



CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

BUSINESS INFORMATION

(3) Page 1 of ___

FACILITY #	3	0	0	3	5				285	BEGINNING DATE (1)	11/28/01	ENDING DATE (2)	12/31/01
BUSINESS NAME (4)	Driessen Aircraft Interior ^{Systems}							BUSINESS PHONE (5)	714-265-2911				
SITE ADDRESS (6)	10781 Forbes Avenue												
CITY (7)	GARDEN GROVE					STATE (8)	CA	ZIP (9)	92843				
DUN & BRADSTREET (10)	15-395-3930					SIC CODE (4 DIGIT #) (11)	4977						
COUNTY	ORANGE												
OPERATOR NAME (12)	[REDACTED]					OPERATOR PHONE (13)	[REDACTED]						

BUSINESS OWNER INFORMATION

OWNER NAME (14)	ALEX BOYSEN ^{General Manager}					OWNER PHONE (15)	[REDACTED]					
OWNER MAILING ADDRESS (16)	10781 FORBES AVENUE											
CITY (17)	Garden Grove					STATE (18)	CA	ZIP (19)	92843			

ENVIRONMENTAL CONTACT

CONTACT NAME (20)	[REDACTED]					CONTACT PHONE (21)	[REDACTED]					
MAILING ADDRESS (22)	10781 Forbes Avenue											
CITY (23)	Garden Grove					STATE (24)	CA	ZIP (25)	92843			

Primary

EMERGENCY CONTACTS

Secondary

NAME (26)	[REDACTED]					NAME (31)	[REDACTED]				
TITLE (27)	[REDACTED]					TITLE (32)	[REDACTED]				
BUSINESS PHONE (28)	[REDACTED]					BUSINESS PHONE (33)	[REDACTED]				
24-HOUR PHONE (29)	[REDACTED]					24-HOUR PHONE (34)	[REDACTED]				
PAGER # (30)	[REDACTED]					PAGER # (35)	[REDACTED]				

(36) ADDITIONAL LOCALLY COLLECTED INFORMATION

A. Type of Business Operation	Manufacturer Aircraft Interior										
B. Hours of Business Operation	8 AM - 5 PM										
C. Total Number of Employees	387										
D. Property Owner Name	Driessen (Europe) B.V.					Address	De Stek 1 PO Box 28 1770 AA Wieringerweerd Holland, The Netherlands				
E. Schools, hospitals within 1,000 ft. of business property	Y <input type="checkbox"/>					N <input checked="" type="checkbox"/>					

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 (37) DESIGNATED REPRESENTATIVE	DATE (38)	SIGNATURE OF DOCUMENT PREPARER (41)
[Signature]	2-12-02	[Signature]
NAME OF SIGNER (print) (39)		NAME OF DOCUMENT PREPARER (print) (42)
Roger Evans		NEALE ROMNEY
TITLE OF SIGNER (print) (40)		TITLE OF DOCUMENT PREPARER (print) (43)
G.M.		Facility Super.



**CALIFORNIA CHEMICAL INVENTORY FORM
DESCRIPTION PAGE**

FORM 3

(1) ADD DELETE REVISE

(2) PAGE _____ OF _____

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Ave

MAP # (if more than one) (6) _____

GRID # (FROM MAP) (7) E I

(5) CONFIDENTIAL LOCATION EPCRA YES NO

CHEMICAL NAME (8) PARAFFINIA Hydrocarbon

COMMON NAME (9) Propane

CAS# (10) 74-98-6

FIRE CODE _____

HAZARD CLASSES (13) Flammable / compressed Gas

TRADE SECRET (11) YES NO
*IF EPCRA SEE INSTRUCTIONS

AN EHS CHEMICAL (12) YES NO

*IF EHS BOX IS "YES"
ALL AMOUNTS MUST BE LBS

FACILITY ID# (36) 30035

TYPE (14) PURE MIXTURE WASTE

PHYSICAL STATE (17) SOLID LIQUID GAS

RADIOACTIVE (15) YES NO CURIES _____

LARGEST CONTAINER (21) _____

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____

UNITS (22) GAL CUFT LBS TONS

MAX DAILY AMT (23) 286.4

AVG DAILY AMT (24) 28.0

ANNUAL WASTE AMT (25) -0-

DAYS ON SITE (20) 365

*If EHS, amounts must be in lbs.

STORAGE CONTAINER (26)

ABOVE GROUND TANK CAN BOX(S) TANK WAGON

UNDER GROUND TANK CARBOY CYLINDER RAIL CAR

TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN

STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other _____

PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

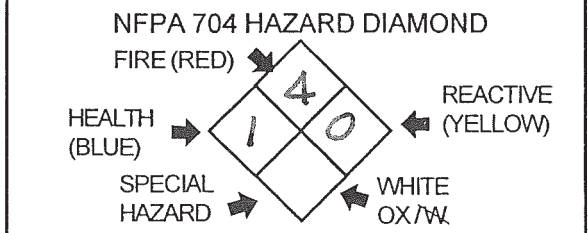
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/DOT# 1075
Refer to shipping papers or MSDS

DOT HAZARD CLASS Flammable Gas
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____

(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

(2) PAGE ____ OF ____

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / Static test

MAP # (if more than one) (6) _____

GRID# (FROMMAP) (7) F-1

(5) CONFIDENTIAL LOCATION EPCRA YES NO

CHEMICAL NAME (8) Acetylene, Ethyne, Ethlne

COMMON NAME (9) Acetylene

CAS# (10) 74-86-2

FIRE CODE HAZARD CLASSES (13) asphyxiant irritant flammable gas

TRADE SECRET (11) YES NO

*IF EPCRA SEE INSTRUCTIONS

AN EHS CHEMICAL (12) YES NO

*IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

(36) FACILITY ID# 30035

TYPE (14) PURE MIXTURE WASTE

RADIOACTIVE (15) YES NO CURIES

PHYSICAL STATE (17) SOLID LIQUID GAS

LARGEST CONTAINER (21) 145 Cu. Ft.

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____

UNITS (22) GAL CUFT LBS TONS

MAX DAILY AMT (23) 100 cu ft

DAYS ON SITE (20) 365

*If EHS, amounts must be in lbs.

AVG DAILY AMT (24) 15 cu ft

ANNUAL WASTE AMT (25) 0

STORAGE CONTAINER (26)

ABOVE GROUND TANK CAN BOX(S) TANK WAGON

UNDER GROUND TANK CARBOY CYLINDER RAIL CAR

TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN

STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other

PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

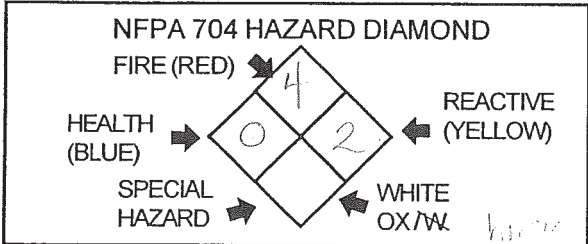
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS#
(1) 100	Acetylene	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	74-86-2
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/DOT# 1001
Refer to shipping papers or MSDS

DOT HAZARD CLASS Flammable Gas 2.1
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____

(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

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BUSINESS NAME (3) Oriessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / Static Test (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP # (if more than one) (6) _____ GRID# (FROM MAP) (7) E-1

CHEMICAL NAME (8) Oxygen, Compressed TRADE SECRET (11) YES NO

COMMON NAME (9) Oxygen *IF EPCRA SEE INSTRUCTIONS

CAS# (10) 7782-44-7 AN EHS CHEMICAL (12) YES NO

FIRE CODE HAZARD CLASSES (13) oxidizer - ashy (36) FACILITY ID# 30035

*IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 251 Cu Ft.

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 251

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 251

ANNUAL WASTE AMT (25) 0

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON

UNDER GROUND TANK CARBOY CYLINDER RAIL CAR

TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN

STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other

PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

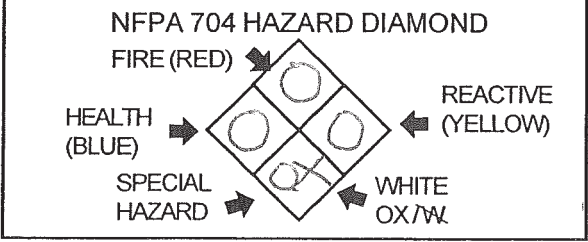
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>100</u>	<u>oxygen</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>7782-44-7</u>
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UNDOT# UN 1072
Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2 Nonflammable gas
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____

(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

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BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / Panel Press

MAP # (if more than one) (6) _____

GRID # (FROM MAP) (7) J-2

(5) CONFIDENTIAL LOCATION EPCRA YES NO

CHEMICAL NAME (8) Nitrogen, or LIN

COMMON NAME (9) Nitrogen

CAS# (10) _____

FIRE CODE (11) 7727-37-9

HAZARD CLASSES (13) non-flammable gas asphyxiant

TRADE SECRET (11) YES NO

*IF EPCRA SEE INSTRUCTIONS

AN EHS CHEMICAL (12) YES NO

*IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

FACILITY ID# (36) 30035285

TYPE (14) PURE MIXTURE WASTE

RADIOACTIVE (15) YES NO CURIES _____

PHYSICAL STATE (17) SOLID LIQUID GAS

LARGEST CONTAINER (21) 304 cu ft.

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____

UNITS (22) GAL CUFT LBS TONS

MAX DAILY AMT (23) 912.5

DAYS ON SITE (20) 365

*If EHS, amounts must be in lbs.

AVG DAILY AMT (24) 608.33

ANNUAL WASTE AMT (25) 0

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON

UNDER GROUND TANK CARBOY CYLINDER RAIL CAR

TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN

STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other

PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

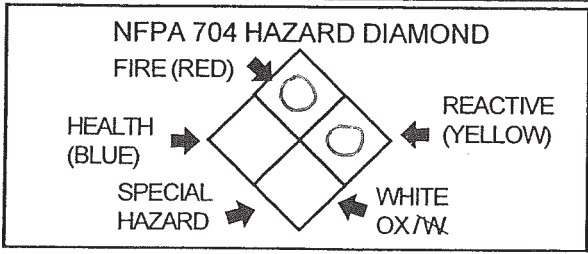
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>100</u>	<u>Nitrogen (liquid) LIN</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>7727-37-9</u>
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UNDOT# UN 1066 1977
Refer to shipping papers or MSDS 2.2

DOT HAZARD CLASS nonflammable gas
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____

(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

(2) PAGE _____ OF _____

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / All areas (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP# (if more than one) (6) _____ GRID# (FROM MAP) (7) A-L + 1-5

CHEMICAL NAME (8) Araldite 2015/A TRADE SECRET (11) YES NO

COMMON NAME (9) Epoxy Adhesive Resin *IF EPCRA SEE INSTRUCTIONS

CAS# (10) _____ AN EHS CHEMICAL (12) YES NO

FIRE CODE _____ *IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

HAZARD CLASSES (13) Irritant, Carcinogen (36) FACILITY ID# 30035 285

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 55 gal. drum

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CUFT LBS TONS MAX DAILY AMT (23) 10 GAL

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 1 GAL

ANNUAL WASTE AMT (25) 75 GAL

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

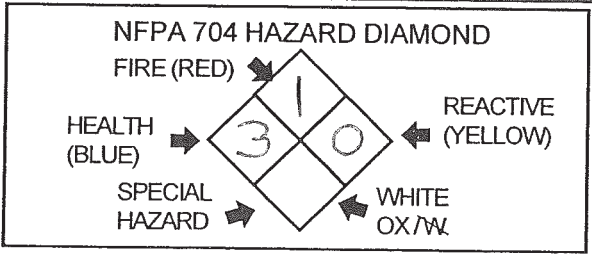
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS#
(1) <u>0.447</u>	<u>Quartz (SiO2) / Crystalline Silica</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>14808-60-7</u>
(2) <u>< 1</u>	<u>Oxirane / Butanediol Diacyclol Ether</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>2425-79-8</u>
(3) <u>< 1</u>	<u>Phenol</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>25068-38-6</u>
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/DOT# NOT REG.
Refer to shipping papers or MSDS

DOT HAZARD CLASS not regulated
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____

(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

(2) PAGE _____ OF _____

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / All areas (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP # (if more than one) (6) _____ GRID # (FROM MAP) (7) A-L-1-5

CHEMICAL NAME (8) Araldite 2015/B TRADE SECRET (11) YES NO

COMMON NAME (9) Adhesive Hardener *IF EPCRA SEE INSTRUCTIONS

CAS# (10) Mixture AN EHS CHEMICAL (12) YES NO

FIRE CODE HAZARD CLASSES (13) Corrosive, Irritant (36) FACILITY ID# 30035 285

*IF EHS BOX IS "YES"
ALL AMOUNTS MUST BE LBS

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 55 gal. Drum

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CUFT LBS TONS MAX DAILY AMT (23) 10 GAL

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 1 GAL

ANNUAL WASTE AMT (25) 75 GAL

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

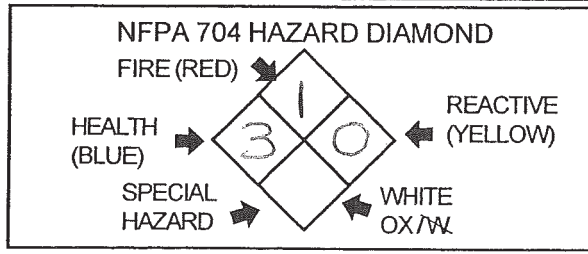
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1)	<u>Diethylene Triamine</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>111-40-0</u>
(2)	<u>Aminoethyl piperazine</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>140-31-8</u>
(3)	<u>Synthetic Rubber</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>68683-29-4</u>
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/DOT# UN 2735
Refer to shipping papers or MSDS

DOT HAZARD CLASS 8 Corrosive
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____
(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

(2) PAGE ____ OF ____

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Ave. / All areas (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP # (if more than one) (6) _____ GRID# (FROM MAP) (7) A-L + 1-5

CHEMICAL NAME (8) Isopropyl Alcohol TRADE SECRET (11) YES NO

COMMON NAME (9) Isopropyl Alcohol *IF EPCRA SEE INSTRUCTIONS

CAS# (10) 67-63-0 AN EHS CHEMICAL (12) YES NO

FIRE CODE (13) Flammable liquid 1B *IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

HAZARD CLASSES (13) Irritant (36) FACILITY ID# 300035285

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 55 gal. Drum

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CUFT LBS TONS MAX DAILY AMT (23) 5 GAL

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 8021

ANNUAL WASTE AMT (25) 0

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

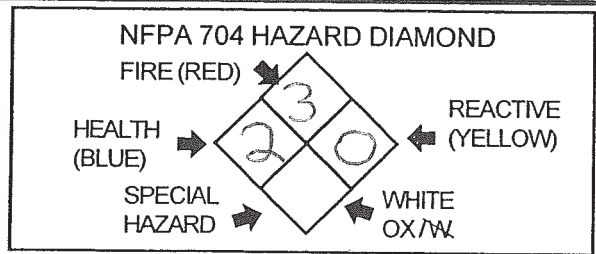
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>100</u>	<u>Isopropanol</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>67-63-0</u>
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UNDOT# UN-1219
Refer to shipping papers or MSDS

DOT HAZARD CLASS 3, Packing Group 2
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____

(35) If EPCRA, Please Sign Here

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CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

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BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Ave. / All HFS areas

MAP# (if more than one) (6) _____

GRID# (FROM MAP) (7) A-L + 1-5

(5) CONFIDENTIAL LOCATION EPCRA YES NO

CHEMICAL NAME (8) Ketone

COMMON NAME (9) Acetone

CAS# (10) _____

FIRE CODE HAZARD CLASSES (13) Flammable liquid class 1-2, Irritant

TRADE SECRET (11) YES NO

*IF EPCRA SEE INSTRUCTIONS AN EHS CHEMICAL (12) YES NO

*IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

(36) FACILITY ID# 30035 285

TYPE (14) PURE MIXTURE WASTE

PHYSICAL STATE (17) SOLID LIQUID GAS

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____

DAYS ON SITE (20) 365

RADIOACTIVE (15) YES NO CURIES _____

LARGEST CONTAINER (21) 55 gal. Drum

UNITS (22) GAL CUFT LBS TONS

MAX DAILY AMT (23) 5 GAL

AVG DAILY AMT (24) 802

ANNUAL WASTE AMT (25) 0

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON UNDER GROUND TANK CARBOY CYLINDER RAIL CAR TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

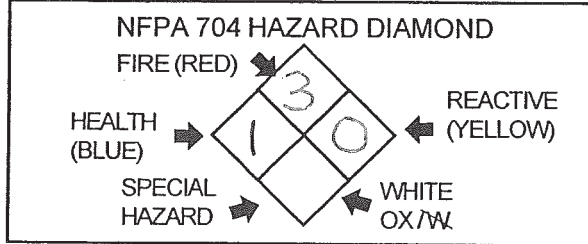
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>100</u>	<u>acetone</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>67-64-1</u>
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/DOT# UN 1090
Refer to shipping papers or MSDS

DOT HAZARD CLASS 3
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____
(35) If EPCRA, Please Sign Here

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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	DRIESSEN AIRCRAFT INTERIOR SYSTEMS, INC.			BUSINESS PHONE	714-265-2911
BUSINESS SITE ADDRESS	10781 FORBES AVENUE				
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	15-395-3930	SIC CODE (4 DIGIT #)	4977	FIRE DISTRICT	
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	[REDACTED]	OPERATOR'S PHONE	714-265-6204		

BUSINESS OWNER

OWNER NAME	FACILITY MANAGER CYNTHIA FUNKE	OWNER PHONE	714-265-6204
OWNER MAILING ADDRESS	10781 FORBES AVENUE		
CITY	GARDEN GROVE	STATE	CA
		ZIP	92843

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]	CONTACT PHONE	714-265-6204
CONTACT MAILING ADDRESS	10781 FORBES AVENUE		
CITY	GARDEN GROVE	STATE	CA
		ZIP	92843

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	NAME	DR. HEBERT
TITLE	FACILITY MANAGER	TITLE	PRESIDENT
BUSINESS PHONE	714-265-6204	BUSINESS PHONE	714-265-6205
24-HR. PHONE	[REDACTED]	24-HR. PHONE	[REDACTED]
PAGER #	[REDACTED]	PAGER #	[REDACTED]

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	MANUFACTURER OF AIRCRAFT INTERIORS	TOTAL # OF EMPLOYEES	370
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		ATTENTION	
PROPERTY OWNER NAME	[REDACTED]	ADDRESS	LA JOLLA, CA 92037
	[REDACTED]	PHONE	[REDACTED]

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[Signature]	DATE	6/17/09
NAME OF SIGNER (print)	CYNTHIA FUNKE	NAME OF DOCUMENT PREPARER (print)	CYNTHIA FUNKE
TITLE OF SIGNER	FACILITY MANAGER	TITLE OF DOCUMENT PREPARER	FACILITY MANAGER



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	DRIEBSEN A/S, INC.	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	10781 FORBES AVENUE				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	DRAWING #1	6
			GRID #	MACHINE SHOP	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	ARGON	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	ARGON			9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #	7440-37-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)		10	* If EHS is "Yes", all amounts must be LBS		

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

AVERAGE DAILY AMOUNT	15 cu ft.	19	MAXIMUM DAILY AMOUNT	100 cu ft.	20	ANNUAL WASTE AMOUNT	0	21	STATE WASTE CODE	22
UNITS	<input type="checkbox"/> a. GALLONS	<input checked="" type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	336 cu ft.	25	
	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS								

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

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 30	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

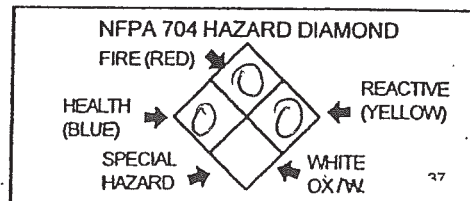
PLACARDING INFORMATION

UNDOT # UN 1006 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS Non Flammable Gas 34
Refer to shipping papers or MSDS

EPCRA YES 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
10781 FORBES AVENUE					
CONFIDENTIAL LOCATION EPCRA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #	7
			DRAWING #1	HAZ MAT STORAGE	

II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE	TRADE SECRET	11
ISOPROPYL ALCOHOL		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME		* If EPCRA see instructions		
ISOPROPYL ALCOHOL		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)		
67-63-0				

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

AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE	22
807	56AL	0		
UNITS	DAYS ON SITE	LARGEST CONTAINER		
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365	55 GALLONS		
*If EHS, amount must be in pounds.				

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR	
	<input type="checkbox"/> c. TANK INSIDE BLDG	<input checked="" 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
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	30	32
		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	30	32
		<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 #	UN-1219	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	3, PACKING GROUP 2	34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X	_____	36
If EPCRA, Please Sign Here		

NFPA 704 HAZARD DIAMOND

FIRE (RED) → 3

HEALTH (BLUE) → 2

SPECIAL HAZARD → 0

← REACTIVE (YELLOW) 3

← WHITE OX/W. 37

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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	DRIESSEN AIS, INC	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	10781 FORBES AVE				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	DRAWING #1	6
			GRID #	HAZMAT STORAGE	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	KETONE		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	ACETONE					* If EPCRA see instructions		
						An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
						* If EHS is "Yes", all amounts must be LBS		
CAS #	67-64-1		10			FIRE CODE HAZARD CLASSES (supplied by GGFD)		

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
PHYSICAL STATE (Check one item only)	<input 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
						<input checked="" type="checkbox"/> d. ACUTE HEALTH	<input type="checkbox"/> e. CHRONIC HEALTH		

AVERAGE DAILY AMOUNT	802	19	MAXIMUM DAILY AMOUNT	5 GAL	20	ANNUAL WASTE AMOUNT	0	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
									55 GALLON DRUM	

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR	
	<input type="checkbox"/> c. TANK INSIDE BLDG	<input checked="" 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
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32

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

PLACARDING INFORMATION

UNDOT #	UN 1090	33	
DOT HAZARD CLASS	3	34	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35	
X		36	<p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p>



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	PRIESSEN AS, INC.
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I. FACILITY INFORMATION

CHEMICAL LOCATION	14231 COMMERCE DRIVE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	DRAWING #2
GRID #	STATIC TEST		

II. CHEMICAL INFORMATION

CHEMICAL NAME	ACE TYLENE, ETHYNE, ETHYLE	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	ACETYLENE	* If EPCRA see instructions			
CAS #	74-86-2	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
FIRE CODE HAZARD CLASSES (supplied by GGFD)		*If EHS is "Yes", all amounts must be LBS			

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

AVERAGE DAILY AMOUNT	15 cu	MAXIMUM DAILY AMOUNT	100 cu	ANNUAL WASTE AMOUNT	0	STATE WASTE CODE
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UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	150 cu.ft.
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input checked="" type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
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STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
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STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC
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%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.

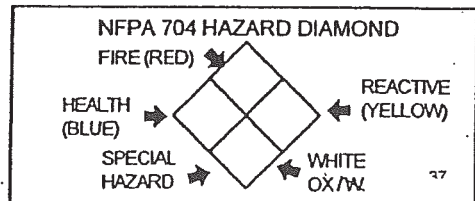
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS FLAMMABLE GAS 34
Refer to shipping papers or MSDS

EPCRA YES 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	BUSINESS NAME	DRIESSEN AIR, INC.
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I. FACILITY INFORMATION

CHEMICAL LOCATION	14231 Commerce Drive		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	DRAWING #2
		GRID #	STATILTEST

II. CHEMICAL INFORMATION

CHEMICAL NAME	OXYGEN, COMPRESSED	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	OXYGEN	* If EPCRA see instructions			
CAS #	7782-44-7	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
* If EHS is "Yes", all amounts must be LBS					

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

AVERAGE DAILY AMOUNT	25 cuft.	MAXIMUM DAILY AMOUNT	150 cuft.	ANNUAL WASTE AMOUNT	0	STATE WASTE CODE
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET	DAYS ON SITE	365	LARGEST CONTAINER	251 cuft.	
	<input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS					

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input checked="" type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON
	<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
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STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32

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

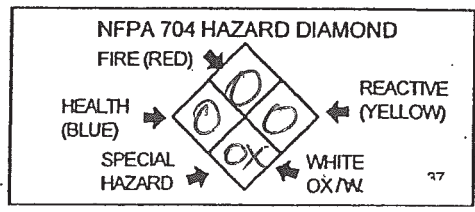
PLACARDING INFORMATION

UNDOT # UN1072 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2 non-flammable gas 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of ___

I. FACILITY IDENTIFICATION

FACILITY ID#	3 0 0 3 5	1. EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)		CAL000063336	3.
DRIESSEN AIRCRAFT INTERIOR SYSTEMS, INC.			

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)
 UST TANK (one page per tank) (Formerly Form B)

2. Intent to upgrade existing or install new USTs?

YES NO

6. UST FACILITY
 UST TANK (one per tank)
 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

3. Need to report closing a UST?

YES NO

7. UST TANK (closure portion-one page per tank)

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:
- any tank capacity is greater than 660 gallons, or
- the total 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?
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?

YES NO
 YES NO

9. EPA ID NUMBER - provide at the top of this page
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 remove 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)



CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

Delete / No longer used
(2) PAGE 1 OF 1

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / All mfg. areas (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP # (if more than one) (6) _____ GRID # (FROM MAP) (7) A-L + 1-5

CHEMICAL NAME (8) Araldite 2015 / A TRADE SECRET (11) YES NO

COMMON NAME (9) Epoxy Adhesive Resin *IF EPCRA SEE INSTRUCTIONS

CAS# (10) _____ AN EHS CHEMICAL (12) YES NO

FIRE CODE _____ *IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

HAZARD CLASSES (13) _____ (36) FACILITY ID # 30035

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES _____

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 55 gal. drum

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CUFT LBS TONS MAX DAILY AMT (23) 10 GAL

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 1 GAL

ANNUAL WASTE AMT (25) 106 GAL

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

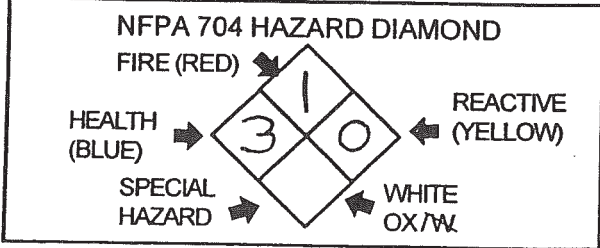
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>0.447</u>	<u>Quartz (SiO2) / Crystalline Silica</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>14808-60-7</u>
(2)	<u>Oxirane / Butanediol Ether</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>2425-79-8</u>
(3)	<u>Phenol</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>25068-38-6</u>
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/ DOT # _____ Refer to shipping papers or MSDS

DOT HAZARD CLASS not regulated Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____ (35) If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

Delete - No longer used for
(2) PAGE _____ OF _____

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / All mfg. areas (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP # (if more than one) (6) _____ GRID# (FROM MAP) (7) A-L-1-5

CHEMICAL NAME (8) Araldite 2015/B TRADE SECRET (11) YES NO

COMMON NAME (9) Adhesive Hardener *IF EPCRA SEE INSTRUCTIONS

CAS# (10) _____ AN EHS CHEMICAL (12) YES NO

FIRE CODE _____ *IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

HAZARD CLASSES (13) _____ (36) FACILITY ID# 30035

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES _____

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 55 gal. Drum

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CUFT LBS TONS MAX DAILY AMT (23) 10 Gal

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 1 Gal

ANNUAL WASTE AMT (25) 75 Gal

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

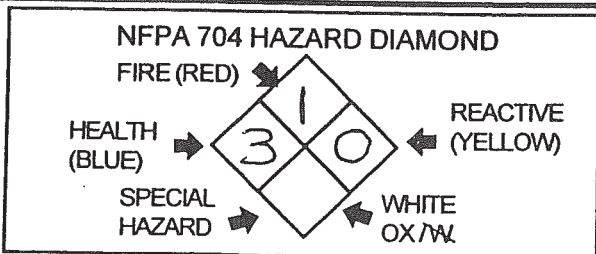
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1)	<u>Diethylene Triamine</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>111-40-0</u>
(2)	<u>Aminoethyl piperazine</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>140-31-8</u>
(3)	<u>Synthetic Rubber</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>68683-29-4</u>
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UNDOT# UN 2735
Refer to shipping papers or MSDS

DOT HAZARD CLASS 8 Corrosive
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____
(35) If EPCRA, Please Sign Here

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DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

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(2) PAGE 8 OF 11

BUSINESS NAME (3) Driessen Aircraft Interior Systems

CHEMICAL LOCATION (4) 10781 Forbes Av. / Panel Press (5) CONFIDENTIAL LOCATION EPCRA YES NO

MAP # (if more than one) (6) _____ GRID # (FROM MAP) (7) J-2

CHEMICAL NAME (8) Nitrogen, or LIN TRADE SECRET (11) YES NO
 *IF EPCRA SEE INSTRUCTIONS

COMMON NAME (9) Nitrogen AN EHS CHEMICAL (12) YES NO

CAS# (10) 7727-37-9 *IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

FIRE CODE _____ HAZARD CLASSES (13) _____ (36) FACILITY ID# 30035

TYPE (14) PURE MIXTURE WASTE RADIOACTIVE (15) YES NO CURIES _____

PHYSICAL STATE (17) SOLID LIQUID GAS LARGEST CONTAINER (21) 304 Cu FT.

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 912 cu ft

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 608 cu ft

ANNUAL WASTE AMT (25) 0

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

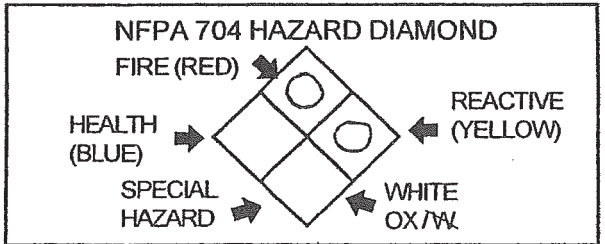
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

(33) NFPA CLASSIFICATION

UN/DOT# UN 1066
 Refer to shipping papers or MSDS

DOT HAZARD CLASS nonflammable gas
 Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____
 (35) If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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: 10781 FORBES AVENUE Date: 6/4/09
 Occupant or DBA: DRIESEN AIRCRAFT INTERIOR SYSTEMS, INC. File No: 285
 Owner/Manager: CYNTHIA FUNKE Phone: 562-947-8324

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: [Signature] Re-inspection Date: 6/18/09

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

Fire Dept. Inspector: R. MACIAS ID #: 0018

Condition Upon Re-inspection: _____ Date: _____



Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GCFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	DRIESEN AIRCRAFT INTERIOR SYSTEMS, INC.			BUSINESS PHONE	5
BUSINESS SITE ADDRESS				714-265-2911	
10781 FORBES AVENUE					
CITY	GARDEN GROVE	STATE	7 CA	ZIP	92843
DUN & BRADSTREET	15-395-3930	SIC CODE (4 DIGIT #)	4977	FIRE DISTRICT	2721
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	[REDACTED]			OPERATOR'S PHONE	714-265-6204

BUSINESS OWNER

OWNER NAME	FACILITY MANAGER [REDACTED]	OWNER PHONE	714-265-6204
OWNER MAILING ADDRESS			
10781 FORBES AVENUE			
CITY	GARDEN GROVE	STATE	CA
		ZIP	92843

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]	CONTACT PHONE	714-265-6262
CONTACT MAILING ADDRESS			
10781 FORBES AVENUE			
CITY	GARDEN GROVE	STATE	CA
		ZIP	92843

PRIMARY EMERGENCY CONTACTS SECONDARY

PRIMARY	EMERGENCY CONTACTS	SECONDARY	
NAME	[REDACTED]	NAME	[REDACTED]
TITLE	FACILITY MANAGER	TITLE	FACILITY Supt.
BUSINESS PHONE	[REDACTED]	BUSINESS PHONE	[REDACTED]
24-HR. PHONE	[REDACTED]	24-HR. PHONE	[REDACTED]
PAGER #	[REDACTED]	PAGER #	N/A

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	MANUFACTURER OF AIRCRAFT INTERIORS	TOTAL # OF EMPLOYEES	380
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
PROPERTY OWNER NAME	ASKIN PROPERTIES	ADDRESS	La Jolla, CA 92037
		PHONE	658-456-6114
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[Signature]	DATE	11/1/06
NAME OF SIGNER (print)	[REDACTED]	NAME OF DOCUMENT PREPARER (print)	[REDACTED]
TITLE OF SIGNER	FACILITY MANAGER	TITLE OF DOCUMENT PREPARER	FACILITY MANAGER