



CITY OF GARDEN GROVE
FIRE DEPARTMENT

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

3/16/17

Deanna Lee
Nova Consulting Group
(213) 276-9642

RE: Records Search for 7052 Orangewood & 11542, 11552, 11562, 11602, 11612, 11642, 11652 Knott Ave., Garden Grove CA

Dear Deanna Lee:

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 'Brad Spell', written in a cursive style.

Brad Spell
Fire Captain/Senior Fire Protection Specialist

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

| | |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FOR OFFICIAL USE ONLY | |
| FACILITY ID NO. | <u>406</u> |
| BUSINESS NAME | <u>Rosen Industry</u> |
| BUSINESS ADDRESS | <u>11552 Knott St #5</u> |
| APPROVED BY | <u>G</u> DATE <u>6/2011</u> |
| NEW BUSINESS | <input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____ |
| PICK | <input type="checkbox"/> 4D <input type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/> |
| FEE | _____ |



CITY OF GARDEN GROVE FIRE DEPARTMENT
11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

BUSINESS INFORMATION

| | | | | | |
|----------------------------------|-------------------------|----------------------|----|---------------|-------|
| FACILITY # (Supplied by GGFD) | 3 0 0 3 5 | BEGINNING DATE | 1 | ENDING DATE | 2 |
| BUSINESS NAME | ROGER INDUSTRY | 06-09-08 | | 12-31-08 | |
| BUSINESS SITE ADDRESS | 11552 KNOTT ST. STE. #5 | | | | |
| CITY | GARDEN GROVE | STATE | 8 | ZIP | 92841 |
| DUN & BRADSTREET | 10 | SIC CODE (4 DIGIT #) | 11 | FIRE DISTRICT | 12 |
| COUNTY | ORANGE | 3087 | | 2214 | |
| BUSINESS OPERATOR NAME | SHANN-MOU LEE | OPERATOR'S PHONE | 14 | 714-896-0765 | 15 |

BUSINESS OWNER

| | | | | | |
|-----------------------|--------------------|-------------|----|--------------|-------|
| OWNER NAME | SHANN-MOU LEE | OWNER PHONE | 16 | 714-896-0765 | 17 |
| OWNER MAILING ADDRESS | 11552 KNOTT ST. #5 | | | | |
| CITY | GARDEN GROVE | STATE | 20 | ZIP | 92841 |
| | | CA. | | | |

ENVIRONMENTAL CONTACT

| | | | | | |
|-------------------------|--------------------|---------------|----|--------------|-------|
| CONTACT NAME | SHANN-MOU LEE | CONTACT PHONE | 22 | 714-896-0765 | 23 |
| CONTACT MAILING ADDRESS | 11552 KNOTT ST. #5 | | | | |
| CITY | GARDEN GROVE | STATE | 26 | ZIP | 92841 |
| | | CA. | | | |

PRIMARY

EMERGENCY CONTACTS

SECONDARY

| | | | | | |
|----------------|---------------|----|----------------|-----------------------------------|----|
| NAME | SHANN-MOU LEE | 28 | NAME | ALVIN F. YOMA KEVIN VU | 33 |
| TITLE | PRESIDENT | 29 | TITLE | Quality Manager | 34 |
| BUSINESS PHONE | 714-896-0765 | 30 | BUSINESS PHONE | 714-896-0765 | 35 |
| 24-HR. PHONE | [REDACTED] | 31 | 24-HR. PHONE | [REDACTED] | 36 |
| PAGER # | NONE | 32 | PAGER # | NONE | 37 |

ADDITIONAL LOCALLY COLLECTED INFORMATION

| | | | | |
|-------------------------------------------|----------------------------------------------------|----|----------------------|--------------------|
| DESCRIBE THE TYPE OF BUSINESS OPERATION: | ELECTRONIC ASSEMBLY | 38 | TOTAL # OF EMPLOYEES | 39 |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | 11552 KNOTT ST. STE. #5 GARDEN GROVE, CA. 92841 | | | 40 |
| PROPERTY OWNER NAME | SHANN-MOU LEE | 42 | ADDRESS | 11552 KNOTT ST. #5 |
| | | | PHONE | 714-896-0765 |

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 | 06-09-08 |
| NAME OF SIGNER (print) | SHANN-MOU LEE | 47 | NAME OF DOCUMENT PREPARER (print) | ALVIN YOMA |
| TITLE OF SIGNER | PRESIDENT | 48 | TITLE OF DOCUMENT PREPARER | Quality Manager |



BUSINESS ACTIVITIES

FACILITY IDENTIFICATION

FACILITY ID# 3 0 0 3 5
1. EPA ID # (Hazardous Waste Only)
CAD 98 139 4703

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)
 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?

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)

isopropyl alcohol,



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

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

I. FACILITY INFORMATION

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

II. CHEMICAL INFORMATION

| | | | | | | | |
|---------------|-----------------------|---------------------------------------------|----------------------------------------------------------|----|-------------------------------------------|----------------------------------------------------------|----|
| CHEMICAL NAME | acetone | WASTE | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8 | TRADE SECRET | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11 |
| COMMON NAME | acetone (2-propanone) | | | 9 | An EHS Chemical | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12 |
| CAS # | 67641 | FIRE CODE HAZARD CLASSES (supplied by GGFD) | | 10 | *If EPCRA see instructions | | |
| | | FLAM LIQ | | | *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 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 type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH | | | | |

| | | | | | | | | | |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------|----|----|---------------------|-------|------------------|----|
| AVERAGE DAILY AMOUNT | 30 | 19 | MAXIMUM DAILY AMOUNT | 50 | 20 | ANNUAL WASTE AMOUNT | 21 | STATE WASTE CODE | 22 |
| UNITS | <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS | 23 | DAYS ON SITE | | 24 | LARGEST CONTAINER | 5 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 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 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.

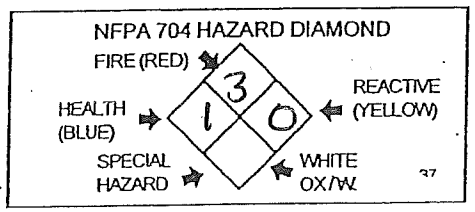
PLACARDING INFORMATION

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

isopropyl alcohol



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
Shop Area

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 6 GRID # 7

II. CHEMICAL INFORMATION

CHEMICAL NAME isopropyl alcohol WASTE Yes 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME same An EHS Chemical Yes No 12
*If EHS is "Yes", all amounts must be LBS

CAS # 67630 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) FLAM LIQ 13

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

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

AVERAGE DAILY AMOUNT 30 19 MAXIMUM DAILY AMOUNT 55 20 ANNUAL WASTE AMOUNT 0 21 STATE WASTE CODE 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE 24 LARGEST CONTAINER 5 gal 25
 c. POUNDS d. TONS
*If EHS, amount must be in pounds.

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

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

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

| %WT | HAZARDOUS COMPONENT (For mixture or waste only) | EHS | CAS # |
|-----|-------------------------------------------------|-------------------------------------------------------------|-------|
| 1 | 29 | <input type="checkbox"/> Yes <input type="checkbox"/> No 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.

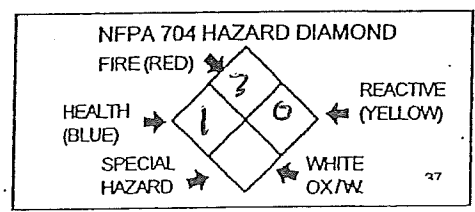
PLACARDING INFORMATION

UNDOT # _____ 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

Page 16 of 24 2

ADD DELETE REVISED 1

| | | | |
|--------------|-------|---------------|----------------|
| FACILITY ID# | 30035 | BUSINESS NAME | ROGER INDUSTRY |
|--------------|-------|---------------|----------------|

I. FACILITY INFORMATION

| | | | |
|-----------------------------|------------------------------------------------------------------------------------------------|-------|---|
| CHEMICAL LOCATION | 11552 KNOTT ST- STE. #3 GARDEN GROVE, CA. 92841 BACK OF BUILDING OF STE. #3 NEAR BACK DOOR. | | |
| CONFIDENTIAL LOCATION EPCRA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | MAP # | 1 |
| GRID # | 4-I | | |

II. CHEMICAL INFORMATION

| | | | | | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------------|-----------------|---------------------------------------------------------------------|
| CHEMICAL NAME | ISOPROPANOL | WASTE | <input type="checkbox"/> Yes <input type="checkbox"/> No | TRADE SECRET | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| COMMON NAME | ALCOHOL | * If EPCRA see instructions | | An EHS Chemical | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| CAS # | 67-63-0 | FIRE CODE HAZARD CLASSES (supplied by GGFD) | Class 3 | | |
| TYPE (Check one item only) | <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE | RADIOACTIVE | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CURIES | |

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

| | | | | | | | |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|---------------------|--------------|------------------|--|
| AVERAGE DAILY AMOUNT | 0.5 GAL | MAXIMUM DAILY AMOUNT | 1 GAL. | ANNUAL WASTE AMOUNT | 110 GAL. | STATE WASTE CODE | |
| UNITS | <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS | DAYS ON SITE | 365 | LARGEST CONTAINER | 55 GAL. DRUM | | |


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

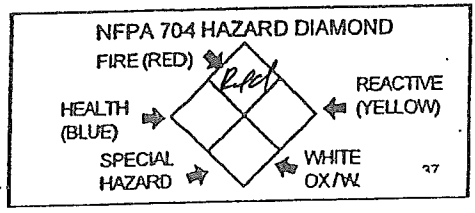
| | |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STORAGE PRESSURE | <input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/>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

| %WT | HAZARDOUS COMPONENT (For mixture or waste only) | EHS | CAS # |
|------|-------------------------------------------------|---------------------------------------------------------------------|---------|
| 100% | ISOPROPANOL | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 67-63-0 |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

PLACARDING INFORMATION

| | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------|
| UNDOT # | 1219 | Refer to shipping papers or MSDS |
| DOT HAZARD CLASS | 3 | Refer to shipping papers or MSDS |
| EPCRA | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
|  | | If EPCRA, Please Sign Here |



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

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

BUSINESS EMERGENCY PLAN

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies
2. Repair Garages. H-4 occupancies
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material and that there are unusual circumstances justifying this exemption.

Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility (vocal, paging system, manual alarm, etc.).

VOCAL

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

The Staging area is at the following location as shown on your site plan map:

IN THE FRONT BUILDING PARKING LOT.

Employee Responsibilities:

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

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

| |
|-----------------------|
| XXXXXXXXXX |
| |
| |

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

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

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

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

GARDEN GROVE FIRE DEPARTMENT

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.

Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the 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.

SUITE #3 BACK DOOR BESIDE THE 55 GALLON DRUM

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: Shawn M. Lee
Name: SHAWN-MOU LEE
Title: PRESIDENT
Date: 06-09-08

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN SHORT 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

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies.
2. Repair Garages. H-4 occupancies.
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material, and that there are unusual circumstances justifying this exemption.

Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility: (vocal, paging system, manual alarm, etc.)

Fire Alarm

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

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

Kevin Vu

Employee Responsibilities:

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

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

Quality Manager - Kevin Vu

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

Phone Numbers

Garden Grove Fire Department, Police,
Paramedics

911
(800) 852-7550 OR (916) 427-4341
(800) 424-8802

Office of Emergency Services (OES)
National Response Center

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a. L.V. Isolation and separation of incompatible materials
 - b. L.V. Diking areas to contain spills
 - c. L.V. Storage on paved ground
2. Compressed and/or cryogenic gas storage areas:
 - a. L.V. Cylinders stored upright and secured
 - b. L.V. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)
3. General:
 - a. L.V. Safe work practices are exercised in daily routines.
 - b. L.V. Employees who handle hazardous materials are properly trained.
 - c. L.V. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d. L.V. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
 - e. L.V. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.)
 - f. L.V. Posting of "No Smoking" signs where appropriate.

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

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.

Secretary Office

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: Kevin Vu

TITLE: Quality Manager

DATE: 06-07-05



Material Safety Data Sheet

The Dow Chemical Company

Product Name: Isopropanol, Anhydrous

Issue Date: 03/18/2008

Print Date: 19 Mar 2008

The Dow Chemical Company encourages and expects you to read and understand the entire (M)SDS, as there is important information throughout the document. We expect you to follow the precautions identified in this document unless your use conditions would necessitate other appropriate methods or actions.

1. Product and Company Identification

Product Name
Isopropanol, Anhydrous

COMPANY IDENTIFICATION
The Dow Chemical Company
2030 Willard H. Dow Center
Midland, MI 48674
USA

Customer Information Number: 800-258-2438

EMERGENCY TELEPHONE NUMBER

24-Hour Emergency Contact: 989-636-4400
Local Emergency Contact: 989-636-4400

2. Hazards Identification

Emergency Overview

Color: Colorless
Physical State: Liquid
Odor: Alcohol
Hazards of product:

WARNING! Flammable liquid and vapor. Causes eye irritation. Harmful if inhaled. May be harmful if swallowed. Aspiration hazard. Can enter lungs and cause damage. Vapor explosion hazard. Vapors may travel a long distance; ignition and/or flash back may occur. Isolate area. Keep upwind of spill. Stay out of low areas. Warn public of downwind explosion hazard. Eliminate ignition sources.

OSHA Hazard Communication Standard

This product is a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

®(TM)*Trademark of The Dow Chemical Company ("Dow") or an affiliated company of Dow

Product Name: Isopropanol, Anhydrous**Issue Date:** 03/18/2008**Potential Health Effects**

Eye Contact: May cause pain disproportionate to the level of irritation to eye tissues. May cause moderate eye irritation. May cause moderate corneal injury. Vapor may cause eye irritation experienced as mild discomfort and redness. Vapor may cause lacrimation (tears).

Skin Contact: Prolonged exposure not likely to cause significant skin irritation. May cause drying and flaking of the skin.

Skin Absorption: Prolonged skin contact is unlikely to result in absorption of harmful amounts.

Inhalation: In confined or poorly ventilated areas, vapor can readily accumulate and can cause unconsciousness and death. Excessive exposure (400 ppm) to isopropanol may cause eye, nose and throat irritation. Incoordination, confusion, hypotension, hypothermia, circulatory collapse, respiratory arrest and death may follow a longer duration or higher levels. Observations in animals include middle ear lining damage upon exposure to vapors of isopropanol. However, the relevance of this to humans is unknown

Ingestion: Low toxicity if swallowed. Small amounts swallowed incidentally as a result of normal handling operations are not likely to cause injury; however, swallowing larger amounts may cause injury. Aspiration into the lungs may occur during ingestion or vomiting, causing lung damage or even death due to chemical pneumonia. May cause central nervous system depression. May cause nausea and vomiting. Signs and symptoms of excessive exposure may include: Facial flushing. Low blood pressure. Irregular heartbeats.

Effects of Repeated Exposure: In animals, effects have been reported on the following organs:

Liver. Observations in animals include: Lethargy. Kidney effects and/or tumors have been observed in male rats. These effects are believed to be species specific and unlikely to occur in humans.

Birth Defects/Developmental Effects: Isopropanol has been toxic to the fetus in laboratory animals at doses toxic to the mother.

3. Composition Information

| Component | CAS # | Amount |
|-------------|---------|---------|
| Isopropanol | 67-63-0 | 100.0 % |

4. First-aid measures

Eye Contact: Immediately flush eyes with water; remove contact lenses, if present, after the first 5 minutes, then continue flushing eyes for at least 15 minutes. Obtain medical attention without delay, preferably from an ophthalmologist.

Skin Contact: Wash skin with plenty of water.

Inhalation: Move person to fresh air. If not breathing, give artificial respiration; if by mouth to mouth use rescuer protection (pocket mask, etc). If breathing is difficult, oxygen should be administered by qualified personnel. Call a physician or transport to a medical facility.

Ingestion: Do not induce vomiting. Call a physician and/or transport to emergency facility immediately.

Notes to Physician: The decision of whether to induce vomiting or not should be made by a physician. If lavage is performed, suggest endotracheal and/or esophageal control. Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach. Hemodialysis may be of benefit if substantial amounts have been ingested and the patient is showing signs of intoxication. Consider hemodialysis for patients with persistent hypotension or coma unresponsive to standard therapy (isopropanol levels >400 - 500 mg/dl). (Goldfrank 1998, King et al, 1970). Maintain adequate ventilation and oxygenation of the patient. No specific antidote. Treatment of exposure should be directed at the control of symptoms and the clinical condition of the patient.

Medical Conditions Aggravated by Exposure: Skin contact may aggravate preexisting dermatitis.

5. Fire Fighting Measures

Extinguishing Media: Water fog or fine spray. Dry chemical fire extinguishers. Carbon dioxide fire extinguishers. Foam. Do not use direct water stream. Straight or direct water streams may not be

Product Name: Isopropanol, Anhydrous**Issue Date: 03/18/2008**

effective to extinguish fire. Alcohol resistant foams (ATC type) are preferred. General purpose synthetic foams (including AFFF) or protein foams may function, but will be less effective.

Fire Fighting Procedures: Keep people away. Isolate fire and deny unnecessary entry. Stay upwind. Keep out of low areas where gases (fumes) can accumulate. Water may not be effective in extinguishing fire. Use water spray to cool fire exposed containers and fire affected zone until fire is out and danger of reignition has passed. Burning liquids may be extinguished by dilution with water. Do not use direct water stream. May spread fire. Eliminate ignition sources. Move container from fire area if this is possible without hazard. Burning liquids may be moved by flushing with water to protect personnel and minimize property damage. Use caution and test if material is burning before entering area. Material burns with invisible flame.

Special Protective Equipment for Firefighters: Wear positive-pressure self-contained breathing apparatus (SCBA) and protective fire fighting clothing (includes fire fighting helmet, coat, trousers, boots, and gloves). If protective equipment is not available or not used, fight fire from a protected location or safe distance.

Unusual Fire and Explosion Hazards: Container may vent and/or rupture due to fire. When product is stored in closed containers, a flammable atmosphere can develop. Electrically ground and bond all equipment. Flammable mixtures of this product are readily ignited even by static discharge. Vapors are heavier than air and may travel a long distance and accumulate in low lying areas. Ignition and/or flash back may occur. Flammable mixtures may exist within the vapor space of containers at room temperature. Flammable concentrations of vapor can accumulate at temperatures above flash point; see Section 9.

Hazardous Combustion Products: During a fire, smoke may contain the original material in addition to combustion products of varying composition which may be toxic and/or irritating. Combustion products may include and are not limited to: Carbon monoxide. Carbon dioxide.

6. Accidental Release Measures

Steps to be Taken if Material is Released or Spilled: Contain spilled material if possible. Collect in suitable and properly labeled containers. Apply vapor suppression foams until spill can be cleaned up. Ground and bond all containers and handling equipment. Pump with explosion-proof equipment. If available, use foam to smother or suppress. See Section 13, Disposal Considerations, for additional information.

Personal Precautions: Isolate area. Eliminate all sources of ignition in vicinity of spill or released vapor to avoid fire or explosion. Check area with combustible gas detector before reentering area. Ground and bond all containers and handling equipment. Keep upwind of spill. Keep personnel out of low areas. For large spills, warn public of downwind explosion hazard. Keep unnecessary and unprotected personnel from entering the area. No smoking in area. Ventilate area of leak or spill. Vapor explosion hazard. Keep out of sewers. Keep personnel out of confined or poorly ventilated areas. Only trained and properly protected personnel must be involved in clean-up operations. Confined space entry procedures must be followed before entering the area. Use appropriate safety equipment. For additional information, refer to Section 8, Exposure Controls and Personal Protection. Refer to Section 7, Handling, for additional precautionary measures.

Environmental Precautions: Prevent from entering into soil, ditches, sewers, waterways and/or groundwater. See Section 12, Ecological Information.

7. Handling and Storage

Handling

General Handling: Keep away from heat, sparks and flame. Avoid contact with eyes. Avoid breathing vapor. Do not swallow. Wash thoroughly after handling. Keep container closed. Use with adequate ventilation. Do not enter confined spaces unless adequately ventilated. Never use air pressure for transferring product. No smoking, open flames or sources of ignition in handling and storage area. Vapors are heavier than air and may travel a long distance and accumulate in low lying areas. Ignition and/or flash back may occur. Ignition sources can include and are not limited to pilot lights, flames, smoking, sparks, heaters, electrical equipment, and static discharges. Electrically bond and ground all containers and equipment before transfer or use of material. Use of non-sparking or explosion-proof equipment may be necessary, depending upon the type of operation. Containers,

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even those that have been emptied, can contain vapors. Do not cut, drill, grind, weld, or perform similar operations on or near empty containers. See Section 8, EXPOSURE CONTROLS AND PERSONAL PROTECTION.

Storage

Avoid direct sunlight. Peroxides can form if this product is stored in contact with air. Peroxides can be explosive. Minimize sources of ignition, such as static build-up, heat, spark or flame.

Shelf life: Use within 24 Months

8. Exposure Controls / Personal Protection

Exposure Limits

| Component | List | Type | Value |
|-------------|----------------|------|-------------------|
| Isopropanol | OSHA Table Z-1 | PEL | 980 mg/m3 400 ppm |
| | ACGIH | TWA | 200 ppm |
| | ACGIH | STEL | 400 ppm |

Personal Protection

Eye/Face Protection: Use chemical goggles. If exposure causes eye discomfort, use a full-face respirator.

Skin Protection: Wear clean, body-covering clothing.

Hand protection: Use gloves chemically resistant to this material when prolonged or frequently repeated contact could occur. Examples of preferred glove barrier materials include: Polyethylene. Neoprene. Chlorinated polyethylene. Natural rubber ("latex"). Polyvinyl chloride ("PVC" or "vinyl"). Nitrile/butadiene rubber ("nitrile" or "NBR"). Ethyl vinyl alcohol laminate ("EVAL"). Avoid gloves made of: Polyvinyl alcohol ("PVA"). NOTICE: The selection of a specific glove for a particular application and duration of use in a workplace should also take into account all relevant workplace factors such as, but not limited to: Other chemicals which may be handled, physical requirements (cut/puncture protection, dexterity, thermal protection), potential body reactions to glove materials, as well as the instructions/specifications provided by the glove supplier.

Respiratory Protection: Respiratory protection should be worn when there is a potential to exceed the exposure limit requirements or guidelines. If there are no applicable exposure limit requirements or guidelines, use an approved respirator. Selection of air-purifying or positive-pressure supplied-air will depend on the specific operation and the potential airborne concentration of the material. For emergency conditions, use an approved positive-pressure self-contained breathing apparatus. In confined or poorly ventilated areas, use an approved self-contained breathing apparatus or positive pressure air line with auxiliary self-contained air supply. The following should be effective types of air-purifying respirators: Organic vapor cartridge.

Ingestion: Avoid ingestion of even very small amounts; do not consume or store food or tobacco in the work area; wash hands and face before smoking or eating.

Engineering Controls

Ventilation: Use engineering controls to maintain airborne level below exposure limit requirements or guidelines. If there are no applicable exposure limit requirements or guidelines, use only in enclosed systems or with local exhaust ventilation. Exhaust systems should be designed to move the air away from the source of vapor/aerosol generation and people working at this point. Lethal concentrations may exist in areas with poor ventilation.

9. Physical and Chemical Properties

| | |
|----------------|-----------|
| Physical State | Liquid |
| Color | Colorless |
| Odor | Alcohol |

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| | |
|----------------------------------------------|---------------------------------------------------------------------------------------|
| Flash Point - Closed Cup | 12 °C (54 °F) <i>Tag Closed Cup ASTM D56</i> |
| Flammable Limits in Air | Lower: 2.0 %(V) <i>Literature</i> Upper: 12.0 %(V) <i>Literature</i> |
| Autoignition Temperature | 399 °C (750 °F) |
| Vapor Pressure | 33 mmHg @ 20 °C <i>Literature</i> |
| Boiling Point (760 mmHg) | 82 °C (180 °F) <i>Literature</i> |
| Vapor Density (air = 1) | 2.1 <i>Literature</i> |
| Specific Gravity (H₂O = 1) | 0.787 20 °C/20 °C <i>Literature</i> |
| Liquid Density | 0.785 g/cm ³ @ 20 °C <i>Literature</i> |
| Freezing Point | -89 °C (-128 °F) <i>Literature</i> |
| Melting Point | No test data available |
| Solubility in Water (by weight) | 100 % @ 20 °C <i>Literature</i> |
| pH | No test data available |
| Dynamic Viscosity | 2.4 cPs @ 20 °C |
| Kinematic Viscosity | No test data available |

10. Stability and Reactivity

Stability/Instability

Thermally stable at typical use temperatures.

Conditions to Avoid: Exposure to elevated temperatures can cause product to decompose. Avoid static discharge.

Incompatible Materials: Avoid contact with: Aldehydes. Halogenated organics. Halogens. Strong acids. Strong oxidizers.

Hazardous Polymerization

Will not occur.

Thermal Decomposition

Decomposition products depend upon temperature, air supply and the presence of other materials.

11. Toxicological Information

Acute Toxicity

Ingestion

LD50, Rat 4,700 - 5,800 mg/kg

Approximate. Lethal Dose, Human 100 ml

Skin Absorption

LD50, Rabbit 13,000 mg/kg

Inhalation

LC50, 8 h, Vapor, Rat, female 19,000 ppm

Sensitization

Skin

Did not demonstrate the potential for contact allergy in mice.

Repeated Dose Toxicity

In animals, effects have been reported on the following organs: Liver. Observations in animals include: Lethargy. Kidney effects and/or tumors have been observed in male rats. These effects are believed to be species specific and unlikely to occur in humans.

Chronic Toxicity and Carcinogenicity

Did not cause cancer in laboratory animals.

Developmental Toxicity

Isopropanol has been toxic to the fetus in laboratory animals at doses toxic to the mother.

Reproductive Toxicity

In animal studies, did not interfere with reproduction.

Product Name: Isopropanol, Anhydrous

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Genetic Toxicology

In vitro genetic toxicity studies were negative. Animal genetic toxicity studies were negative.

12. Ecological Information

CHEMICAL FATE

Data for Component: Isopropanol

Movement & Partitioning

Bioconcentration potential is low (BCF less than 100 or log Pow less than 3). Potential for mobility in soil is very high (Koc between 0 and 50).

Henry's Law Constant (H): 3.38E-6 - 8.07E-6 atm*m3/mole; 25 °C Estimated

Partition coefficient, n-octanol/water (log Pow): 0.05 Measured

Partition coefficient, soil organic carbon/water (Koc): 1.1 Estimated

Persistence and Degradability

Material is readily biodegradable. Passes OECD test(s) for ready biodegradability.

Indirect Photodegradation with OH Radicals

| Rate Constant | Atmospheric Half-life | Method |
|----------------|-----------------------|-----------|
| 7.26E-12 cm3/s | 1,472 d | Estimated |

OECD Biodegradation Tests:

| Biodegradation | Exposure Time | Method |
|----------------|---------------|----------------|
| 95 % | 21 d | OECD 301E Test |

Biological oxygen demand (BOD):

| BOD 5 | BOD 10 | BOD 20 | BOD 28 |
|-----------|--------|-----------|--------|
| 20 - 72 % | | 78 - 86 % | |

Chemical Oxygen Demand: 2.09 mg/mg

Theoretical Oxygen Demand: 2.40 mg/mg

ECOTOXICITY

Data for Component: Isopropanol

Material is practically non-toxic to aquatic organisms on an acute basis (LC50/EC50 >100 mg/L in the most sensitive species tested).

Fish Acute & Prolonged Toxicity

LC50, fathead minnow (*Pimephales promelas*), flow-through, 96 h: 9,640 - 10,400 mg/l

Aquatic Invertebrate Acute Toxicity

EC50, water flea *Daphnia magna*, 48 h, immobilization: 7,550 - 13,299 mg/l

Aquatic Plant Toxicity

EC50, alga *Scenedesmus* sp., Growth rate inhibition, 72 h: > 1,000 mg/l

Toxicity to Micro-organisms

EC50; activated sludge, respiration inhibition: > 1,000 mg/l

13. Disposal Considerations

DO NOT DUMP INTO ANY SEWERS, ON THE GROUND, OR INTO ANY BODY OF WATER. All disposal practices must be in compliance with all Federal, State/Provincial and local laws and regulations. Regulations may vary in different locations. Waste characterizations and compliance with applicable laws are the responsibility solely of the waste generator. DOW HAS NO CONTROL OVER THE MANAGEMENT PRACTICES OR MANUFACTURING PROCESSES OF PARTIES HANDLING OR USING THIS MATERIAL. THE INFORMATION PRESENTED HERE PERTAINS ONLY TO THE PRODUCT AS SHIPPED IN ITS INTENDED CONDITION AS DESCRIBED IN MSDS SECTION: Composition Information. FOR UNUSED & UNCONTAMINATED PRODUCT, the preferred options include sending to a licensed, permitted: incinerator or other thermal destruction device. As a service to its customers, Dow can provide names of information resources to help identify waste management

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companies and other facilities which recycle, reprocess or manage chemicals or plastics, and that manage used drums. Telephone Dow's Customer Information Group at 1-800-258-2436 or 1-989-832-1556 (U.S.), or 1-800-331-6451 (Canada) for further details.

14. Transport Information

DOT Non-Bulk

Proper Shipping Name: ISOPROPANOL
Hazard Class: 3 **ID Number:** UN1219 **Packing Group:** PG II

DOT Bulk

Proper Shipping Name: ISOPROPANOL
Hazard Class: 3 **ID Number:** UN1219 **Packing Group:** PG II

IMDG

Proper Shipping Name: ISOPROPANOL
Hazard Class: 3 **ID Number:** UN1219 **Packing Group:** PG II
EMS Number: F-E,S-D
Marine pollutant.: No

ICAO/IATA

Proper Shipping Name: ISOPROPANOL
Hazard Class: 3 **ID Number:** UN1219 **Packing Group:** PG II
Cargo Packing Instruction: 307
Passenger Packing Instruction: 305

This information is not intended to convey all specific regulatory or operational requirements/information relating to this product. Additional transportation system information can be obtained through an authorized sales or customer service representative. It is the responsibility of the transporting organization to follow all applicable laws, regulations and rules relating to the transportation of the material.

15. Regulatory Information

OSHA Hazard Communication Standard

This product is a "Hazardous Chemical" as defined by the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

Superfund Amendments and Reauthorization Act of 1986 Title III (Emergency Planning and Community Right-to-Know Act of 1986) Sections 311 and 312

| | |
|-----------------------------------|-----|
| Immediate (Acute) Health Hazard | Yes |
| Delayed (Chronic) Health Hazard | Yes |
| Fire Hazard | Yes |
| Reactive Hazard | No |
| Sudden Release of Pressure Hazard | No |

Superfund Amendments and Reauthorization Act of 1986 Title III (Emergency Planning and Community Right-to-Know Act of 1986) Section 313

This product contains the following substances which are subject to the reporting requirements of Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and which are listed in 40 CFR 372.

| Component | CAS # | Amount |
|-------------|---------|------------|
| Isopropanol | 67-63-0 | <= 99.99 % |

Pennsylvania (Worker and Community Right-To-Know Act): Pennsylvania Hazardous Substances List and/or Pennsylvania Environmental Hazardous Substance List:

Product Name: Isopropanol, Anhydrous

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The following product components are cited in the Pennsylvania Hazardous Substance List and/or the Pennsylvania Environmental Substance List, and are present at levels which require reporting.

| Component | CAS # | Amount |
|-------------|---------|------------|
| Isopropanol | 67-63-0 | <= 99.99 % |

Pennsylvania (Worker and Community Right-To-Know Act): Pennsylvania Special Hazardous Substances List:

To the best of our knowledge, this product does not contain chemicals at levels which require reporting under this statute.

Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) Section 103

This product contains the following substances which are subject to CERCLA Section 103 reporting requirements and which are listed in 40 CFR 302.4.

| Component | CAS # | Amount |
|-----------------|----------|------------|
| Isopropanol | 67-63-0 | <= 99.99 % |
| Propanol | 71-23-8 | <= 0.015 % |
| Isopropyl ether | 108-20-3 | <= 0.002 % |

California Proposition 65 (Safe Drinking Water and Toxic Enforcement Act of 1986)

This product contains no listed substances known to the State of California to cause cancer, birth defects or other reproductive harm, at levels which would require a warning under the statute.

Toxic Substances Control Act (TSCA)

All components of this product are on the TSCA Inventory or are exempt from TSCA Inventory requirements under 40 CFR 720.30

CEPA - Domestic Substances List (DSL)

All substances contained in this product are listed on the Canadian Domestic Substances List (DSL) or are not required to be listed.

16. Other Information

Hazard Rating System

| NFPA | Health | Fire | Reactivity |
|------|--------|------|------------|
| 11 | 1 | 3 | 0 |

Recommended Uses and Restrictions

Industrial solvent for cleaner and coating formulations. Chemical additive.

Revision

Identification Number: 1194 / 1001 / Issue Date 03/18/2008 / Version: 5.1

Most recent revision(s) are noted by the bold, double bars in left-hand margin throughout this document.

Legend

| | |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A | Not available |
| WW | Weight/Weight |
| OEL | Occupational Exposure Limit |
| STEL | Short Term Exposure Limit |
| TWA | Time Weighted Average |
| ACGIH | American Conference of Governmental Industrial Hygienists, Inc. |
| DOW IHG | Dow Industrial Hygiene Guideline |
| WEEL | Workplace Environmental Exposure Level |
| HAZ DES | Hazard Designation |
| Action Level | A value set by OSHA that is lower than the PEL which will trigger the need for activities such as exposure monitoring and medical surveillance if exceeded. |

Product Name: Isopropanol, Anhydrous**Issue Date: 03/18/2008**

The Dow Chemical Company urges each customer or recipient of this (M)SDS to study it carefully and consult appropriate expertise, as necessary or appropriate, to become aware of and understand the data contained in this (M)SDS and any hazards associated with the product. The information herein is provided in good faith and believed to be accurate as of the effective date shown above. However, no warranty, express or implied, is given. Regulatory requirements are subject to change and may differ between various locations. It is the buyer's/user's responsibility to ensure that his activities comply with all federal, state, provincial or local laws. The information presented here pertains only to the product as shipped. Since conditions for use of the product are not under the control of the manufacturer, it is the buyer's/user's duty to determine the conditions necessary for the safe use of this product. Due to the proliferation of sources for information such as manufacturer-specific (M)SDSs, we are not and cannot be responsible for (M)SDSs obtained from any source other than ourselves. If you have obtained an (M)SDS from another source or if you are not sure that the (M)SDS you have is current, please contact us for the most current version.



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: 11552 Knott St Unit 5
Occupant or DBA: Roger Industry
Owner/Manager: Shann-Mou Lee

Date: 5/28/08
File No: 406
Phone: (714) 896-0765

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: *Ali Jon Re-inspection Date: X 6/11/08

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

Fire Dept. Inspector: R. Walden ID #: 3710

Condition Upon Re-inspection: Packet was complete Date: 6/11/08

STATE CONTRACTORS LICENSE #047761
EPA# CA000053405
STATE ID # 1045
CA 627
DOT 485272

ISLAND ENVIRONMENTAL SERVICES, INC.

Waste Management & Transportation

TRANSPORTATION RECEIPT WORK ORDER



81752

Established 1982

2490 W. POMONA BLVD. • POMONA, CALIFORNIA 91768 • (800) 400-4347 • (909) 598-4449 • FAX (909) 598-0041

Contact: ALVIN
Job Site: ROGER INDUSTRY
Address: 11532 KNOTT STREET, UNIT 6
GARDEN GROVE, CA 92641

Phone: (714) 630-0703
Hours:
EPA ID #: CAD01504703
PO #:
Salesman: RANDY COSTALES
Bill To: Terra

Customer #: ROGE
Order Date: 03/13/08
Driver: JOSE T
Appointment Date: 07/14/2008
Unit #: 66
Time:

Facility: MULTIPLE FACILITIES

Appt. Time: _____ To _____ Scheduled with _____

EPA ID #:
Phone:
Manifest #: 81752
Disposal Ticket #:
Directions:

Job Description: PICK UP 1 X 55 GALLON DRUM ALCOHOL AND 1 X 5
PAIL WASTE SOLDER/C

Bin Delivered: # _____ Liter: Y N
Bin Picked Up: # _____
Equipment Needed:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Supplies: Taken Used

- 1.
- 2. 1 55 GAL OPEN TOP UN STEEL
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Loading Date: 4-08 Start Time: 0700
Off Loading Date: _____ Start Time: _____

Jobsite Arrival: 1230
Disposal Arrival:

Jobsite Departure: 1245 Stop Time:
Disposal Departure: _____ Stop Time:

Driver Notes:

Customer Signature: *Kevin Vu*

Driver Signature (Job Site): *[Signature]* Date: 5-14-08

Print Name: KEVIN VU Date: 05/14/08

Driver Signature (Off-Load): _____ Date: _____

NOTE: THIS IS A MODIFIED MANIFEST FOR THE DISPOSAL OF YOUR WASTE

Thank you for your business

CUSTOM

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------------------------------------|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number <i>CAD000252405</i> | 2. Page 1 of <i>1</i> | 3. Emergency Response Phone <i>800 668 6449</i> | 4. Manifest Tracking Number 003033254 JJK | | | | |
| | | 5. Generator's Name and Mailing Address ROMEX INDUSTRY 11852 HUNTT STREET, UNIT 5 GARDEN GROVE, CA 92841 Generator's Phone: <i>949 816 1328</i> | | | | | | Generator's Site Address (if different than mailing address) | |
| 6. Transporter 1 Company Name ISLAND ENVIRONMENTAL SERVICES | | | | | | U.S. EPA ID Number <i>CAD000252405</i> | | | |
| 7. Transporter 2 Company Name | | | | | | U.S. EPA ID Number | | | |
| 8. Designated Facility Name and Site Address PACIFIC RESOURCE RECOVERY 3150 E. PICO BLVD. LOS ANGELES, CA 90023 Facility's Phone: <i>800-498-7145</i> | | | | | | U.S. EPA ID Number <i>CAD000252405</i> | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | |
| | | | No. | Type | | | | | |
| | | 1. UN1993 Waste Flammable Liquids, n.o.s., 3, PGII (ISOPROPANOL AND WATER) | <i>001</i> | DOT | <i>0055</i> | <i>Y6</i> | DD01 | 213 | |
| | | 2. | | | | | | | |
| | | 3. | | | | | | | |
| | 4. | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1) ERG # : 120; 663721 - ALCOHOL. WEAR APPROPRIATE GEAR. WH#: #7152 | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | |
| Generator's/Offoror's Printed/Typed Name KEVIN VII | | | | | Signature <i>KEVIN VII</i> | | Month Day Year 05 14 08 | | |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. | | Port of entry/exit: | | Date leaving U.S.: | | | | |
| | Transporter signature (for exports only): | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | Transporter 1 Printed/Typed Name JOSE TEJEDA | | Signature <i>JOSE TEJEDA</i> | | Month Day Year 05 14 08 | | | |
| | | Transporter 2 Printed/Typed Name | | Signature | | Month Day Year | | | |
| DESIGNATED FACILITY | 18. Discrepancy | | | | | | | | |
| | 18a. Discrepancy Indication Space | | <input type="checkbox"/> Quantity | <input type="checkbox"/> Type | <input type="checkbox"/> Residue | <input type="checkbox"/> Partial Rejection | <input type="checkbox"/> Full Rejection | | |
| | Manifest Reference Number: | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | U.S. EPA ID Number | | | | | | | |
| Facility's Phone: | | | | | | Month Day Year | | | |
| 18c. Signature of Alternate Facility (or Generator) | | | | | | Month Day Year | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | |
| 20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | |
| Printed/Typed Name | | | | Signature | | Month Day Year | | | |

| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number CA09051302703 | | 2. Page 1 of 1 | | 3. Emergency Response Phone 000-555-4343 | | 4. Manifest Tracking Number 003033256 JJK | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|-------------------|----------------------------------------------------|------------|-----------------------------------------------------|--|--|--|
| | | 5. Generator's Name and Mailing Address ROGER INDUSTRIES 11552 WHITE STREET, UNIT 5 GARDEN GROVE, CA 92641 | | Generator's Site Address (if different than mailing address) | | | | | | | |
| 6. Transporter 1 Company Name ISLAND ENVIRONMENTAL SERVICES | | U.S. EPA ID Number CA09051305 | | | | | | | | | |
| 7. Transporter 2 Company Name | | U.S. EPA ID Number | | | | | | | | | |
| 8. Designated Facility Name and Site Address US ECOLOGY, INC. HWY 95, 11 MILES SO OF DEATH DEATH, NV 89003 | | U.S. EPA ID Number SVT230010000 | | | | | | | | | |
| Facility's Phone: 800-239-3943 126 | | | | | | | | | | | |
| 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. | 13. Waste Codes | | | | | |
| | | No. | Type | | | | | | | | |
| | 1. HAZARDOUS WASTE, SOLID, IN CS (LEAD SOLDERS), 9, DRUM | 001 | DR | 0070 | | 2000 | 183 | | | | |
| | 2. | | | | | | | | | | |
| | 3. | | | | | | | | | | |
| | 4. | | | | | | | | | | |
| 14. Special Handling Instructions and Additional Information 1) PROFILED: WEAR APPROPRIATE GEAR. WOP: 07152-A | | | | | | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | | | | | | |
| Generator's/Offorer's Printed/Typed Name KEVIN VU | | Signature <i>[Signature]</i> | | Month Day Year 05/14/08 | | | | | | | |
| 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ Transporter signature (for exports only): _____ | | | | | | | | | | | |
| 17. Transporter Acknowledgment of Receipt of Materials | | | | | | | | | | | |
| Transporter 1 Printed/Typed Name JSC | | Signature <i>[Signature]</i> | | Month Day Year 05/14/08 | | | | | | | |
| Transporter 2 Printed/Typed Name | | Signature | | Month Day Year | | | | | | | |
| 18. Discrepancy | | | | | | | | | | | |
| 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection | | Manifest Reference Number: _____ | | | | | | | | | |
| 18b. Alternate Facility (or Generator) | | U.S. EPA ID Number _____ | | | | | | | | | |
| Facility's Phone: _____ | | | | | | | | | | | |
| 18c. Signature of Alternate Facility (or Generator) | | Signature | | Month Day Year | | | | | | | |
| 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) | | | | | | | | | | | |
| 1. | | 2. | | 3. | | 4. | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a | | | | | | | | | | | |
| Printed/Typed Name | | Signature | | Month Day Year | | | | | | | |

GENERATOR

TRANSPORTER INTL

DESIGNATED FACILITY

GARDEN GROVE

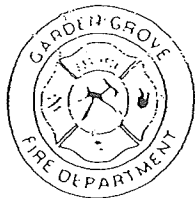


FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

| FOR OFFICIAL USE ONLY | | | | | | |
|-----------------------|-------|---------|---------|-------|-----|---|
| FACILITY ID NO. | _____ | | | | | |
| BUSINESS NAME | _____ | | | | | |
| APPROVED BY: | _____ | DATE: | _____ | | | |
| NEW BUSINESS | _____ | UPDATE | _____ | | | |
| FEE | 1 | 2 | 3 | 4 | 5 | 6 |
| PICK | 4D | BUSLIST | CALARP: | CUPA: | GIS | |



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 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 manor 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 the CUPA Business Activities Form, required by Orange County Health Care Agency.
3. Complete Form 1, the Business Information Form. Each box is numbered and has a corresponding explanation in the instructions preceding this form. Likewise, instructions precede Forms 2 and 3.
4. 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.
5. 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.
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. 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 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.

Items To Be Returned To The Fire Department

1. The Hazardous Materials Disclosure: Part 1
 - a. Business Information – Form 1
 - b. Site Plan - Form 2
 - c. Chemical Inventory – Form 3
2. The Business Emergency Plan: Part 2
3. Copies of the Material Safety Data Sheet
 - a. The law requires that the suppliers provide MSDS.
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 an informational letter explaining the program and its limitations.

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.

| Hazardous Material Assist/Consulting Fee-----\$25.00 per half-hour (2 hour maximum) | |
|--------------------------------------------------------------------------------------------------|----------|
| 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 |

Note: Businesses that start operations within in the year will be prorated per each month of operation.

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.

| BUSINESS OWNER & OPERATOR IDENTIFICATION | |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATA ELEMENT BOXES | INFORMATION REQUIRED |
| 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., 8/21/2001). |
| 2. Calendar year ending | The ending date and current year of the report (e.g., 12/31/2001). |
| 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. No post office box numbers. This information must provide a means to geographically locate the facility. |
| 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 (610) 882-7748. |
| 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 | |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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., 03/01/98). |
| 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. |

haz-mat disclosure prog doc

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 Fire Fighters 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.



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 # <small>(Supplied by CGFD)</small> | 3 | 0 | 0 | 3 | 5 | BEGINNING DATE | 1 | ENDING DATE | 2 | | |
| | | | | | | 06/03/05 | | 12/31/05 | | | |
| BUSINESS NAME | Roger Industry, Inc. | | | | | | | 4 | BUSINESS PHONE | 5 | |
| | | | | | | | | | (714) 896-0765 | | |
| BUSINESS SITE ADDRESS | 11552 Knott St. #5 | | | | | | | | | 6 | |
| CITY | GARDEN GROVE | | | | | | 7 | STATE | 8 | ZIP | 9 |
| | | | | | | CA | | 92841 | | | |
| DUN & BRADSTREET | 10 | SIC CODE (4 DIGIT #) | | | | 11 | FIRE DISTRICT | | | | 12 |
| COUNTY | ORANGE | | | | | | | | | 13 | |
| BUSINESS OPERATOR NAME | Shann Mou Lee | | | | | | 14 | OPERATOR'S PHONE | | | 15 |
| | | | | | | | | | (714) 896-0765 | | |

BUSINESS OWNER

| | | | | | | | | | | | |
|-----------------------|---------------|--|--|--|--|--|----|-------------|----------------|----|----|
| OWNER NAME | Shann Mou Lee | | | | | | 16 | OWNER PHONE | | | 17 |
| | | | | | | | | | (714) 670-9136 | | |
| OWNER MAILING ADDRESS | [REDACTED] | | | | | | | | | 18 | |
| CITY | [REDACTED] | | | | | | 19 | ZIP | | | 21 |
| | | | | | | | | | [REDACTED] | | |

ENVIRONMENTAL CONTACT

| | | | | | | | | | | | |
|-------------------------|---------------|--|--|--|--|--|----|---------------|----------------|-----|----|
| CONTACT NAME | Shann Mou Lee | | | | | | 22 | CONTACT PHONE | | | 23 |
| | | | | | | | | | (714) 896-0765 | | |
| CONTACT MAILING ADDRESS | [REDACTED] | | | | | | | | | 24 | |
| CITY | [REDACTED] | | | | | | 25 | STATE | 26 | ZIP | 27 |

PRIMARY

EMERGENCY CONTACTS

SECONDARY

| | | | | | | | | | | | |
|----------------|----------------|--|--|--|----|----------------|----------|--|--|--|----|
| NAME | Shann Mou Lee | | | | 28 | NAME | Jiin Lee | | | | 33 |
| TITLE | President | | | | 29 | TITLE | Spouse | | | | 34 |
| BUSINESS PHONE | (714) 896-0765 | | | | 30 | BUSINESS PHONE | | | | | 35 |
| 24-HR. PHONE | | | | | 31 | 24-HR. PHONE | | | | | 36 |
| PAGER # | | | | | 32 | PAGER # | | | | | 37 |

ADDITIONAL LOCALLY COLLECTED INFORMATION

| | | | | | | | | | |
|-------------------------------------------|------------------------|---------|--|--|--|----|-------|----------------------|----|
| DESCRIBE THE TYPE OF BUSINESS OPERATION: | Electronics Assemblies | | | | | | 38 | TOTAL # OF EMPLOYEES | 39 |
| | | | | | | | | | 10 |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | [REDACTED] | | | | | | 40 | ATTENTION | 41 |
| PROPERTY OWNER NAME | 42 | ADDRESS | | | | 43 | PHONE | 44 | |

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

| | | | | | | | | | | | |
|----------------------------------------------------------|---------------|--|--|--|----|-----------------------------------|---------------|------|----|--|----|
| SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE | [Signature] | | | | | | 45 | DATE | 46 | | |
| NAME OF SIGNER (print) | Shann Mou Lee | | | | 47 | NAME OF DOCUMENT PREPARER (print) | Hong T. Ngo | | | | 49 |
| TITLE OF SIGNER | President | | | | 48 | TITLE OF DOCUMENT PREPARER | Administrator | | | | 50 |



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page _____ of _____ 2

| | | | |
|--------------|-----------|---------------|----------------------|
| FACILITY ID# | 3 0 0 3 5 | BUSINESS NAME | Roger Industry, Inc. |
|--------------|-----------|---------------|----------------------|

I. FACILITY INFORMATION

| | | | |
|-----------------------------|---------------------------------------------------------------------|---|----------|
| CHEMICAL LOCATION | Near back door of Unit #3 | | |
| CONFIDENTIAL LOCATION EPCRA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5 | MAP # 6 |
| | | | GRID # 7 |

II. CHEMICAL INFORMATION

| | | | | | | | |
|---------------|--------------------------|-------|---------------------------------------------|-----------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----|
| CHEMICAL NAME | Isopropyl Alcohol 90-99% | WASTE | <input checked="" type="checkbox"/> Yes | 8 | TRADE SECRET | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11 |
| COMMON NAME | Isopropyl Alcohol 99% | 9 | | An EHS Chemical | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 12 | |
| CAS # | 000067-63-0 | 10 | FIRE CODE HAZARD CLASSES (supplied by GGFD) | 3 | 13 | | |

| | | | | | | | | | |
|--------------------------------------|---------------------------------------------|-----------------------------------------------|----------------------------------------------|----|-----------------------|---------------------------------------------------------------------|--------------------------------------------|----------------------------------------------|----|
| TYPE (Check one, not only) | <input checked="" 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 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 | .5 Gallon | 19 | MAXIMUM DAILY AMOUNT | 1 Gallon | 20 | ANNUAL WASTE AMOUNT | 50 Gallons | 21 | STATE WASTE CODE | 22 |
| UNITS | <input checked="" type="checkbox"/> a. GALLONS | <input type="checkbox"/> b. CUBIC FEET | 23 | DAYS ON SITE | 365 Days | 24 | LARGEST CONTAINER | 50 Gallons | 25 | |
| | <input type="checkbox"/> c. POUNDS | <input type="checkbox"/> d. TONS | | *If EHS, amount must be in pounds. | | | | | | |

| | | | | | | |
|-------------------------------------------|----------------------------------------------|--------------------------------------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------|----|
| STORAGE CONTAINERS (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 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 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.

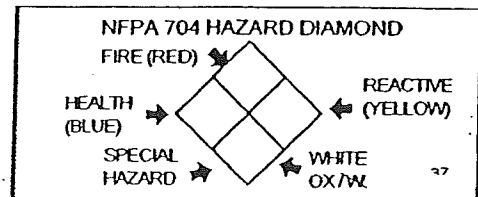
PLACARDING INFORMATION

UNDOT # 1219
Refer to shipping papers or MSDS

DOT HAZARD CLASS 3
Refer to shipping papers or MSDS

EPCRA YES NO

X
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE 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.

| INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3 | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
| 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

| DATA ELEMENT BOXES | | | INFORMATION DESCRIPTION |
|-----------------------------------|--------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Confidential Location EPCRA | <input type="checkbox"/> | Y 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. |
| 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. |

| INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3 | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
| 16. Curies | If hazardous material/waste is radioactive, use this area to report concentration in μ 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 |
| HEALTH HAZARDS | |
| Acute Health (Immediate) | Highly Toxic, Toxic, Irritants, Sensilizers, Corrosives |
| Chronic Health (Delayed) | Carcinogens |

| DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |

| DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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, 12000 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. |
| 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.

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?

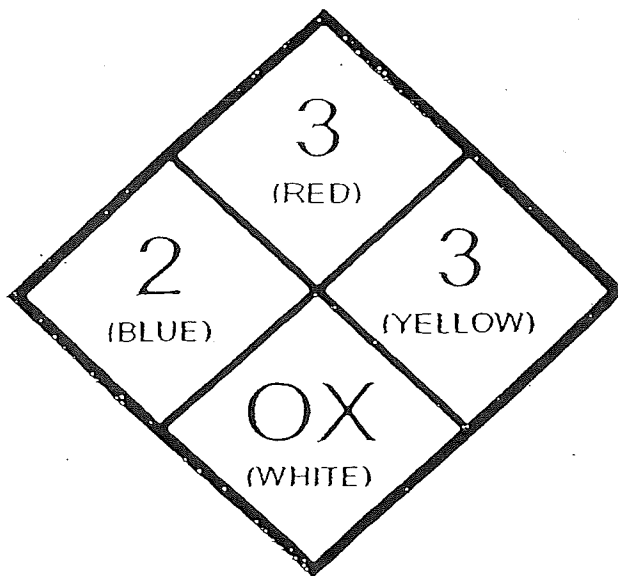
According to the California Health and Safety Code (H&SC) Section 25501(j), a "hazardous material" is "any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant hazard to human health and safety or to the environment if released." In other 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 words 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.



BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

| | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|---|
| FACILITY ID# | 3 | 0 | 0 | 3 | 5 | | | | | | | | | | | | | | | 1. EPA ID # (Hazardous Waste Only) | 2 |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|---|

3 BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)
Roger Industry, 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? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3) |
| B. UNDERGROUND STORAGE TANKS (USTs) | | |
| 1. Own or operate underground storage tanks? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) |
| 2. Intent to upgrade existing or install new USTs? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 6. <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) |
| 3. Need to report closing a UST? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 7. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank) |
| C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS |
| D. HAZARDOUS WASTE | | |
| 1. Generate hazardous waste? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page |
| 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) |
| 3. Treat hazardous waste on site? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) |
| 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) |
| 5. Consolidate hazardous waste generated at a remove site? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 13. <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249) |
| E. LOCAL REQUIREMENTS | | |
| Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA) |



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: ROGER INDUSTRY, INC Telephone: 714 896-0765
Site Address: 11552 KNOTT ST SUITE # 5 GARDEN GROVE, CA 92841 Zip Code: 92841

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 SHANN MOU LEE

Signature *Shann M L*

Job Title PRESIDENT

Date 03/12/01

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

| | | | |
|-------------------------------------------------------------------------|--|------------------------------------|----|
| FACILITY ID# | | 1. EPA ID # (Hazardous Waste Only) | 2. |
| BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3. | | | |
| ROGER INDUSTRY 11552 KNOTT ST SUITE# 5 GARDEN GROVE, CA 92841 | | | |

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730)**

| Does your facility... | | | If Yes, please complete these pages of the UPCF... |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. HAZARDOUS MATERIALS | | | |
| Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 4. ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731) |
| B. UNDERGROUND STORAGE TANKS (USTs) | | | |
| 1. Own or operate underground storage tanks? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 5. ✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) |
| 2. Intent to upgrade existing or install new USTs? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 6. ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) |
| 3. Need to report closing a UST? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 7. ✓ UST TANK (closure portion-one page per tank) |
| C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) | | | |
| Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 8. ✓ NO FORM REQUIRED TO CUPAS |
| D. HAZARDOUS WASTE | | | |
| 1. Generate hazardous waste? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 9. ✓ EPA ID NUMBER - provide at the top of this page |
| 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler) |
| 3. Treat hazardous waste on site? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 11. ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC 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)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 12. ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) |
| 5. Consolidate hazardous waste generated at a remove site? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 13. ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) |
| 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | 14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249) |

| | |
|--------------------------------------------------------------------------------------------|-----|
| E. LOCAL REQUIREMENTS | 15. |
| (You may also be required to provide additional information by your CUPA or local agency.) | |



**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: ROGER INDUSTRY, INC **Telephone:** (714) 896-0765
Site Address: 11552 KNOTT ST, SUITE #5 GARDEN GROVE **Zip Code:** 92841

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).**

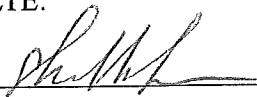
Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

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.
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Print Name SHANN MOU LEE Signature 
Job Title PRESIDENT Date 05/01/00



GARDEN GROVE

CITY OF GARDEN GROVE, CALIFORNIA

MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642

714-741-5600

MAR 01 1992

BUSINESS EMERGENCY PLAN

Business Name Roger Industry

Business Address 11552 Knott St., Suite 5 City Garden Grove State CA Zip 92641

Mailing Address (same) City _____ State _____ Zip _____

Business Phone (714) 896-0765 Business License # _____

Fax Number (714) 895-1716

Owner/Operator: Name Shann-Mou Lee Phone Number (714) 896-0765

Address 11552 Knott St., Suite 5 City Garden Grove State CA Zip 92641

Type of Business Operation Manufacturing, Electronic Assemblies

EPA # CAD981394703 SIC Code N/A

Emergency Contacts: Name Shou-Lee Wang

Address 11552 Knott St., Suite 5 City Garden Grove State CA Zip 92641

24 Hour Phone Number (714) 895-8282 Phone Number (714) 896-0765

Property Owner: Name The Koll Co. Phone Number (714) 891-4421

Address 11602 Knott St. City Garden Grove State CA Zip 92641

Total Number of Employees 20 Dun and Brad Street Numbers N/A

Office Use Only

MLI# 18682 Short _____ Long

OK
TG 3-30-92

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 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.
5. Use of a previously undisclosed hazardous material.
6. A 100% increase in the quantity of a previously disclosed material.

| | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| 1. Is trade secret protection requested for any of the information included in this disclosure? | _____ | _____*_____ |
| 2. Are there any underground storage containers located on the business property? | _____ | _____*_____ |
| 3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property? | _____*_____ | _____*_____ |
| 4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)? | _____ | _____*_____ |

I certify, under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name of Owner: Shann-Mou Lee

Print Name of Document Preparer: Tony Horton

Signature of Owner/Operator:  Date: 5/27/92

NOTE: Keep a copy of entire disclosure packet for your records.

RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND COPIES OF MSDS SHEETS REPORTED TO THE GARDEN GROVE FIRE DEPARTMENT

BUSINESS NAME: ROGER INDUSTRY
 ADDRESS: 1150 KNUTT ST. SUITE 5 GARDEN GROVE
 MLI # _____ (office use only)

HAZARDOUS MATERIALS DISCLOSURE FORM

THIS FORM IS TO BE TYPEWRITTEN.

DATE: 24 FEB 92
 PAGE # 1 of 2



| 1. TRADE NAME | 2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 by % weight on MSDS) | 3. CAS NO. | 4. SARA HAZARD CLASS | 5. PHYSICAL STATE | 6. MAX DAILY AMOUNT | 7. AVG DAILY AMOUNT | 8. DAYS ON SITE | 9. CONTAINER TYPE | 10. STORAGE CODE | 11. LOCATION | 12. STATE WASTE NUMBER | 13. DOT/UN/NA NUMBER | 14. HAZARD CLASS |
|---------------------------|----------------------------------------------------------------|------------|----------------------|-------------------|---------------------|---------------------|-----------------|-------------------|------------------|--------------|------------------------|----------------------|------------------|
| 1. ABLEFILM 506 | POLYDIPROPYLENE | 9046-10-0 | 1.4 | S | 00 | 00 | 200 | B | 1.1 | AREA 6 (S/E) | | UN 1845 | 4 |
| 2. GEMIE SOLV'D | TRICHLOROETHYLENE | 76-13-1 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 4 (N) | | UN 1278 | 11 |
| 3. FM 123-2 | GRAPHIC FIBER | 90782-72-5 | 1.4 | S | 01 | 01 | 200 | B | 1.1 | AREA 6 (S/E) | | UN 1845 | 4 |
| 4. 1-1 TRICHLOROETHANE | 1-1 TRICHLOROETHYLENE | 71-55-6 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 5 (W) | | UN 2831 | 11 |
| 5. BLAD-TRON TMS | TRICHLOROETHYLENE | 76-13-1 | 1.4 | L | 02 | 02 | 300 | E | 1.1 | AREA 5 (W) | | UN 1693 | 11 |
| 6. COCATHANE CE-1155 | XYLENE | 1330-20-7 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | UN 1139 | 11 |
| 7. ANACAMINE K61B | TOLUENE | 584-83-6 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | UN 1294 | 11 |
| 8. TOLUENE | TOLUENE | 76-63-3 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | UN 1294 | 11 |
| 9. 880-T FLUX THINNER | ISOPROPYL ALCOHOL | 67-63-0 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | UN 1993 | 11 |
| 10. 1-2577 (CONTINER) | TOLUENE SOLUTION | AXIX TARE | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | UN 1294 | 11 |
| 11. FLUOBORIC ACID | AZID | 10872-11-0 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | UN 1775 | 4 |
| 12. RF 5107 | BISPHENOL A/E RESIN | 85068-38-6 | 1.4 | L | 00 | 00 | 200 | E | 1.1 | AREA 7 (E) | | NA | 11 |
| 13. ISO PROPYL ALCOHOL | ALCOHOL | 67-63-0 | 1.4 | L | 00 | 00 | 200 | L | 1.1 | AREA 7 (E) | | UN 1219 | 11 |
| 14. EPON RESIN 815 | BISPHENOL F/E PICHLOHYPHEN | 25048-58-6 | 1.4 | L | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | | NA | 11 |
| 15. HUMISEAL THINNER (52) | XYLENE | 1330-20-7 | 1.4 | L | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | | UN 1993 | 11 |
| | TOLUENE | 584-83-6 | 1.4 | L | 00 | 00 | 200 | J | 1.1 | AREA 5 (W) | | UN 1263 | 11 |

Tablets: Storage Code

Pressure

Temperature

1-Ambient
 2-Less than ambient
 3-Greater than ambient

1-Ambient
 2-Less than ambient but not cryogenic
 3-Greater than ambient not cryogenic
 4-Cryogenic

Ambient = room pressure or temperature

Tablets: Hazard Class (See MSDS sheets for info)

1-Blasting Agent
 2-Carcinogen
 3-Combustible Liquids
 4-Corrosive
 5-Cryogenics
 6-Etologic Agents
 7-Explosive A
 8-Explosive B
 9-Explosive C
 10-Flammable Compressed Gas
 11-Flammable Liquid
 12-Flammable Solid
 13-Hypergolic
 14-Irritant
 15-Non Flammable Compressed Gas
 16-Organic Peroxide
 17-Oxidizer
 18-Pesticide
 19-Poison A
 20-Poison B (Solid/Liquid)
 21-Pyrophoric or Spontaneously Combustible
 22-Radioactive

Tablets: Container Type

A-Aboveground Tank
 B-Bag(s)
 C-Box(s)
 D-Carboy(s)
 E-Drum(s) or Barrel(s)
 F-Fixed Pressurized Cylinders
 G-Glass Containers
 H-In Machinery or Equip.

I-Insulated Tank (Cryogenics)
 J-Metal Containers
 K-Movable Pressurized Cylinders
 L-Plastic Containers
 M-Rail Car
 N-Silo
 O-Tank inside building
 P-Underground Tank
 Q-Other

Table # 3 Amount/Chart

| Value | Amount | Range |
|-------|--------|-------|
| 00 | 0 | 99 |
| 01 | 100 | 299 |
| 02 | 300 | 599 |
| 03 | 600 | 999 |
| 04 | 1000 | 5999 |
| 05 | 6000 | 9999 |
| 06 | 10000 | 15999 |
| 07 | 20000 | 49999 |

Table # 2

Physical State

1-Fire
 2-Sudden Release of Pressure
 3-Reactivity

4-Immediate (Acute)
 5-Delayed (Chronic)

P-Pure
 M-Mixture
 S-Solid (Report pounds)
 L-Liquid (Report gallons)
 G-Gas (Report cubic feet)

BUSINESS NAME: RO GARDEN INDUSTRY
 ADDRESS: 11521 MIAMI ST. SANTA FE GARDEN, GARDEN, CA 92641
 MLI # _____ (office use only)

HAZARDOUS MATERIALS DISCLOSURE FORM
 THIS FORM IS TO BE TYPEWRITTEN.

DATE: 24 FEB 92
 PAGE # 2 of 2



| 1. TRADE NAME | 2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 or % weight on MSDS) | 3. CAS NO. | 4. SARA Hazard Class Table 1 | 5. Physical State Table 2 | 6. Max Daily Amount Table 3 | 7. Avg. Daily Amount Table 3 | 8. Days on Site Table 3 | 9. Container Type Table 4 | 10. Storage Code Pressure/Temp. Table 5 | 11. Location Note by quantity and describe area | 12. State Waste Number (8 digit code) | 13. DOT/UNNA Number | 14. HAZAR CLAS: Table 6 |
|-------------------------|----------------------------------------------------------------|--------------------|------------------------------|---------------------------|-----------------------------|------------------------------|-------------------------|---------------------------|-----------------------------------------|-------------------------------------------------|---------------------------------------|---------------------|-------------------------|
| 16 PT 500 EPOXY THINNER | BISPHENOL A | 7550-88-3 | 1.4 | L (liq) | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | N/A | UN 1263 | 11 |
| 17 PT 426 (MIL-C-22750) | N-BUTANOL | 71363 | 1.4 | M (liq) | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | N/A | UN 1263 | 11 |
| 18 FLUX THINNER 3700 | TOLUENE | 108883 | 1.4 | M (liq) | 00 | 00 | 200 | L | 1.1 | AREA 4 (E) | N/A | UN 1274 | 11 |
| 19 FLUX 1435 | DIMETHYL CARBONATE | 106895 | 1.4 | M (liq) | 00 | 00 | 365 | L | 1.1 | AREA 4 (W) | N/A | UN 1274 | 11 |
| 20 CASTALL P1295A,B,C | ISOPROPYL ALCOHOL | 67-63-0 | 1.4 | M (liq) | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | N/A | UN 1993 | 11 |
| 21 | ETHYLENE GLYCOL | 71-36-3 | 1.4 | M (liq) | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | N/A | UN | 11 |
| 22 CASTALL E3U3A & B | BUTYL ETHER XYLENE | 2916-08-06 | 1.4 | M (liq) | 00 | 00 | 200 | J | 1.1 | AREA 7 (E) | N/A | UN 1993 | 11 |
| 23 SOLDER (METAL ALLOY) | LEAD | 7836-93-1 | 1.4 | S (solid) | 00 | 00 | 365 | C | 1.1 | AREA 3 (W) | N/A | UN | 11 |
| 24 ACETONE | ACETONE | 67-64-1 | 1.4 | L (liq) | 00 | 00 | 365 | L | 1.1 | AREA 7 (E) | N/A | UN 1690 | 11 |
| 25 | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | |

| Table #1: SARA Hazard | Table #2: Physical State | Table #3: Amount Chart | Table #4: Container Type | Table #5: Storage Code | Table #6: Hazard Class |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1-Fire 2-Sudden Release of Pressure 3-Reactivity | P-Pure M-Mixture S-Solid (Report pounds) L-Liquid (Report gallons) G-Gas (Report cubic feet) | Value 00 0 01 100 02 300 03 500 04 1000 05 6000 06 10000 07 20000 | A-Aboveground Tank B-Bag(s) C-Box(s) D-Carboy(s) E-Drum(s) or Barrel(s) F-Fixed Pressurized Cylinders G-Glass Containers H-In Machinery or Equip. | Pressure 1-Ambient 2-Less than ambient 3-Greater than ambient | 1-Blasting Agent 2-Carcinogen 3-Combustible Liquids 4-Corrosive 5-Cryogenics 6-Ecologic Agents 7-Explosive A 8-Explosive B 9-Explosive C 10-Flammable Compressed Gas 11-Flammable Liquid 12-Flammable Solid 13-Hygroscopic 14-Irritant 15-Non Flammable Compressed Gas 16-Organic Peroxide 17-Oxidizer 18-Pesticide 19-Poison A (Compressed) 20-Poison B (Solid/Liquid) 21-Phytoph or Spontaneously Combustible 22-Radioactive |

BUSINESS EMERGENCY PLAN

Business Name Roger Industry

Business Address 11552 Knott St., Suite 5 City Garden Grove State CA Zip 92641

Mailing Address (same) City _____ State ____ Zip _____

Business Phone (714) 896-0765

Fax Number (714) 895-1716

Owner/Operator: Name Shann-Mou Lee Phone Number (714) 896-0765

Address 11552 Knott St., Suite 5 City Garden Grove State CA Zip 92641

Primary Contact : Name Shann-Mou Lee / TL HORTON

Address (same) City _____ State ____ Zip _____

24 Hour Phone Number (714) ~~()~~ Phone Number (____) SAME

Type of Business Operation Manufacturing

... ..
... ..
... ..
... ..

PART I

EMERGENCY NOTIFICATIONS

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

PART I EMERGENCY NOTIFICATIONS

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

A) AGENCY NOTIFICATIONS

| <u>Organization</u> | <u>Phone Number</u> |
|---------------------------------|-------------------------------------|
| 1. Fire Department | 911 |
| 2. Police Department | 911 |
| 3. Paramedics | 911 |
| 4. Office of Emergency Services | (800) 852-7550 or (916) 427-4341 |

The State Office of Emergency Services shall be notified by the handler upon a release or threatened release of a hazardous material.

INFORMATION REQUIRED

- * Name of person and business.
- * Business street address.
- * Location of the incident.
- * Type incident (spill, gas release, etc...).
- * Nature and volume of materials involved.
- * Extent of injuries.
- * Possible hazards to human health and/or the environment.

B) MISCELLANEOUS CONTACT INFORMATION

| | <u>PHONE NUMBER</u> |
|---------------------------------------------------------------|---------------------------|
| 1. Hazardous Waste Contractor Name: <u>Baron Blakeslee</u> | <u>(219) 640 - 9732</u> |
| 2. Insurance Company Name: <u>Blue Cross</u> | <u>(800) 627 - 8797</u> |
| 3. Poison Control Center | <u>(714) 634 - 5988</u> |