



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

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

3/30/2017

Staci De Santos  
ERM  
(714) 813-0111

RE: Records Search for 14321 Corporate Dr., Garden Grove CA

Dear Staci De Santos:

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 Dept.

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

**Violation List for  
PROPLAS TECHNOLOGIES  
14321 CORPORATE Dr**

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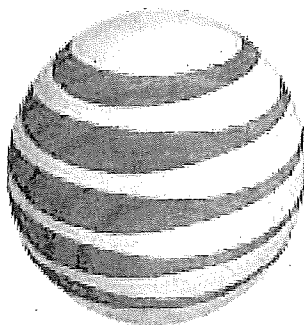
<b>Date Issued</b>	<b>Date Cleared</b>	<b>Code #</b>	<b>Violation Description</b>
12/10/2015	01/14/2016	CFC 901	Repair FDC as needed. Flapper or check valve might be damaged.
12/10/2015	01/14/2016	CFC 105	Needs Fire Permits. High Piled Storage & Haz-Mat
12/10/2015	12/17/2015	CFC 3003.5.1	Secure compressed gas cylinders.
12/10/2015	12/17/2015	CFC 605.3	Keep 30" clear in front of elec. panel
12/10/2015	12/17/2015	CFC 605.6	Discontinue use of extension cords.
12/10/2015	12/10/2015	CFC 1028.3	Remove exit obstruction

AT&T Site ID#: LA3021

Ops District: 3

Ops Zone: 3C1

FILE THIS DOCUMENT IN THE  
ENVIRONMENTAL COMPLIANCE  
RED BINDER



**at&t**

## **Hazardous Materials Annual Inventory Certification**

# **YEAR 2010**

AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE)  
(25726)

*(Facility Name and ID)*

14321 CORPORATE DRIVE

*(Facility Address)*

GARDEN GROVE

*(Facility City)*

ORANGE

*(Facility County)*

GARDEN GROVE FIRE DEPARTMENT / FA0043909

*(Administering Agency / CUPA ID#)*

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

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
HAZARDOUS MATERIALS BUSINESS PLAN  
CERTIFICATION FORM 2010**

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE)  
(25726) FA0043909

Facility Street Address: 14321 CORPORATE DRIVE City: GARDEN GROVE Zip: 92703


I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 4/16/2009 and certify that: (Check one.)

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary\* (See below for details); or
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:
- Business Activities form
  - Business Owner/Operator Identification form
  - Hazardous Materials Inventory form(s)
  - Site Map form
  - Emergency Response Plans and Procedures
  - Employee Training Program

\*By checking the top box on this form, you are certifying that:

- ✓ The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; and
- ✓ There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; and
- ✓ No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; and
- ✓ There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; and
- ✓ The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

**OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.**

Signature of Owner/Operator:  Title: Agent for AT&T

Name of Owner/Operator (Print): Steve Skanderson Date: 02/25/10

Return all forms to:  
**GARDEN GROVE FIRE DEPARTMENT**  
11301 ACACIA PARKWAY  
GARDEN GROVE, CA. 92840  
**714-741-5636**



# City Of Garden Grove Fire Department

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

## Hazardous Materials Business Information Form

Page 1 of 3 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	<b>FA0043909</b>	BEGINNING DATE	1	ENDING DATE	2
		01/01/2010		12/31/2010	
BUSINESS NAME	4			BUSINESS PHONE	5
AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE) (25726)				800-638-2822 *2	
BUSINESS SITE ADDRESS					
14321 CORPORATE DRIVE					
CITY	7	STATE	8	ZIP	9
GARDEN GROVE		CA		92703	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
10-202-6754		4812			
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME	14			OPERATOR'S PHONE	15
AT&T Mobility				562-468-6161	

### BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17		
New Cingular Wireless PCS, LLC dba AT&T Mobility		562-468-6161			
OWNER MAILING ADDRESS					
EH&S, 12900 Park Plaza Dr, 339C					
CITY	19	STATE	20	ZIP	21
Cerritos		CA		90703	

### ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23		
Environmental Health & Safety Department, attn: Robert Fields		562-468-6161			
CONTACT MAILING ADDRESS					
EH&S, 12900 Park Plaza Dr, 339C					
CITY	25	STATE	2	ZIP	27
Cerritos		CA	6	90703	

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28	NAME	33
Robert Fields		Wireless Network Control Center	
TITLE	29	TITLE	34
Regulatory Affairs Analyst		Call Center	
BUSINESS PHONE	30	BUSINESS PHONE	35
562-468-6161		800-638-2822 *2	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		800 KNOW EHS (800-566-9347)	
Email:	32	Pager#:	37
RF0886@att.com			

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39		
Telecommunications		0			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41		
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703		Robert Fields			
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44
				562-468-6161	

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
		2/25/2010	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Steve Skanderson		Stantec Consulting Services Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Project Manager		Sr. Project Manager	

# HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 2 of 3 2

<b>FACILITY ID#</b>	<b>FA0043909</b>	<b>38</b>	<b>BUSINESS NAME</b> AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (25726)	<b>3</b>
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## I. FACILITY INFORMATION

<b>CHEMICAL LOCATION</b> <b>INSIDE CELL SITE</b>	<b>4</b>
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<b>CONFIDENTIAL LOCATION EPCRA</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>5</b>	<b>MAP #</b>	<b>6</b>	<b>GRID #</b>	<b>7</b>
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## II. CHEMICAL INFORMATION

<b>CHEMICAL NAME</b> Lead	<b>WASTE</b> <input type="checkbox"/> Yes	<b>8</b>	<b>TRADE SECRET</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>11</b>
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<b>COMMON NAME</b> Lead-Acid Battery	<b>9</b>	<b>An EHS Chemical</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>12</b>
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\* If EHS is "Yes", all amounts must be LBS

<b>CAS #</b> 7439-92-1	<b>10</b>	<b>FIRE CODE HAZARD CLASSES (supplied by GGFD)</b>	<b>13</b>
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<b>TYPE (Check one item only)</b>	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	<b>14</b>	<b>RADIOACTIVE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>15</b>	<b>CURIES</b>	<b>16</b>
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<b>PHYSICAL STATE (Check one item only)</b>	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	<b>17</b>	<b>FED HAZARD CATEGORIES</b>	<b>18</b>
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a. FIRE   
  b. REACTIVE   
  c. PRESSURE RELEASE  
 d. ACUTE HEALTH   
  e. CHRONIC HEALTH

<b>AVERAGE DAILY AMOUNT</b> 705	<b>19</b>	<b>MAXIMUM DAILY AMOUNT</b> 705	<b>20</b>	<b>ANNUAL WASTE AMOUNT</b> 0	<b>21</b>	<b>STATE WASTE CODE</b> n/a	<b>22</b>
------------------------------------	-----------	------------------------------------	-----------	---------------------------------	-----------	--------------------------------	-----------

<b>UNITS</b>	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	<b>23</b>	<b>DAYS ON SITE</b> 365	<b>24</b>	<b>LARGEST CONTAINER</b> 59	<b>25</b>
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\*If EHS, amount must be in pounds.

<b>STORAGE CONTAINER (Check all that apply)</b>	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> i. BAG(S) <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> j. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input checked="" type="checkbox"/> t. OTHER <u>Battery</u>	<b>26</b>
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<b>STORAGE PRESSURE</b>	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	<b>27</b>
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<b>STORAGE TEMPERATURE</b>	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	<b>28</b>
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	%WT	HAZARDOUS COMPONENT (For mixture or waste only)		EHS	CAS #
1	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

## PLACARDING INFORMATION

**UNDOT #** 3796 **33**

Refer to shipping papers or MSDS

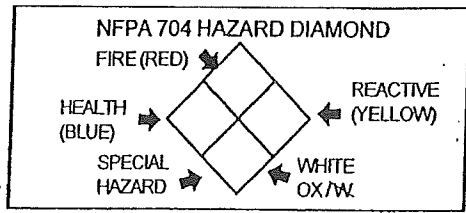
**DOT HAZARD CLASS** \_\_\_\_\_ **34**

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

 ADD

 DELETE

 REVISED 1

 Page 3 of 3 2

FACILITY ID#	<b>FA0043909</b>	3B	BUSINESS NAME <b>AT&amp;T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (25726)</b>	3
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## I. FACILITY INFORMATION

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME <b>Battery Electrolyte</b>		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11			
COMMON NAME <b>Lead-Acid Battery</b>		* If EPCRA see instructions						
CAS # <b>7664-93-9</b>		10		FIRE CODE HAZARD CLASSES (supplied by GGFD)		13		
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18			
AVERAGE DAILY AMOUNT <b>25</b>		19	MAXIMUM DAILY AMOUNT <b>25</b>	20	ANNUAL WASTE AMOUNT <b>0</b>	21	STATE WASTE CODE <b>n/a</b>	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE <b>365</b>	24	LARGEST CONTAINER <b>3</b>	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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	26		
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27						
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28						

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS #		
1	45	29	<b>Sulfuric Acid (H<sub>2</sub>SO<sub>4</sub>)</b>	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31	7664-93-9	32
2	55	29	<b>Water (H<sub>2</sub>O)</b>	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	n/a	32
3		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
4		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31		32
5		29		30	<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.*

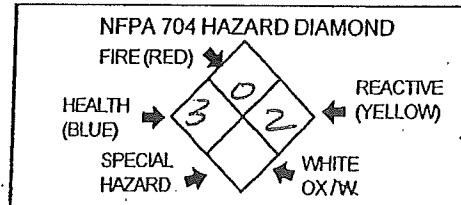
## PLACARDING INFORMATION

UNDOT # 2796 33  
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive 34  
 Refer to shipping papers or MSDS

EPCRA  YES  NO 35

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



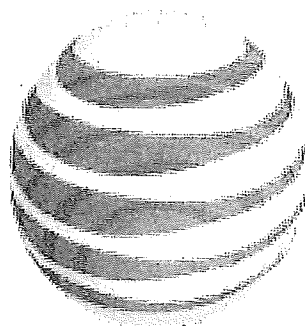
**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**

AT&T Site ID#: LA3021

Ops District: 3

Ops Zone: 3C1

FILE THIS DOCUMENT IN THE  
ENVIRONMENTAL COMPLIANCE  
RED BINDER



at&t

## Hazardous Materials Business Plan

# YEAR 2009

AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD  
AVE) (34424/25726)

*(Facility Name and ID)*

14321 CORPORATE DRIVE

*(Facility Address)*

GARDEN GROVE

*(Facility City)*

ORANGE

*(Facility County)*

GARDEN GROVE FIRE DEPARTMENT

*(Administering Agency / CUPA ID#)*

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SO THAT IT WILL BE AVAILABLE IN  
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SITE ASSESSMENT OR AUDIT.





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

# CUPA

## BUSINESS ACTIVITIES

### I. FACILITY IDENTIFICATION

FACILITY ID # 30035 EPA ID # (Hazardous Waste Only)

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (34424/ 25726)

### 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 <sup>4</sup>

✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

#### B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?

YES  NO <sup>5</sup>

✓ UST FACILITY (Formerly SWRCB Form A)  
 ✓ UST TANK (one page per tank) (Formerly Form B)

2. Intend to upgrade existing or install new USTs?

YES  NO <sup>6</sup>

✓ 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 <sup>7</sup>

✓ 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 capacity for the facility is greater than 1,320 gallons?

YES  NO <sup>8</sup>

NO FORM REQUIRED TO CUPAS

#### D. HAZARDOUS WASTE

1. Generate hazardous waste?

YES  NO <sup>9</sup>

✓ 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 <sup>10</sup>

✓ RECYCLABLE MATERIALS REPORT (one per recycler)

3. Treat hazardous waste on site?

YES  NO <sup>11</sup>

✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772)  
 ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)

4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?

YES  NO <sup>12</sup>

✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

5. Consolidate hazardous waste generated at a remote site?

YES  NO <sup>13</sup>

✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

YES  NO <sup>14</sup>

✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

#### E. LOCAL REQUIREMENTS

Cal-ARP: California Accidental Release Prevention Program  
 H&SC Chapter 6.95, Article 2, § 25531 et seq.  
 --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process

YES  NO

✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



# City Of Garden Grove Fire Department

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (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		
						01/01/2009		12/31/2009			
BUSINESS NAME							4	BUSINESS PHONE		5	
AT&T Mobility-COMMERCE DRIVE PRINT SHOP (or:EUCLID ST HAZARD AVE) (25726)								800-638-2822 *2			
BUSINESS SITE ADDRESS										6	
14321 CORPORATE DRIVE											
CITY							7	STATE	8	ZIP	9
GARDEN GROVE								CA		92703	
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)		11	FIRE DISTRICT		12
10-202-6754						4812					
COUNTY										13	
ORANGE											
BUSINESS OPERATOR NAME							14	OPERATOR'S PHONE			15
AT&T Mobility								562-468-6161			

### BUSINESS OWNER

OWNER NAME							16	OWNER PHONE			17
New Cingular Wireless PCS, LLC dba AT&T Mobility								562-468-6161			
OWNER MAILING ADDRESS										18	
EH&S, 12900 Park Plaza Dr, 339C											
CITY							19	STATE	20	ZIP	21
Cerritos								CA		90703	

### ENVIRONMENTAL CONTACT

CONTACT NAME							22	CONTACT PHONE			23
Environmental Health & Safety Department, attn: Robert Fields								562-468-6161			
CONTACT MAILING ADDRESS										24	
EH&S, 12900 Park Plaza Dr, 339C											
CITY							25	STATE	26	ZIP	27
Cerritos								CA		90703	

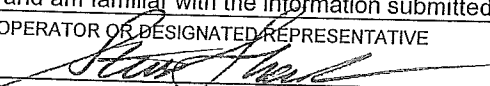
### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME				28	NAME				33
Wireless Network Control Center					Carol Nichols				
TITLE				29	TITLE				34
Call Center					West Region, Compliance				
BUSINESS PHONE				30	BUSINESS PHONE				35
800-638-2822 *2					562-277-0939				
24-HR. PHONE				31	24-HR. PHONE				36
866-HELP-EHS (866-435-7347)					866-HELP-EHS (866-435-7347)				
PAGER #				32	PAGER #				37
					[REDACTED]				

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:							38	TOTAL # OF EMPLOYEES			39
Telecommunications								0			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)							40	ATTENTION			41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703								Robert Fields			
PROPERTY OWNER NAME				42	ADDRESS			43	PHONE		44
									562-468-6161		
<b>Certification:</b> 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
								4/14/2009			
NAME OF SIGNER (print)				47	NAME OF DOCUMENT PREPARER (print)				49		
Steve Skanderson					Stantec Consulting Inc.						
TITLE OF SIGNER				48	TITLE OF DOCUMENT PREPARER				50		
Sr. Project Manager					Sr. Project Manager						

# HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (25726)	3
--------------	-----------	----	--	---

## I. FACILITY INFORMATION

CHEMICAL LOCATION <b>INSIDE CELL SITE</b>				4		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP # 1	6	GRID # 21K	7

## II. CHEMICAL INFORMATION

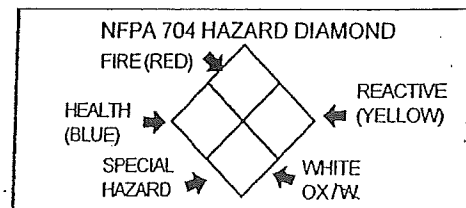
CHEMICAL NAME Lead		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11						
COMMON NAME Lead-Acid Battery		9		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12					
CAS # 7439-92-1		10		FIRE CODE HAZARD CLASSES (supplied by GGFD)		13					
TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16		
PHYSICAL STATE (Check one item only)		<input checked="" type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18
AVERAGE DAILY AMOUNT 760		19	MAXIMUM DAILY AMOUNT 760	20	ANNUAL WASTE AMOUNT 0	21	STATE WASTE CODE n/a	22			
UNITS <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		23	DAYS ON SITE 365		24	LARGEST CONTAINER 64		25			
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26				
		<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR					
		<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN					
		<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER <u>Battery</u>					
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 # 3796	33
Refer to shipping papers or MSDS	
DOT HAZARD CLASS	34
Refer to shipping papers or MSDS	
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X	36
If EPCRA, Please Sign Here	



**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**

# HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (25726)	3
--------------	-----------	----	--	---

## I. FACILITY INFORMATION

CHEMICAL LOCATION <b>INSIDE CELL SITE</b>				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	6
GRID #			2, K	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME Lead-Acid Battery		* If EPCRA see instructions			9
CAS # 7664-93-9		FIRE CODE HAZARD CLASSES (supplied by GGFD)			10
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES
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	18	
AVERAGE DAILY AMOUNT <b>26</b>		19	MAXIMUM DAILY AMOUNT <b>26</b>	20	ANNUAL WASTE AMOUNT <b>0</b>
UNITS <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		23	DAYS ON SITE <b>365</b>	24	LARGEST CONTAINER <b>3</b>
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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>
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	41	29	<b>Sulfuric Acid (H<sub>2</sub>SO<sub>4</sub>)</b>	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31	7664-93-9
2	59	29	<b>Water (H<sub>2</sub>O)</b>	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31	n/a
3		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31	32
4		29		30	<input type="checkbox"/> Yes <input type="checkbox"/> No	31	32
5		29		30	<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.

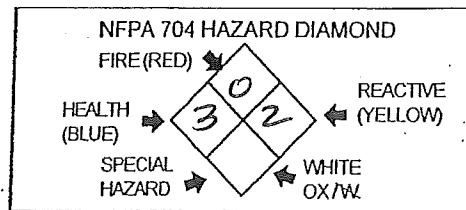
## PLACARDING INFORMATION

UNDOT # 2796 33  
 Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive 34  
 Refer to shipping papers or MSDS

EPCRA  YES  NO 35

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



**MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**

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

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility:  
(Vocal, paging system, manual alarm, etc.)  
Vocal
2. All employees shall be trained to evacuate the facility through at least one exit.  
Alternate exit routes shall be designated if available.
3. Staging area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

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

Away from equipment/building.

Employee Responsibilities:

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

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

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

# GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## BUSINESS EMERGENCY PROGRAM

### Personnel Emergency Notification and Responsibilities

#### Training Requirements

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

Employee training provided on:

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

#### Emergency Notifications

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

#### Required Notifications

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

#### Agency

#### Phone Numbers

Garden Grove Fire Department, Police,  
Paramedics  
Office of Emergency Services (OES)  
National Response Center

911  
(800) 852-7550 OR (916) 845-8911  
(800) 424-8802

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

***BUSINESS EMERGENCY PROGRAM***

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

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

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

***BUSINESS EMERGENCY PROGRAM***

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.

Within the cell site.

---

---

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

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

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

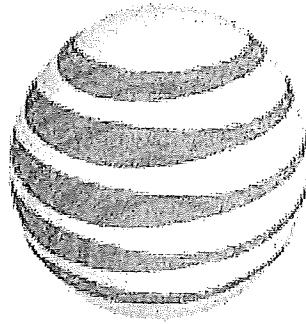
SIGNATURE: \_\_\_\_\_

NAME: Steve Skanderson

TITLE: Agent for AT&T

DATE: April 14, 2009





at&t

## Hazardous Materials Annual Inventory

# YEAR 2008

---

AT&T Mobility - Commerce Drive Print Shop (25726)

*(Facility Name and ID)*

---

14321 CORPORATE DRIVE

*(Facility Address)*

---

GARDEN GROVE

*(Facility City)*

---

ORANGE

*(Facility County)*

---

GARDEN GROVE FD

*(Administering Agency)*

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



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

# CUPA

## BUSINESS ACTIVITIES

### I. FACILITY IDENTIFICATION

FACILITY ID # 300035 EPA ID # (Hazardous Waste Only) \_\_\_\_\_

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) AT&T Mobility - Commerce Drive Print Shop (25726)

### 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 <sup>4</sup>

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)

#### B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?

YES  NO <sup>5</sup>

UST FACILITY (Formerly SWRCB Form A)

2. Intend to upgrade existing or install new USTs?

YES  NO <sup>6</sup>

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

3. Need to report closing a UST?

YES  NO <sup>7</sup>

UST FACILITY

UST TANK (one per tank)

UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

#### 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 capacity for the facility is greater than 1,320 gallons?

YES  NO <sup>8</sup>

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

NO FORM REQUIRED TO CUPAS

#### D. HAZARDOUS WASTE

1. Generate hazardous waste?

YES  NO <sup>9</sup>

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 <sup>10</sup>

RECYCLABLE MATERIALS REPORT (one per recycler)

3. Treat hazardous waste on site?

YES  NO <sup>11</sup>

ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772)

4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?

YES  NO <sup>12</sup>

ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D, and L)

5. Consolidate hazardous waste generated at a remote site?

YES  NO <sup>13</sup>

CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

YES  NO <sup>14</sup>

REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

#### E. LOCAL REQUIREMENTS

Cal-ARP: California Accidental Release Prevention Program  
H&SC Chapter 6.95, Article 2, § 25531 et seq.  
--- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process

YES  NO

REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



# City Of Garden Grove Fire Department

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

## Hazardous Materials Business Information Form

Page 2 of 4 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2		
						01/01/2008		12/31/2008			
BUSINESS NAME	AT&T Mobility - Commerce Drive Print Shop (25726)							4	BUSINESS PHONE	5	
									UNMANNED		
BUSINESS SITE ADDRESS	14321 CORPORATE DRIVE									6	
CITY	GARDEN GROVE						7	STATE	8	ZIP	9
						CA		92703			
DUN & BRADSTREET	10	10-202-6754				SIC CODE (4 DIGIT #)	11	FIRE DISTRICT			12
						4812					
COUNTY	ORANGE									13	
BUSINESS OPERATOR NAME	AT&T Mobility						14	OPERATOR'S PHONE			15
						562-468-6161					

### BUSINESS OWNER

OWNER NAME	16	New Cingular Wireless PCS, LLC dba AT&T Mobility				OWNER PHONE	17	
						562-468-6161		
OWNER MAILING ADDRESS	12900 Park Plaza Dr							18
CITY	19	Cerritos		STATE	20	ZIP		21
		CA		90703				

### ENVIRONMENTAL CONTACT

CONTACT NAME	22	Environmental Health & Safety Department, attn: Robert Fields			CONTACT PHONE	23		
					562-468-6161			
CONTACT MAILING ADDRESS	12900 Park Plaza Dr						24	
CITY	25	Cerritos		STATE	26	ZIP		27
		CA		90703				

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	28	Wireless Network Control Center		NAME	33	Carol Nichols	
TITLE	29	Call Center		TITLE	34	West Region, Compliance	
BUSINESS PHONE	30	800-638-2822 *2		BUSINESS PHONE	35	562-277-0939	
24-HR. PHONE	31	866-HELP-EHS (866-435-7347)		24-HR. PHONE	36	866-HELP-EHS (866-435-7347)	
PAGER #	32			PAGER #	37		

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	Telecommunications		TOTAL # OF EMPLOYEES	39	0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	12900 Park Plaza Dr, Cerritos, CA 90703			ATTENTION	41	Robert Fields
PROPERTY OWNER NAME	42	ADDRESS		43	PHONE	44	562-468-6161

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45			DATE	46	10/10/2008	
NAME OF SIGNER (print)	47	Steve Skanderson		NAME OF DOCUMENT PREPARER (print)	49	Stantec Consulting Inc.	
TITLE OF SIGNER	48	Sr. Project Manager		TITLE OF DOCUMENT PREPARER	50	Sr. Project Manager	

# HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - Commerce Drive Print Shop (25726)	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION <b>INSIDE CELL SITE</b>			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME <b>Lead</b>		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME <b>Lead-Acid Battery</b>		* If EPCRA see instructions		
CAS # 7439-92-1		FIRE CODE HAZARD CLASSES (supplied by GGFDF)		
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	16
PHYSICAL STATE (Check one item only)		<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	
AVERAGE DAILY AMOUNT 760		MAXIMUM DAILY AMOUNT 760	ANNUAL WASTE AMOUNT 0	STATE WASTE CODE n/a
UNITS <input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		DAYS ON SITE 365	LARGEST CONTAINER 63	
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input checked="" type="checkbox"/> t. OTHER <u>Battery</u>		
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		

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

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

## PLACARDING INFORMATION

UNDOT # 3796 33

Refer to shipping papers or MSDS

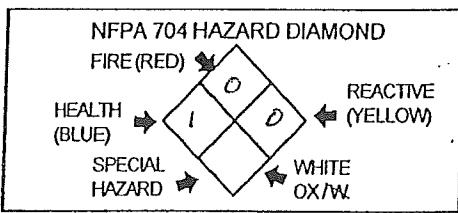
DOT HAZARD CLASS \_\_\_\_\_ 34

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

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
AT&T Mobility - Commerce Drive Print Shop (25726)				

## I. FACILITY INFORMATION

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE		TRADE SECRET		11	
Battery Electrolyte		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
COMMON NAME		9		An EHS Chemical		12	
Lead-Acid Battery				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)		10		13	
7664-93-9							
TYPE (Check one item only)		14		RADIOACTIVE		15	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CURIES		16					
PHYSICAL STATE (Check one item only)		17		FED HAZARD CATEGORIES		18	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE			
				<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT		MAXIMUM DAILY AMOUNT		ANNUAL WASTE AMOUNT		STATE WASTE CODE	
25		25		0		n/a	
UNITS		DAYS ON SITE		LARGEST CONTAINER		25	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365		2			
STORAGE CONTAINER (Check all that apply)		23		24		26	
<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 checked="" type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER Battery	
STORAGE PRESSURE		27					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT							
STORAGE TEMPERATURE		28					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC							

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	41	Sulfuric Acid (H <sub>2</sub> SO <sub>4</sub> )	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H <sub>2</sub> O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

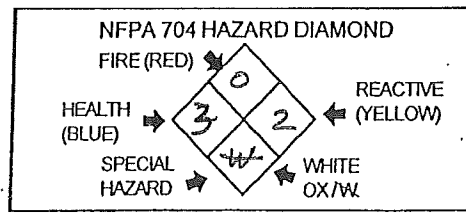
## PLACARDING INFORMATION

UNDOT # 2796 33  
 Refer to shipping papers or MSDS

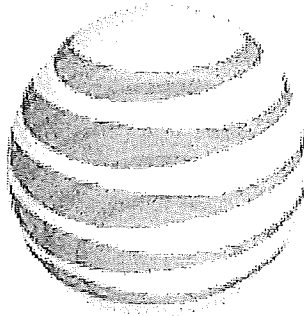
DOT HAZARD CLASS Corrosive 34  
 Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X *[Signature]* 36  
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



at&t

## Hazardous Materials Business Plan

# YEAR 2008

---

AT&T Mobility - COMMERCE DRIVE PRINT SHOP (34424/ 25726)

*(Facility Name and ID)*

---

14321 CORPORATE DRIVE

*(Facility Address)*

---

GARDEN GROVE

*(Facility City)*

---

ORANGE

*(Facility County)*

---

ORANGE

*(Administering Agency)*

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





# City Of Garden Grove 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
		01/01/2008		12/31/2008	
BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (25726)				BUSINESS PHONE	5
				UNMANNED	
BUSINESS SITE ADDRESS 14321 CORPORATE DRIVE					
CITY GARDEN GROVE			7	STATE CA	8
				ZIP 92703	9
DUN & BRADSTREET 10-202-6754		10	SIC CODE (4 DIGIT #) 4812	11	FIRE DISTRIC 2721
					12
COUNTY ORANGE					
13					
BUSINESS OPERATOR NAME AT&T Mobility				14	OPERATOR'S PHONE 425-580-4902
					15

### BUSINESS OWNER

OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility	16	OWNER PHONE 425-580-4902	17
OWNER MAILING ADDRESS EH&S, P.O. Box 97061			
18			
CITY Redmond	19	STATE WA	20
		ZIP 98073-9761	21

### ENVIRONMENTAL CONTACT

CONTACT NAME Environmental Health & Safety Department	22	CONTACT PHONE 425-580-4902	23
CONTACT MAILING ADDRESS EH&S, P.O. Box 97061			
24			
CITY Redmond	25	STATE WA	26
		ZIP 98073-9761	27

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME Wireless Network Control Center	28	NAME Carol Nichols	33
TITLE Call Center	29	TITLE West Region, Compliance	34
BUSINESS PHONE 800-832-6662	30	BUSINESS PHONE 562-468-6296	35
24-HR. PHONE 800-832-6662)	31	24-HR. PHONE 800-832-6662	36
PAGER #	32	PAGER # 502-277-0900	37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications	38	TOTAL # OF EMPLOYEES 0	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 97061, Redmond, WA 98073	40	ATTENTION EH&S Dept.	41
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44

**Certification:** Based on my inquiry of those individuals responsible 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 <i>Gary Chimienti</i>	45	DATE 2-19-08	46
NAME OF SIGNER (print) Gary Chimienti	47	NAME OF DOCUMENT PREPARER (print) RHL Design Group, Inc.	49
TITLE OF SIGNER Sr. Administrator, EH&S	48	TITLE OF DOCUMENT PREPARER Environmental Manager	50





# HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRINT SHOP (25726)	3
--------------	-----------	----	--	---

## I. FACILITY INFORMATION

CHEMICAL LOCATION <b>INSIDE CELL SITE</b>	4
--	---

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

## II. CHEMICAL INFORMATION

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

COMMON NAME Lead-Acid Battery	9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
----------------------------------	---	---	----

\* If EHS is "Yes", all amounts must be LBS

CAS # 7664-93-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD) <b>Corrosive</b>	13
--------------------	----	---	----

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

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

AVERAGE DAILY AMOUNT 17	19	MAXIMUM DAILY AMOUNT 17	20	ANNUAL WASTE AMOUNT 0	21	STATE WASTE CODE n/a	22
----------------------------	----	----------------------------	----	--------------------------	----	-------------------------	----

UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE 365	24	LARGEST CONTAINER 2	25
-------	--	----	---------------------	----	------------------------	----

\*If EHS, amount must be in pounds.

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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	26
--	--	---	---	--	---	----

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

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

#	%WT	29	HAZARDOUS COMPONENT (For mixture or waste only)	30	EHS	31	CAS #	32
1	41		Sulfuric Acid (H <sub>2</sub> SO <sub>4</sub> )		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7664-93-9	
2	59		Water (H <sub>2</sub> O)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		n/a	
3					<input type="checkbox"/> Yes <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes <input type="checkbox"/> No			

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

## PLACARDING INFORMATION

UNDOT # 2796 33

Refer to shipping papers or MSDS

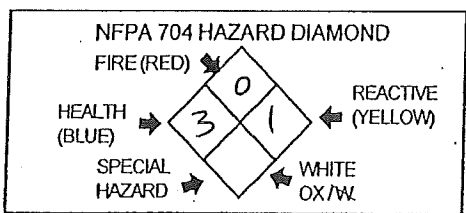
DOT HAZARD CLASS Corrosive 34

Refer to shipping papers or MSDS

EPCRA  YES  NO 35

*May O. ...*

If EPCRA, Please Sign Here 36



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility:  
(Vocal, paging system, manual alarm, etc.)  
Vocal
2. All employees shall be trained to evacuate the facility through at least one exit.  
Alternate exit routes shall be designated if available.
3. Staging area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

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

Away from equipment/building.

Employee Responsibilities:

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

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

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

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

**BUSINESS EMERGENCY PROGRAM**

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

<u>Agency</u>	<u>Phone Numbers</u>
Garden Grove Fire Department, Police, Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 OR (916) 845-8911
National Response Center	(800) 424-8802

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

***BUSINESS EMERGENCY PROGRAM***

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

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

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

***BUSINESS EMERGENCY PROGRAM***

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.

Within the cell site.

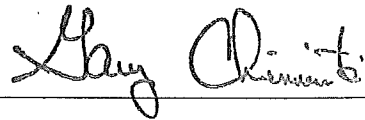
---

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

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

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_



NAME: Gary Chimienti

TITLE: Sr. Administrator, EH&S

DATE: February 19, 2008

TRAP

Torque wrench 8/12  
# 0114  
# 0115  
# 0116  
H. Anshel  
Branesman 11/1/03



AT&T

AT&T WIRELESS SERVICES, INC.  
SITE NUMBER: LSANCA-3021  
SITE NAME: COMMERCE DRIVE PRINT SHOP

GENERAL NOTES

- FOR THE PURPOSES OF CONSTRUCTION DRAWINGS, THE FOLLOWING DEFINITIONS SHALL APPLY:  
CONTRACTOR - GENERAL CONTRACTOR (CONSTRUCTION)  
OWNER - AT&T WIRELESS SERVICES
- PRIOR TO THE SUBMISSION OF BIDS, THE BIDDING SUBCONTRACTOR SHALL VISIT THE CELL SITE TO FAMILIARIZE WITH THE EXISTING CONDITIONS AND TO CONFIRM THAT THE WORK CAN BE COMPLETED WITHIN THE TIME FRAME AND BUDGET. ANY DISCREPANCY FOUND SHALL BE BROUGHT TO THE ATTENTION OF THE CONTRACTOR.
- ALL MATERIALS FURNISHED AND INSTALLED SHALL BE IN STRICT ACCORDANCE WITH ALL APPLICABLE CODES, REGULATIONS, AND ORDINANCES. SUBCONTRACTOR SHALL ISSUE ALL APPROPRIATE NOTICES AND AUTHORITY REGARDING THE PERFORMANCE OF THE WORK.
- ALL WORK EXECUTED SHALL COMPLY WITH CALIFORNIA BUILDING CODE (CBC), LATEST EDITION. UTILITY COMPANIES SHALL BE IN ACCORDANCE WITH ALL APPLICABLE MUNICIPAL AND CALIFORNIA REGULATIONS. ALL WORK SHALL BE IN ACCORDANCE WITH NFPA-70B 1996 NATIONAL ELECTRIC CODE AND CALIFORNIA ELECTRIC CODE.
- DRAWINGS PROVIDED HERE ARE NOT TO BE SCALED AND ARE INTENDED TO SHOW OUTLINE ONLY. UNLESS OTHERWISE NOTED, THE WORK SHALL INCLUDE FURNISHING MATERIALS, EQUIPMENT, APPURTENANCES, AND LABOR NECESSARY TO COMPLETE ALL INSTALLATIONS AS INDICATED ON THE DRAWINGS.
- MATERIAL SPECIFIED IN THE TABLE "BILL OF MATERIALS" WILL BE SUPPLIED BY THE CONTRACTOR TO THE SUBCONTRACTOR. ALL OTHER MATERIALS SHALL BE SUPPLIED BY THE SUBCONTRACTOR.
- THE SUBCONTRACTOR SHALL INSTALL ALL EQUIPMENT AND MATERIALS IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS UNLESS SPECIFICALLY STATED OTHERWISE.
- IF THE SPECIFIED EQUIPMENT CANNOT BE INSTALLED AS SHOWN ON THESE DRAWINGS, THE SUBCONTRACTOR SHALL DETERMINE THE ACTUAL ROUTING OF CONDUIT, POWER, AND T1 CABLES. ALL UTILITIES SHALL BE SHOWN ON THE POWER, GROUNDING, AND T1 CABLES. THE SUBCONTRACTOR SHALL VERIFY THE EXISTING CONDITIONS AND SHALL ADD NEW TRAYS AS NECESSARY. SUBCONTRACTOR SHALL CONFIRM THE ACTUAL ROUTING WITH CONTRACTOR.
- THE SUBCONTRACTOR SHALL PROTECT EXISTING IMPROVEMENTS, PAYMENTS, CURBS, LANDSCAPING AND STRUCTURE OF OWNER. DAMAGED PART SHALL BE REPAIRED AT SUBCONTRACTOR'S EXPENSE TO THE SATISFACTION OF OWNER.
- SUBCONTRACTOR SHALL LEGALLY & PROPERLY DISPOSE OF ALL SCRAP MATERIALS SUCH AS COAXIAL CABLES AND OTHER ITEMS DESIGNATED LOCATION.
- SUBCONTRACTOR SHALL LEAVE PREMISES IN CLEAN CONDITION.
- ALL CONCRETE REPAIR WORK SHALL BE DONE IN ACCORDANCE WITH AMERICAN CONCRETE INSTITUTE (ACI) 308.
- ANY NEW CONCRETE NEEDED FOR THE CONSTRUCTION SHALL HAVE 4000 PSI STRENGTH AT 28 DAYS. ALL CONCRETE WORK SHALL BE DONE IN ACCORDANCE WITH ACI 308 CODE REQUIREMENTS.
- ALL STRUCTURAL STEEL WORK SHALL BE DONE IN ACCORDANCE WITH AISC (NINTH EDITION)
- CONSTRUCTION SHALL COMPLY WITH SPECIFICATION 24623-033-395-4002-00002, "GENERAL CONSTRUCTION SERVICES FOR CONSTRUCTION OF AWS 3G SITES."
- SUBCONTRACTOR SHALL VERIFY ALL EXISTING DIMENSIONS AND CONDITIONS PRIOR TO COMMENCING ANY WORK. ANY DISCREPANCY SHALL BE BROUGHT TO THE CONTRACTOR'S ATTENTION PRIOR TO PROCEEDING WITH CONSTRUCTION.
- THE EXISTING CELL SITE IS IN FULL COMMERCIAL OPERATION AND ANY CONSTRUCTION WORK BY THE SUBCONTRACTOR SHALL NOT DISRUPT THE EXISTING NORMAL OPERATIONS OF THE CELL SITE. WORK SHALL BE SCHEDULED DURING AN APPROPRIATE MAINTENANCE WINDOW USUALLY IN LOW TRAFFIC PERIODS AFTER MIDNIGHT.
- SINCE THE CELL SITE IS ACTIVE, ALL SAFETY PRECAUTIONS MUST BE TAKEN WHEN WORKING AROUND THE LEVELS OF ELECTROMAGNETIC RADIATION. WORK SHALL BE STOPPED IMMEDIATELY IF ANY UNUSUAL RF EXPOSURE MONITORS IS ADVISED TO BE WORK TO AVOID ANY DANGEROUS RF EXPOSURE LEVELS. ANTENNA MOUNTS AND NEW MATERIALS TO BE INSTALLED TO MATCH THE EXISTING BUILDING/TOWER/POLE AS APPLICABLE.

DRAWING INDEX

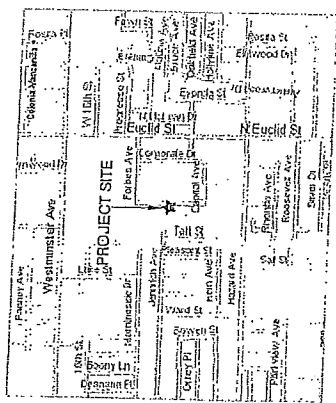
DRAWING INDEX	REV.
LSANCA-3021-01 TITLE SHEET AND GENERAL NOTES	0
LSANCA-3021-02 EQUIPMENT PLAN	0
LSANCA-3021-03 CABLES TO BTS CABINET (NOKIA) (NUSS & 48VDC RF CABINET)	0
LSANCA-3021-04 ANTENNA CONFIGURATION	0
LSANCA-3021-05 RF BILL OF MATERIALS	0
LSANCA-3021-06 CONSTRUCTION DETAILS	0

PROJECT INFORMATION

SCOPE OF WORK: AN UNMANNED TELECOMMUNICATIONS FACILITY MODIFICATIONS  
 SITE ADDRESS: 14281 COMMERCE DR.  
 GARDEN GROVE, CA 92643  
 LATITUDE: 33° 45' 35.1"  
 ELEVATION: -117° 56' 14.2"  
 CURB ELEVATION: 75' AMSL  
 DIRECTION: CITY OF GARDEN GROVE  
 PROPOSED USE: TELECOMMUNICATION FACILITY

VICINITY MAP

DRIVING DIRECTIONS:  
 FROM 12900 PARK PLAZA DR., GET TO CA-91E, TAKE THE I-5S EXIT TOWARDS CARPOOLS ONLY, TAKE THE CA-25W EXIT TOWARDS DOWNTOWN BEACH, TAKE THE EUGENE ST. EXIT TOWARDS CITY OF GARDEN GROVE, TURN ON TRASK AVE. THEN ON EUGENE ST. TO FORBES AVE. BECOMES COMMERCE DR. THEN GET TO #14281.



PROJECT DIRECTORY

**SITE OWNER:**  
 AT&T WIRELESS SERVICES, INC.  
 14281 COMMERCE DRIVE  
 CERRITOS, CA 90703

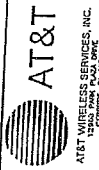
**ARCHITECT / ENGINEER:**  
 COMMUNICATION SERVICES, INC.  
 1 CENTERPOINTE DR. SUITE 250  
 LA PALMA, CA, 90623  
 PHONE: (714) 228-1445  
 CONTACT: Y.J. KANG, P.E.  
 PHONE: 714-228-1440 FAX: 714-228-1445

APPLICABLE CODES AND STANDARDS

**BUILDING CODE:** UNIFORM BUILDING CODE 1997  
 ALL WORK IS TO COMPLY WITH THE 1995 CALIFORNIA BUILDING CODE (CBC), AMENDMENTS AND STANDARDS, INCLUDING THE FOLLOWING CODES IN ORDER OF PRECEDENCE:  
 THE 1997 UNIFORM BLDG. CODE STANDARDS AND AMENDMENTS; UNIFORM MECHANICAL CODE STANDARDS AND AMENDMENTS; UNIFORM FIRE CODE STANDARDS AND AMENDMENTS; UNIFORM PLUMBING CODE STANDARDS AND AMENDMENTS; LOCAL BUILDING CODE, CITY/COUNTY ORDINANCES.  
 TA/EA-222-1996 F. 607 COMMERCIAL BUILDING GROUNDING AND BONDING REQUIREMENTS FOR TELECOMMUNICATIONS  
 ANS - CONSTRUCTION MANUAL, 9TH EDITION OR LATER.  
 NEC (NATIONAL ELECTRIC CODE) 1999 (NFPA 70)  
 NOKIA ULTRASTARTE DRAWING BSJSS0802025231 OR LATER, REVISION NAMED CODE  
 THERE IS A CONFLICT BETWEEN CODES, AN EARLIER NAMED CODE TAKES PRECEDENCE OVER A LATER NAMED CODE  
 IN ANY SPECIFIC CASE OR CONFLICT BETWEEN SECTIONS OF ANY CODE REGARDING MATERIALS, METHODS OF CONSTRUCTION, OR OTHER REQUIREMENTS, THE MOST RESTRICTIVE SHALL GOVERN. WHERE THERE IS A CONFLICT WHEN A GENERAL REQUIREMENT AND A SPECIFIC REQUIREMENT, THE SPECIFIC REQUIREMENT SHALL GOVERN.

Bechtel Telecommunications  
 AWS Project  
 12900 PARK PLAZA DRIVE  
 CERRITOS, CA 90703

COMMERCE DRIVE PRINT SHOP  
 SITE NO. LSANCA-3021  
 14281 COMMERCE DR.  
 GARDEN GROVE, CA 92643  
 USD 257-28



NTS.

NO.	DATE	REVISION	BY	CHK'D BY
0	10/09/03	ISSUED FOR CONSTRUCTION (SEALED)	YJK	YJK

AWIS COMPLEX GROWTH  
 TITLE SHEET AND  
 GENERAL NOTES

24687  
 LSANCA-3021-01

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID # <i>(Agency Use Only)</i>	30035	1.	BEGINNING DATE	100.	ENDING DATE	101.
	8086					

BUSINESS NAME <i>(Same as FACILITY NAME or DBA - Doing Business As)</i>	3.	BUSINESS PHONE	102.
New Cingular Wireless PCS, LLC- <i>Commerce Drive Printshop (34424)</i>		425-580-6000	

BUSINESS SITE ADDRESS  
14321 Corporate Drive

CITY	104.	STATE	105.	ZIP CODE	105.
Garden Grove		CA		92703	

DUN & BRADSTREET	106.	SIC CODE (4 digit #)	107.
10-202-6754		4812	

COUNTY  
Orange

BUSINESS OPERATOR NAME	109.	BUSINESS OPERATOR PHONE	110.
New Cingular Wireless PCS, LLC		425-580-6000	

**II. BUSINESS OWNER**

OWNER NAME	111.	OWNER PHONE	112.
Same		Same	

OWNER MAILING ADDRESS  
PO BOX 97061

CITY	114.	STATE	115.	ZIP CODE	116.
Redmond		WA		98073	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117.	CONTACT PHONE	118.
New Cingular Wireless PCS, LLC		562-468-6142	

CONTACT MAILING ADDRESS  
12900 Park Plaza Drive

CITY	120.	STATE	121.	ZIP CODE	122.
Cerritos		CA		90703	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

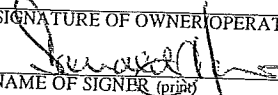
NAME Elizabeth Martinez  
TITLE Network Manager  
BUSINESS PHONE 562-468-6142  
24-HOUR PHONE 562-468-6142  
PAGER None

NAME	128.	WIRELESS NETWORK CONTROL CENTER	128.
TITLE		Wireless Network Control Center	129.
BUSINESS PHONE		800-632-6662	130.
24-HOUR PHONE*		800-632-6662	131.
PAGER #	127.		132.

**ADDITIONAL LOCALLY COLLECTED INFORMATION:**

Property Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.	
	6-16-05		Beau Gunderson		
NAME OF SIGNER <i>(print)</i>	136.	TITLE OF SIGNER			137.
Donald Harris		Director, EH&S			

\* See Instructions on next page.



UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only) 8086<sup>1.</sup> BEGINNING DATE 8/04<sup>100.</sup> ENDING DATE 101.

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) AT&T Wireless- Euclid St./Hazard Ave. (34424)<sup>3.</sup> BUSINESS PHONE 425-580-6000<sup>102.</sup>

BUSINESS SITE ADDRESS 14321 Corporate Drive<sup>103.</sup>

CITY Garden Grove<sup>104.</sup> CA ZIP CODE 92703<sup>105.</sup>

DUN & BRADSTREET 12-251-4268<sup>106.</sup> SIC CODE (4 digit #) 513322 4812<sup>107.</sup>

COUNTY Orange Fire Dist 2721<sup>108.</sup>

BUSINESS OPERATOR NAME AT&T Wireless<sup>109.</sup> BUSINESS OPERATOR PHONE 425-580-6000<sup>110.</sup>

II. BUSINESS OWNER

OWNER NAME Same<sup>111.</sup> OWNER PHONE Same<sup>112.</sup>

OWNER MAILING ADDRESS 8645 154<sup>th</sup> Ave. NE<sup>113.</sup>

CITY Redmond<sup>114.</sup> STATE WA<sup>115.</sup> ZIP CODE 98052<sup>116.</sup>

III. ENVIRONMENTAL CONTACT

CONTACT NAME EH&S Environmental Compliance<sup>117.</sup> CONTACT PHONE 425-580-6000<sup>118.</sup>

CONTACT MAILING ADDRESS Same as owner<sup>119.</sup>

CITY<sup>120.</sup> STATE<sup>121.</sup> ZIP CODE<sup>122.</sup>

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME Wireless Network Control Center<sup>123.</sup> NAME Mike Garrett<sup>128.</sup>

TITLE<sup>124.</sup> TITLE OMC OSS<sup>129.</sup>

BUSINESS PHONE 800-832-6662<sup>125.</sup> BUSINESS PHONE 562-468-6344<sup>130.</sup>

24-HOUR PHONE\* Same<sup>126.</sup> 24-HOUR PHONE\* 800-832-6662<sup>131.</sup>

PAGER #<sup>127.</sup> PAGER #<sup>132.</sup>

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_<sup>133.</sup>

Billing Address: \_\_\_\_\_<sup>133.</sup>

?

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE \_\_\_\_\_ DATE 7/21/04<sup>134.</sup> NAME OF DOCUMENT PREPARER Bryan W. Brooks<sup>135.</sup>

NAME OF SIGNER (print) Bryan W. Brooks<sup>136.</sup> TITLE OF SIGNER National Director Services<sup>137.</sup>

\* See Instructions on next page.



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

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

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

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

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

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

# Emergency Response/Contingency Plan

## (Hazardous Materials Business Plan Module)

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

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

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

### 1. Evacuation Plan:

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

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

b.  Evacuation map is prominently displayed throughout the facility.

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

### 2. a. Emergency Contacts\*:

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

### b. Post-Incident Contacts\*:

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

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

### c. Emergency Resources:

Poison Control Center ..... Phone No. (800) 876-4766

Nearest Hospital: Name: Garden Grove Hospital Phone No.: (714) 537-5160

Address: 12601 Garden Grove Blvd.) City: Garden Grove

### 3. Arrangements With Emergency Responders:

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

none

**4. Emergency Procedures:**Emergency Coordinator Responsibilities:

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

Responsibilities of Other Personnel:

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

**5. Post-Incident Reporting/Recording:**

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

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

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

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

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

Battery racks.

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7. Emergency Equipment:

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

EMERGENCY EQUIPMENT INVENTORY TABLE

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

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

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

# Employee Training Plan

(Hazardous Materials Business Plan Module)

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

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

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

## 1. Personnel are trained in the following procedures:

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

## 2. Chemical Handlers are additionally trained in the following:

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

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

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

**Record Keeping**  
(Hazardous Materials Business Plan Module)

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

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

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

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

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

Check the appropriate box:

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