

## **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 abovementioned 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,

Brad Spell

Fire Captain/Senior Fire Protection Specialist

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

Date Issued	Date Cleared	Code #	Violation Description
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.;	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



# 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:
PRINT SHOP (or: EUCLID ST HAZARD AVE)
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
Moterials Business Plan currently on file with the CUPA dated
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
halow for details): or
below for details); or  Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s)  **Example 1. The following new or revised form(s)  **Example 2. The following new or revised form(s)
Revisions to the Hazardous Materials Business Figure 3 and/or information are enclosed to reflect the necessary changes:
and/or information are enclosed to a starting form
Business Activities form
Business Owner/Operator Identification form
Hazardous Materials Inventory form(s)
☐ Site Man form
Emergency Response Plans and Procedures
l
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 information is true, accurate, and complete. I understand that a revised HMBP must be submitted updating of days of any change in this facility's storage or handling of hazardous materials which would require updating of
the HMBP.
Title: Agent for AT&T
the HMBP.  Signature of Owner/Operator:  Hand fam.  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
/

Rev. 1/3/2009



## City Of Garden Grove Fire Department

1

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

#### Hazardous Materials Business Information Form

of \_3\_\_ Page **BUSINESS INFORMATION** 2 **BEGINNING DATE ENDING DATE** FACILITY# FA0043909 12/31/2010 01/01/2010 (Supplied by GGFD) **BUSINESS PHONE** 5 **BUSINESS NAME** 800-638-2822 \*2 AT&T Mobility - COMMERCE DRIVE PRINT SHOP (or: EUCLID ST HAZARD AVE) (25726) 6 **BUSINESS SITE ADDRESS** 14321 CORPORATE DRIVE 9 STATE 8 7IP CITY 92703 CA GARDEN GROVE FIRE DISTRICT 12 **DUN & BRADSTREET** SIC CODE (4 DIGIT #) 11 10-202-6754 4812 13 COUNTY **ORANGE** OPERATOR'S PHONE 15 BUSINESS OPERATOR NAME 14 562-468-6161 AT&T Mobility **BUSINESS OWNER** OWNER PHONE 17 OWNER NAME 562-468-6161 New Cingular Wireless PCS, LLC dba AT&T Mobility 18 OWNER MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C STATE ZIP 21 20 CITY 19 90703 CA Cerritos **ENVIRONMENTAL CONTACT** 23 CONTACT PHONE CONTACT NAME 562-468-6161 Environmental Health & Safety Department, attn: Robert Fields 24 CONTACT MAILING ADDRESS EH&S, 12900 Park Plaza Dr, 339C ZIP 27 25 STATE 2 CITY 6 90703 CA Cerritos SECONDARY **PRIMARY EMERGENCY CONTACTS** 33 NAME 28 NAME Wireless Network Control Center Robert Fields TITLE 34 TITLE 29 Regulatory Affairs Analyst Call Center BUSINESS PHONE 35 BUSINESS PHONE 30 562-468-6161 800-638-2822 \*2 24-HR. PHONE 36 24-HR, PHONE 31 800 KNOW EHS (800-566-9347) 37 32 Pager#I: Email: RF0886@att.com ADDITIONAL LOCALLY COLLECTED INFORMATION TOTAL # OF EMPLOYEES 39 38 DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications ATTENTION 41 BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 40 Robert Fields EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703 PHONE 44 PROPERTY OWNER NAME ADDRESS 43 42 562-468-6161 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. DATE SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE 2/25/2010 NAME OF DOCUMENT PREPARER (print) 49 NAME OF SIGNER (print) 47 Steve Skanderson Stantec Consulting Services Inc. TITLE OF DOCUMENT PREPARER 50 TITLE OF SIGNER 48 Sr. Project Manager Sr. Project Manager

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AT&T Site ID#: LA3021

Ops District: 3 Ops Zone: 3C1 FILE THIS DOCUMENT IN THE ENVIRONMENTAL COMPLIANCE RED BINDER



# Hazardous Materials Business Plan

# **YEAR 2009**

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

Page 1 of 4 I. FACILITY IDENTIFICATION FACILITY ID# 3 0 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 ⊠YES □NO4 HAZARDOUS MATERIALS INVENTORY -CHEMICAL DESCRIPTION (0ES 2731) 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 to10 CFR Parts 30, 40 or 70? UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? □YES ⊠NO5 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 ☒NO6 **UST FACILITY** UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Need to report closing a UST? □YES ⊠NO7 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 □YES 図NO8 NO FORM REQUIRED TO CUPAS --- the total capacity for the facility is greater than 1,320 gallons? HAZARDOUS WASTE Generate hazardous waste? □YES 図NO9 EPA ID NUMBER---provide at the top of this page 2. Recycle more than 100 kg/month of excluded or exempted □YES ⊠NO10 RECYCLABLE MATERIALS REPORT recyclable materials (per HSC ∋25143.2)? (one per recycler) Treat hazardous waste on site? □YES 図NO11 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 □YES ☑NO12 CERTIFICATION OF FINANCIAL by Rule and Conditional Authorization)? ASSURANCE (Formerly DTSC Form 1232) Consolidate hazardous waste generated at a remote site? REMOTE WASTE / CONSOLIDATION □YES ⊠NO SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) Need to report the closure/removal of a tank that was classified as □YES ⊠NO14 HAZARDOUS WASTE TANK CLOSURE hazardous waste and cleaned onsite? CERTIFICATION (Formerly DTSC Form 1249) LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program □YES ⊠NO REGULATED SUBSTANCE REPORTING H&SC Chapter 6.95, Article 2, § 25531 et seq. -- Stationary Source with more than a Threshold Quantity of a Regulated FORM (Orange County CUPA) Substance in Process



# City Of Garden Grove Fire Department 11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

# Hazardous Materials Business Information Form

SUBJECT   SUBJ						•	Page	2_	of	_4
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10-202-67634   10				/		8				;
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AT&T Mobility  BUSINESS OWNER  OWNER HAME New Cingular Wireless PCS, LLC dba AT&T Mobility  COWNER MANURA ADDRESS EH&S, 12900 Park Plaza Dr, 339C  CITY Cerritos  ENVIRONMENTAL CONTACT  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  CONTACT NAME Environmental Health & Safety Department, attn: Robert Fields  PRIMARY  ENVERGENCY CONTACTS  NAME Carol Nichols  TITLE CAI  Control Private SECONDARY  NAME Carol Nichols  TITLE OF SURVESS PHONE  BUSINESS PHONE  BUSINESS PHONE  BUSINESS PHONE  BUSINESS PHONE  SECONDARY  ADDITIONAL LOCALLY COLLECTED INFORMATION  DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications  BULLING ADDRESS of Entergenty FROM ABOVE)  EH&S. 12900 Park Plaza Dr, 339C, Cerritos, CA 90703  PROPERTY OWNER NAME  ADDRESS  TOTAL # OF EMPLOYEES  ADDRESS  TOTAL # OF EMPLOYEES  PHONE  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 an familiar with the information submitted and believe the information, I certify under penalty of law that I have personally examined and an familiar with the information submitted and believe the information is frue, accurate, and complete's Science Skenderson  TITLE OF SIGNER  ADDRESS  TOTAL # A/14/2009 46  NAME OF BOULMENT PREPARER (prim)  TITLE OF SIGNER	ORANGE									13
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S	TORAGE TEMPERATURE	⊠a	. AMBIENT	☐ b.	ABOVE AME	BIENT		☐ c.	BELOW A	MBIENT		d. ci	RYOGEN	IIC		28
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2	59 29	Water (	H₂O)					30	☐ Yes	⊠ No	31	n	n/a			32
3	29							30	☐ Yes	□ No	31					32
4	29	1.						30	☐ Yes	□ No	31					32
5	29							30	☐ Yes	□ No						32
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# GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE 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 eq	uipment/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

#### 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	911
Office of Emergency Services (OES)	(800) 852-7550 OR (916) 845-8911
National Response Center	(800) 424-8802

#### **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 stor	age 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.	Compresse	d 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.

#### **BUSINESS EMERGENCY PROGRAM**

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITNIN 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

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: Steve Skanderson

TITLE: Agent for AT&T

DATE: April 14, 2009

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.



# 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**

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	1] [	EPA ID# (Haza	ardous V	Vaste Only)
AT&T Mobility - Commerce Drive Print Shop (257)	<sup>₃</sup> 26)			
II. ACTIVIT	IES DE	CI ABATIC	141	
NOTE: If you check	VEC (	0 000		of this list
please submit the Business (	Dwne	r/Operat	tor l	dentification name
Does your facility  HAZARDOUS MATERIALS		If Y	es. pl	ease complete these pages of the UPCF
Have on site (for any purpose) hazardous materials at or above 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 hazardou substance specified in 40 CFR Part 355, Appendix A or B; or ha radiological materials in quantities for which an emergency plan required pursuant to 10 CFR Parts 30, 40 or 702	s	⊠YES □NC	- 1	
UNDERGROUND STORAGE TANKS (USTs)  Own or operate underground storage tanks?  Intend to upgrade existing or install new USTs?		IYES 図NO:	1	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank)
Need to report closing a UST?  BOVE 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?  AZARDOUS WASTE		YES ⊠NO7 YES ⊠NO8	~	UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C)  UST TANK (closure portion—one page per tank)  NO FORM REQUIRED TO CUPAS
Generate hazardous waste?  Recycle more than 100 kg/month of evelvels.	- 1	ES ⊠NO9	1	EPA ID NUMBERprovide at the top of this page
recyclable materials (per HSC ∍25143.2)? Treat hazardous waste on site?	-1.	ES ⊠NO10	√ √	RECYCLABLE MATERIALS REPORT (one per recycler)  ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772)  ONSITE HAZARDOUS WASTE
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?  Consolidate hazardous waste generated at a remote site?	☐YE:	S 🖾 NO12	✓	TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
Need to report the closure/removal of a to a to a	1	S 🗵 NO	✓	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
REQUIPEMENTS	□YES	■NO14 •	/	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
California Accidental Release Prevention Program apter 6.95, Article 2, § 25531 et seq. ary Source with more than a Threshold Quantity of a Regulated nce in Process	□YES	⊠NO V		REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



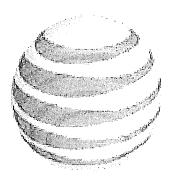
# City Of Garden Grove Fire Department 11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

# Hazardous Materials Business Information Form

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FACILITY #   3   0   0   3   5		2007	EGINNING DAT 1/01/2008	TE			ENDIN	G DATE 12/31/20	08	
BUSINESS NAME AT&T Mobility - Commerce Drive Print Sho	p (25726)					2		ESS PHONE JNMANN	IED	
BUSINESS SITE ADDRESS 14321 CORPORATE DRIVE									,	
GARDEN GROVE				7	STATE CA	≣ 8	ZIP 9270	3		
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BUSINESS OPERATOR NAME AT&T Mobility				14	OPERA*	TOR'S		3-6161	<b>)</b>	1
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OWNER NAME New Cingular Wireless PCS, LLC dba AT&T	Mobility					16		PHONE 32-468-61	<b>6</b> 1)	17
OWNER MAILING ADDRESS 12900 Park Plaza Dr									,	18
CITY Cerritos				19	STATE	20	ZIP	90703		21
	ENVIRONM	ENTAL C	ONTACT							
сонтаст наме Environmental Health & Safety Department, а	attn: Robert Fi	elds				22		T PHONE 32-468-61	61	23
CONTACT MAILING ADDRESS 12900 Park Plaza Dr		The state of the s						•		24
CITY Cerritos	,		· · · · · · · · · · · · · · · · · · ·	25	STATE	2 6	ZIP	90703		27
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NAME Wireless Network Control Center	2	8 NAME	l Nichols.							33
TITLE Call Center	29	TITLE	Region,	Com	ınliance					34
USINESS PHONE 800-638-2822 *2	30	BUSINE	SS PHONE 277-0939	0011	pharice	-				35
4-HR. PHONE 66-HELP-EHS (866-435-7347)	31	24-HR.	PHONE	C /0/	20.425	704	71			36
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ESCRIBE THE TYPE OF BUSINESS OPERATION: elecommunications						38	TOTAL # C	F EMPLOYER	<b>ES</b>	39
LLING ADDRESS (IF DIFFERENT FROM ABOVE) 2900 Park Plaza Dr, Cerritos, CA 90703						40 /	ATTENTIO Rol		s	41
COPERTY OWNER NAME 42	ADDRESS						PHONE 562-468			44
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CHEMICAL LOCATION INSIDE CELL 5	SITE					4
CONFIDENTIAL LOCATION EPCRA	☐ Yes     No	5 MAP#		6 GRID#		7
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		b. ABOVE AMBIENT	C. BELOW A	MBIENT	d. CRYOGENIC	28
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2 29			30 ☐ Yes	☐ No 31		32
3 29			30 ☐ Yes	□ No 31		32
4 29			30 ☐ Yes	☐ No 31		32
5 29			30 ☐ Yes	□ No 31		32
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4	-period to a	29									30	☐ Yes		<b>1</b> 0	31		٠.		32
5		29									30	☐ Yes			31	•			32
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# 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 11301 ACACIA PARKWAY GARDEN GROVE, CALIFORNIA 92842 (714) 741-5636

# **CUPA**

# **BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION		Page 1 of									
FACILITY ID # 3 0 0 3 5  BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3	1 EPA ID# (Hazar	rdous Waste Only)									
AT&T Mobility - COMMERCE DRIVE PRINT SHOP (34	1424/ 25726)										
II. ACTIVITIES											
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page											
Does your facility		es, 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 □NC	HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION (0ES 2731)									
B. UNDERGROUND STORAGE TANKS (USTs)  1. Own or operate underground storage tanks?	□YES ⊠NO	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										
3. Need to report closing a UST?	□YES ⊠NO7	· · · · · · · · · · · · · · · · · · ·									
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)  Own or operate ASTs above these thresholds:any tank capacity is greater than 660 gallons, orthe total capacity for the facility is greater than 1,320 gallons?	□YES ⊠NO8										
D. HAZARDOUS WASTE  1. Generate hazardous waste?	□YES ⊠NO9	✓ EPA ID NUMBERprovide at the top of this page									
<ol> <li>Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC ∋25143.2)?</li> </ol>	□YES ☑NO10	RECYCLABLE MATERIALS REPORT									
Treat hazardous waste on site?	□YES ⊠NO11	(one per recycler)  ✓ 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 ⊠NO12										
5. Consolidate hazardous waste generated at a remote site?	<sup>13</sup> □YES ⊠NO	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)									
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	□YES ⊠NO14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)									
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program d&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
	BUSINE	SS INFORMATION		H.	12 . 3-1				
FACILITY # (Supplied by GGFD)   3   0   0   3   5		BEGINNING D 01/01/200			1	ENDIN	IG DATE 12/31/2	2008	
BUSINESS NAME AT&T Mobility - COMMERCE DRIVE PRIN	IT SHOP (257	(26)			4		IESS PHON		l
BUSINESS SITE ADDRESS 14321 CORPORATE DRIVE						1			
GARDEN GROVE		,	7	STATE	8	ZIP 9270	ვ 		,
DUN & BRADSTREET 10-202-6754		10 SIC CODE	(4 DIGI 4812	 丁 #)	11	FIRE D		i	12
COUNTY ORANGE		<u> </u>	7012	•			1.76	.1	13
BUSINESS OPERATOR NAME AT&T Mobility			14	OPERAT			0.4002		15
TOTAL WITHOUT AND A STREET	BUSIN	NESS OWNER			4	25-56	0-4902		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
OWNER NAME					16		R PHONE		17
New Cingular Wireless PCS, LLC dba AT&T OWNER MAILING ADDRESS	Mobility					4	25-580-	4902 	18
EH&S, P.O. Box 97061			····						
Redmond			19	STATE	20	ZIP 9	98073-9	761	21
	ENVIRONM	ENTAL CONTACT							
сонтаст наме Environmental Health & Safety Department					22		T PHONE 25-580-4	1902	23
CONTACT MAILING ADDRESS EH&S, P.O. Box 97061									24
CITY			25	STATE	2	ZIP			27
Redmond				WA	6		8073-97	'61	
PRIMARY AME	and the second second second	CY CONTACTS			44	SECO	NDARY		
Vireless Network Control Center	28	B   NAME   Carol Nichols	3						33
TLE all Center	29	West Region	. Com	npliance	-				34
JSINESS PHONE 00-832-6662	30			1					35
HR. PHONE 00-832-6662)	31							,	36
GER#	32		- D				··		37
ADDITION	AL LOCALLY (	COLLECTED INFO	RMATI	ÔN				agil sacratiga	
SCRIBE THE TYPE OF BUSINESS OPERATION: elecommunications					8 T	OTAL#C	F EMPLOY	'EES	39
LING ADDRESS (IF DIFFERENT FROM ABOVE) O. Box 97061, Redmond, WA 98073	<del></del>			4	0 A	ITENTIO			41
OPERTY OWNER NAME 42	ADDRESS			4	3 PH	HONE	QO Del	JI.	44
rtification: Based on my inquiry of those individu	I als responsible	for obtaining the ir	ıformat	ion, I certi	fy und	der pen	alty of lav	w that I	have
sonally examined and am familiar with the inform NATURE OF OWNER/OPERATOR OR DESIGNATED REPRE	ation submitted	and believe the in	formati	ion is true	accu	irate, ai	nd compl	ete.	46
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ne of signer <i>(print)</i> ry Chimienti	Ð	NAME OF DOCUMEN RHL Design Grou	T PREPA p, Inc.	ARER (print)				-	49
e of signer Administrator, EH&S	48	TITLE OF DOCUMENT	PREPA					<del> , .</del>	50

ADE	Delete 🛛	REVISED 1		Page	3 of 4 :
FACILITY ID# 3 0	0 3 5	BUSINESS NAME AT&T Mobility  I. FACILITY INFORM	- COMMERCE D	PRIVE PRINT SHO	OP (25726)
CHEMICAL LOCATION					
CONFIDENTIAL LOCATION	CELL SITE		<del></del>	<del></del>	······································
EPCRA	Yes No	5 MAP#		6 GRID#	7
		II. CHEMICAL INFOR	MATION		
CHEMICAL NAME Lead		· v	VASTE Yes	TRADE SECRET	Yes No 11
COMMON NAME Lead-Acid Battery		,		* If EPCRA see instr	ructions  Yes No 12
CAS#	10 FIRE CODE HAZARD C	CLASSES (supplied by GGFD)		*if EHS is "Yes", all amo	unts must be LBS
7439-92-1	······································	CLASSES (supplied by GGFD)			
	a. PURE b. MIXTURE	C. WASTE 14 RAD	OACTIVE Yes	No 15 CURIES	16
PHYSICAL STATE (Check one liem only)	a. solid  b. Liquid  c	GAS 17 FED HAZARD CATEGORIES	a. FIRE b	o. REACTIVE	ESSURE RELEASE 18
			d. ACUTE HEALTH	l 🛭 e. CH	IRONIC HEALTH
AVERAGE DAILY AMOUNT 506	19 MAXIMUM DAILY AMOUNT 506	20 ANNUAL W	ASTE AMOUNT	21 STATE WASTE C n/a	ODE 22
UNITS a. GALLONS  c. POUNDS  *If EHS, amount mu	□ d. TONS 365	'S ON SITE 5	24 LA 63	RGEST CONTAINER	25
	☐ b. UNDERGROUND TANK ☐ f. NON	TAL CONTAINER 🔲 I. BAC	ER DRUM	SS CONTAINER	q, TANK WAGON 26 r. RAIL CAR s. TOTE BIN . OTHER <u>Battery</u>
STORAGE PRESSURE	a. AMBIENT	b. ABOVE AMBIENT	c. BELOW AMB	IENT	27
STORAGE TEMPERATURE	a. AMBIENT	b. ABOVE AMBIENT	C. BELOW AMBI	ENT d. CRYC	OGENIC 28
%WT	HAZARDOUS COMPONEN	T (For mixture or waste on		EHS	CAS#
1 29			30 ☐ Yes	□ No 31	32
2 29			30 ☐ Yes	□ No 31	32
3 29	~		30 Yes	□ No 31	. 32
4 29			30 ☐ Yes	□ No 31	32
5 29			30 ☐ Yes	□ No 31	32
f more hazardous components are p	present at greater than 1% by weight if non-carcin			of paper capturing the requir	ed information.
JNDOT#	See BL	ACARDING INFORMA	(N⊚) (I		
<u>3796</u>	Refer to shipping papers or MSD	33 PS	FIRE (RED)	HAZARD DIAMOND	ΠVE
OOT HAZARD CLASS :PCRA □ YES 図 N	Refer to shipping papers or	r MSDS 35	HEALTH (BLUE)  SPECIAL HAZARD	WHITE OX/W	OW) .
х	f EPCRA, Please Sign Here	36		IY COPIES OF CHI	i
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	CONFIDENTIAL LOCATION EPCRA	N '	□ Y	es 🏻	No 5	MAP#					6	GRID#					7
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	CHEMICAL NAME							WAS	TE	Yes	8	TRADE SEC	CRET		] Yes	⊠ No	11
+	Battery Electrolyt	te						<u> </u>				* If EPCI	RA see	instruction	าร		
	Lead-Acid Batter	У									9	An EHS Che			] Yes	⊠ No	12
	CAS#		10 FIRE CO	DE HAZAR	D CLASSES	(supplied	by GGF	))				*If EHS is "Y	es, an	amounts r	nust be t	.00	13
-	7664-93-9			Colla	Sive					st							
L	TYPE (Check one liem only)	a. PURE	☑ b. MIX	TURE -	☐ c. V	VASTE	14	RADIOA	CTIVE	Yes	☒	No 15	CUR	IIES			16
	PHYSICAL STATE Check one Item only)	a. SOLID	🛭 b. LIQL	םונ [	c. GAS	17	FED HA		☐ a.	FIRE	⊠b. R	REACTIVE	☐ c.	PRESSI	JRE REL	EASE	18
									<b>⊠</b> d.	ACUTE HEA	ALTH		□ е.	CHRON	IC HEAL	TH	
1	AVERAGE DAILY AMOUNT 17	19	MAXIMUM DA	17		20	ANNU 0	JAL WAST	TE AMOL	JNT	2	1 STATE	E WAST	E CODE			22
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3	29		·						30	☐ Yes	Ε	] No 3	1				32
4	29								30	☐ Yes		No 3	1				32
5	29							V. 323.	30	☐ Yes		] No 31					32
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	<b>。我是有事的</b>		<b>*</b>		PLACAR	RDING	INFO	RMATI	ON		toring to	F4.45					
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Revised 2/02 -- ba-bo-inv merge.doc

## GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOUSRE 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	y from equi	pment/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

### 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

1 0000

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

#### 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 stor	age and/or above ground tank storage areas:
	a	Isolation and separation of incompatible materials
	b	Diking areas to contain spills
	ċ	Storage on paved ground
2.	Compresse	ed 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.

#### BUSINESS EMERGENCY PROGRAM

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITNIN 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.

NAME: Gary Chimienti

TITLE: Sr. Administrator, EH&S

DATE: February 19, 2008

ATQ

2. PROF TO THE SUBMISSION OF BIDS, THE BIODNES SUBCONTRACTOR SHALL VIST THE CELL SITE TO SHOULNESS HAND THE CONSTITUCE CONDITIONS. AND TO CONFIRM THAT THE WORK CAN BE ACCOMPLISED AS ATTENTION OF CONTRACTOR.

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3. ALL WITERALS FURNISHED AND NETALED SHALL BE IN STRICT ACCORDANCE WITH ALL APPLICABLE COMPLY WITH ALL APPLICABLE COMPLY WITH ALL AND STRICTS SHALL ENGINEER ALL APPROPRIATE INDIRES AND AUTHORITY RECARDING: THE PERFORMANCE OF THE WORLD.
AND CHARLES OF THE WORLD.

ALL WORK CARRED OUT SHALL COMEY WITH CALLFORNA BUILDING CODE (CBC), LATEST EDITION, ESCULATIONS. ALL WORK SHALL EN A COORDINGE, WITH ALL APPLICABLE HINNOFFI, AND RECEIVATIONS. ALL WORK SHALL BE IN ACCORDINGE, WITH ALL APPLICABLE HINNOFFI, AND EXCLUSIONAL CODES, ORDINANCES, AND APPLICABLE OCCUPANTIONS. ALL WORK SHALL BE IN ACCORDINGE, WITH WEPA-70 1996 NATIONAL ELECTRIC CODE, AND

drawigs provided here are nót to be scaled and are intended to show outline only.

UNIESS OPIERWES NOTED. THE WORK SHALL INCLUDE FURNISHING INTERIALS, EXCIPIENT.
INTERIANCES, AND LABOR REGESSARY TO COMPLETE ALL INSTALLATIONS. AS INDICATED ON THE

AT&T WIRELESS SERVICES, INC. Frances

# 0114 #011S #011G

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PROJECT INFORMATION	SCOPE OF WORK: AN UNMANNED TELECOMMUNICATIONS FACILITY MODIFICATIONS SITE ADDRESS: 14291 COMMERCE DR. LAITUDE: 14291 COMMERCE DR. LAITUDE: 242 33.1* LONGTUDE: 177 -66 13.45.4 LECOMMUNICATION FACILITY PROPSED USE: TELECOMMUNICATION FACILITY	
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DRIVING DIRECTIONS:

FROW 12800 PARK PLAZA DR., GET TO CA-SIE TAKE THE I-SS EXITTOWARDS CARPOOLS ONLY, TAKE THE CA-22W FIRST TOWARDS LONG BEACH, TAKE THE ELICID ST. DVAT TOWARDS CITY OF CARBEN GROVE. TURN ON THIS ON TRACE.



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TA/EN-222-1996 F. 507 COMMERCIAL BUILDING GROUNDING AND BONDING REQUIREMENTS FOR TELECOMMONICATIONS

AISC - CONSTRUCTION MANUAL, 9TH EDITION OR LATER, NEC (NATIONAL ELECTRIC CODE) 1999 (NFPA 70)

> TRUE NORTH N.T.S

ALL WORK IS TO COMPLY WITH THE 1999 CALFORNIA BUILDING CODE (CBC), AMENDMENTS AND STANDARDS, INCLUDING THE FOLLOWING CODES IN ORDER OF PRECEDENCE.

APPLICABLE CODES AND STANDARDS

BUILDING CODE, UNIFORM BUILDING CODE 1997

COMMUNICATION SERVICES, INC.

LA PAURFOUNE INC.

LO PAURFOUNE INC.

CONTACT: WHO, 50627

PHONE: 714–228–445

PHONE: 714–228–1445

PHONE: 714–228–1445

ARCHITECT / ENGINEER

Š

SITE OWNER:
ATET WRELESS SERVICES, IN
12900 PARK PLAZA DRIVE
CERRITOS, CA 90703

PROJECT DIRECTORY

COMMERCE DRIVE PRINT SHOP SITE NO. LSANCA-9021 14291 COMMERCE DR GARDEN GROVE, CA 92643

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

AT&T AT&T WIRELESS SERVICES, INC. 12903 PAR PLAS DEVE CORRIDS, CA 90703

AWS COMPLEX GROWTH TITLE SHEET AND GENERAL NOTES

M ANY SPECIAC CASE OR CONFLOU'S BETWEEN SECTIONS OF ANY CODE RECARDING MATERIALS, METHODS OF CONVENTIONAL ONCERN, WHERE THERE IS CONFLOOR AS CHILD CONCERN, WHERE THERE IS CONFLOOR OFFICIALLY OF SECURE AS CHILD FACURE MAINT AND A SPECIAL REQUIREMENT SHALL CONCERN. NOKIA ULTRASITE DRAWNG BSLUSSOBOOZCSTZ) OR LATER REVISION WHERE THERE IS A CONFLICT BETWEEN CODES, AN EARLIER NAMED CODE TAKES PRECEDENCE OVER A LATER NAMED CODE.

LSANCA-3021-01

24897

II. SUBCONTRACTOR STALL LEGALLY & PROPERTY DISPOSE OF ALL SCRAP MATERIALS SUCH AS COAMAL PRETURNED TO OWNER'S DESCRATED LOCATION. 14. ANY NEW CONCRETE NEEDED FOR THE CONSTRUCTION SHALL HAVE 4000 PSI STRENCTH AT 28 DAYS. ALL CONCRETING WORK SHALL BE DONE IN ACCORDANCE WITH ACI 318 CODE RECURELENTS. 19. SNOC THE CRIL STE IS ACTURE, ALL SAFETY PRECAUTIONS MUST BE TAKEN WHEN WORSHIC AROUND SHALL SLOW ELECTROMAGENER DAYANGE, UPON CONTRACTOR'S PERMISSON. EQUIPMENT SHOULD SEE THE CONTRACTOR'S PERMISSON. EQUIPMENT SHOULD SEE ASSOCIATE AUGUSTS. TO BE WREN TO CALLET OF ANY DANGETORIS EXPOSINE LEVES ON AN TENNA MICHAEL SHALL PART THE ANTENNA, MIA, TIAA, DIFLEDERS, COAX, COAX, COAX, PITANGS AND TOWER, FOR ANY MATCHED TO MATCH THE EXISTING BUILDING, 13. ALL CONGRETE REPAIR WORK SHALL BE DONE IN ACCREDANCE WITH AMERICAN CONGRETE INSTITUTE (ACI) 301. 16. CONSTRUCTION SHALL COMERY WITH SPECIFICATION 24622—CD3—2PS—AGGZ—GOOGZ, "GENERAL CONSTRUCTION STRACES FOR CONSTRUCTING OF ANS 3D SITES."

ANY WORK, ALLACTOR SHALL VERITY ALL ISSUING DULEVACIONS AND CONDITIONS PRIGR TO COMMERCING STRACES SHALL SHEED STRACES SHALL SHEED STRACES SHOW TO CONSTRUCTION SHALL WITH CONSTRUCTION SHALL WITH CONSTRUCTION OF ANY LIGHTON SHALL WITH SHEED SHALL SHEAD SHALL CHEAD SHALL SHEED SHALL SHEAD SHE 10. PIE SUBCONTRACTOR SYALL PROTECT ENSTNIC IMPROVEMENTS, PAYBUENTS, CLIRES, LANDSCAPING AND STRUCTURES. ANY DAMAGED PART SHALL BE REPAIRED AT SUBCONTRACTOR'S EXPENSE TO THE 15. ALL STRUCTURAL STEEL WORK SHALL BE DONE IN ACCORDANCE WITH AISC (NINTH EDITION) 12. SUBCONTRACTOR SHALL LEAVE PREMISES IN CLEAN CONDITION. yft dbywricz wid artiem bylerw war likzcerii ge ch wid dry not ec drencyfe, hego ge discrized without dher arbient congent.

 If the specific equipment cannot be installed as shown on these drawings, the subcontractor shall, propose an alternative installation space for approval by contractor. § SIGNOTRACIOR SHALL DETENBINE ACTUAL ROUTING OF CONDUT, POWER AND TI CABLES, SHALL UTLIZE EXERTS AS SHOWN ON THE PURPIL, GROUNDING, AND TELCO PLAN DRAWING SUBCONTRACTOR COMPIRE THE ACTUAL ROUTING WITH CANDRESSARY: SUBCONTRACTOR SHALL

6. WATENLY, SPECIFIED IN THE TABLE "TO BLIL OF MATENLYS" WILL BE SUPPLIED BY THE CONTRACTOR. TO THE SUBGONTRACTOR, ALL OTHER MATENALS SHALL BE SUPPLIED BY THE SUBCONTRACTOR.

7. THE SUBCONTRACTOR SHALL INSTALL ALL EQUIPMENT AND MATERIALS IN ACCORDANCE WTH MANUFACTURER'S RECOMMEDIDATIONS UNLESS SPECIFICALLY STATED OTHERWISE

# UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

# BUSINESS OWNER/OPERATOR IDENTIFICATION

	IDENTIFICATI	ON			Page 2 of
FACILITY ID # (Agency Use Only)  3 0 5 3 5	1.	BEGINNIN	G DATE 10	0. ENDING DATE	10
BUSINESS NAME (Same as FACILITY NAME of DRAID)	18086		3.   BUSI	NESS PHONE	10
New Cingular Wireless PCS, LLC- Commerce DBSINESS SITE ADDRESS	rive Printsh	00 1349	(24) 425-	580-6000	10.
14321 Corporate Drive		- J- (U.)			10:
CITY		104.	ZIP CODE	711	10:
Garden Grove DUN & BRADSTREET		CA	92703		
10-202-6754		106.	SIC CODE (4	digit #)	10
COUNTY			4812	•	108
Orange BUSINESS OPERATOR NAME				•	
New Cingular Wireless PCS, LLC		109.	i	PERATOR PHONE	110
	BUSINESS OWN	ER .	425-580-60	100	
Same .		111.	OWNER PHO	NE	112.
OWNER MAILING ADDRESS			Same		113.
PO BOX 97061					- 101
Redmond	114.	STATE	115.	ZIP CODE	116.
	RONMENTAL CO	WA ONTACT		98073	
New Cingular Wireless PCS, LLC		117.	CONTACT PI	IONE	118.
CONTACT MAILING ADDRESS			562-468-61	42	119.
12900 Park Plaza Drive	_				
Cerritos	120.	STATE	121.	ZIP CODE	122.
-PRIMARY- IV EME	RGENCY CONT	CA		90703	
TV. ENTE	NAME NAME	ACIS		-SECONDARY-	128.
AME Elizabeth Martinez	1	Vetwork Co	ntrol Center		120.
TLE Network Manager	TITLE				129.
JSINESS PHONE 562-468-6142 -HOUR PHONE 562-468-6142	BUSINESS	PHONE			130.
GER None	800-632-6	662			
	24-HOUR P				131.
AGER #	800-632-6   PAGER #	662			132.
DDITIONAL LOCALLY COLLECTED INFORMATION:					
roperty Owner:			D		133.
roperty Owner:illing Address:			Phone No.:		
			· · · · · · · · · · · · · · · · · · ·		
ertification: Based on my inquiry of those individuals responsible for o d am familiar with the information submitted and believe the information	btaining the information	n, I certify u	nder penalty of	law that I have personall	y examined
NATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	DATE		NAME OF DOCT	MENT PREPARER	135,
Kursict II	6-16-	05	Beau Gunde		133,
ME OF SIGNER (print)  Onald Harris	136. TITLE OF S	GNER	Dona Gunde	13011	137.
ee Instructions on next page.	Director,	EH&S			

ORANGE - GARDEN GROVE

# UNIFIED PROGRAM CONSOLIDATED FORM FACILITY INFORMATION

# BUSINESS OWNER/OPERATOR IDENTIFICATION

	1 IDE	NTIFICATI	OM			Page 1 of
FACILITY ID #		C / 1.	BEGINNIN	IG DATE 100.	ENDING DATE	101
(Agency Use Only)	1 1 1 1 1 1 1 1 1	186	1870	54	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA -	Doing Business As)			3. BUSINI	ESS PHONE	102.
AT&T Wireless- Euclid St./Hazard Ave. BUSINESS SITE ADDRESS	134424)			ı	30-6000	
	2					103.
14321 Corporate Drive						
Garden Grove			104. CA	ZIP CODE		105.
DUN & BRADSTREET				92703		
12-251-4268			106.	SIC CODE (4 c	ligit#)	107.
COUNTY				513322	4812	
Orange		5	1/2/	Dist	$\gamma \gamma \gamma \gamma \gamma \gamma$	108.
BUSINESS OPERATOR NAME		· · · · · · · · · · · · · · · · · · ·		12/5/	$\alpha/\alpha/$	
AT&T Wireless			109.	I .	ERATOR PHONE	110.
	T DITON	ATEICG OXYDA	TITO.	425-580-600	0	
OWNER NAME	II. BUSII	NESS OWN	EK 111.	OTTAKE DITON		110
Same			711.	OWNER PHON	E ·	112.
OWNER MAILING ADDRESS				Same		113.
8645 154 <sup>th</sup> Ave. NE						113.
CITY		114.	STATE	115.	ZIP CODE	116.
Redmond	•		WA		98052	110.
	III. ENVIRONM	TENTAL CO			70032	
CONTACT NAME		ZZITZIZZ OC	117.	CONTACT PHO	NE	118.
EH&S Environmental Compliance				425-580-6000		
CONTACT MAILING ADDRESS						119.
Same as owner						
CITY		120.	STATE	121.	ZIP CODE	122.
					•	
-PRIMARY-	IV. EMERGE	NCY CONT	ACTS		-SECONDARY-	
NAME	123.	NAME				128.
Wireless Network Control Center		M ike Gar	rett			
TITLE	124.	TITLE		*		129.
		OMC OSS	;			*
BUSINESS PHONE	125.	BUSINESS I	PHONE .			130.
00-832-6662		562-468-63	344			
4-HOUR PHONE*	126.	24-HOUR PI	HONE*			131.
ame AGER#		800-832-6	562			
AGER#	127.	PAGER#		:		132.
DDITIONAL LOCALLY COLLECTED INFORMA	THON			1		
roperty Owner.	TION:					133.
roperty Owner:				Phone No.: _		
illing Address:	·					
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•		4				
rtification: Based on my inquiry of those individual dam familiar with the information submitted and beli	eve me unormanon is mie,	the information	n, I certify u	nder penalty of la	w that I have personall	y examined
NATURE OF OWNER/OPERATOR OR DESIGNATED R	EPRESENTATIVE	DATE		NAME OF DOCUM	ENT PREPARED	135.
Sil bu		- 1	4			155.
ME OF SIGNER (print)	136.	TITLE OF SI	GNER	Bryan W. Bro Yo Sewa	OKS	137.
Lycan 2 Ary FARMEN		Mater a	a Die	J. C	{ • ₩. Ø	
ee Instructions on next page.		1. point	~ NAK	AN SHUM	ويجاوعر	

# Non-Waste Hazardous Materials Inventory Statement For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: 9/25/2003

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

1.   2.   3.   3.     Map and Grid or Class   Code   Common N	3.	EPCRA Co	E	oN X	Facility ID #			J DOIOE,	Trans, I Dolote, M Revise	(One page per p	(One page per building or area)	1
Lead	·•	Trade Secre	Trade Secret Information?		ה עד ליוווטי	,						
Leac		4.	Yes;	oN X	(Agency Use Only)	all many transfer of the second			1			
Leac		Hazardous Components	Components	J. Type		6. Ouantities		7.	2	8.	9.	1
Lead	Common Name	Chemical		and Physical	Mos		,		Storag	Storage Codes		
	j	lead (pb)- Batteries	Wt. EHS CAS No.	State	- 1	Average Daily	Largest Cont.	Units	Storage Pressure	Storage	Hazard	
				pure mixture	ر ھ	178	45	gallons pounds	ambient > amb.	ambient	fire	<b>V</b>
CAS No.:	No.: ERS			solid liquid	Curies: (If radioactive)	Days On Site:	Storage Container.*	cu. feet	= amb.	<amb.< p=""> Gryogenic</amb.<>		
NOT .	7721			Sas			battery	H			Chronic health	
•				Dure mixhire				gallons	X ambient	ambient	fire	TI-
					·			spunods	dia v	> amb.	reactive	
CAS No.:	No.: EHS			solid liquid	Curies: (If radioactive)	Days On Site:	Storage Container:*	tons Ed	~ amp	< amb. cryogenic	pressure release acute health	
				□ sæ							chronic health	
				Durce				:			radioactive	_
				mixture				gallons	ambient > amb.	ambient > amh	fire	<b>Y</b>
CAS No.:	No.: THE			solid .	Curies:	Days On	Stornge	cu. feet	☐ < anj.		pressure release	
				pm indund			Container:*			☐ aryogenic	acute health	
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								gallons	ambient	ambient	l fire	_
				-	_			pounds	> safe	> amb.	reactive	
CAS No.	Yo.: EHS			Solid	Curies: (If radioactive)	Days On Site:	Storage Container:*		j Š	<amb.< td=""><td>pressure release</td><td></td></amb.<>	pressure release	
											chronic health	
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				mixture				gallons	ambient > amb.	ambient > amh	fire	r
1000				$\dagger$	_		torsor	. jg . j	di di		reactive pressure release	
N CWA	No:			. <u></u>	(If radioactive)	Site:	Container:*	tons		Cryogenic	acute health	
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CAS No.	Yo.			solid	Curies:	Days On		G. fet	☐ < amb.	of sign	pressure release	
							Container:*			C cryogenic	acute health	
Code Storage Type	Code Storage Type	Code Sprage Time		gg ]							radioactive	
Aboveground Tank Beloweround Tank	D Steel Drum	O	J Bag M	Storage Type Glass Bottle or Jur	Code	E Storage Type	91	IFEPCR	If EPCRA, sign below:			
Tank Inside Building	F Can	lic Drum H Silo		Plastic Bottle or Jug		Rail Car			)			
		Tiper Drum	Cylinder	Tote Bin	R	Other						

Rev. 01/16/02

www.unidocs.org

UN-020 - 7/17

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

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

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

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

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

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

## **Emergency Response/Contingency Plan**

(Hazardous Materials Business Plan Module)

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

Page 6 of 10

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

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

1. Evacuation Plan:	·
a. The following alarm signal(s) will be used to begin evacuation of the facility (c.	heck all that apply):
☐ Bells; ☐ Horns/Sirens; ☑ Verbal (i.e. shouting); ☐ Other (specify)F	facility is not manned
b.  Evacuation map is prominently displayed throughout the facility.	<u>-</u>
Note: A properly completed HMBP Site Plan satisfies contingency plan map requirer shows primary and alternate evacuation routes, emergency exits, and pr prominently posted throughout the facility in locations where it will be visible to	rimary and alternate stacing areas) must h
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  * These telephone numbers are provided as a general aid to emergency notification. Be advised th	Phone No. (510) 622-2300 at 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
Arrangements With Emergency Responders:	
you have made special (i.e. contractual) arrangements with any police department, fin cal emergency response team to coordinate emergency services, describe those arrange	re department, hospital, contractor, or State or ements below:
none	

#### 4. Emergency Procedures:

#### Emergency Coordinator Responsibilities:

Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:

Identify the character, exact source, amount, and areal extent of any released hazardous materials.

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).

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
- 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.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:

- Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
- 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.

Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.

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;
- Estimated quantity and disposition of recovered material that resulted from the incident;

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:

Dattery racks.	

## 7. Emergency Equipment:

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

## EMERGENCY EQUIPMENT INVENTORY TABLE

1.	2.		
Equipment	Equipment	3.	4.
Category	Type	Locations *	The state of the s
Personal	☐ Cartridge Respirators	Locations	Description**
Protective	Chemical Monitoring Equipment (describe)		
Equipment,	Chemical Protective Aprons/Coats		
Safety	Chemical Protective Boots		
Equipment,	☐ Chemical Protective Gloves	Tech. Truck	
and	☐ Chemical Protective Suits (describe)	Tech. Huck	· .
First Aid	☐ Face Shields	Tech. Truck	
Equipment	☐ First Aid Kits/Stations (describe)	Tooli, Truck	
	Hard Hats		
	☐ Plumbed Eye Wash Stations		
	Portable Eye Wash Kits (i.e. bottle type)	<del></del>	
	Respirator Cartridges (describe)		
	Safety Glasses/Splash Goggles	Tech. Truck	
	☐ Safety Showers	Tooli, Truck	
	Self-Contained Breathing Apparatuses (SCBA)		
	Other (describe)		
Fire	☐ Automatic Fire Sprinkler Systems		
Extinguishing	☐ Fire Alarm Boxes/Stations		
Systems	☐ Fire Extinguisher Systems (describe)	On site	common fire extinguisher
	Other (describe)	1.012000	on the ontinguished
Spill	Absorbents (describe)	Tech. Truck	Universal spill kit.
Control	Berms/Dikes (describe)	ZOOM ZIGOR	Chryston apin Mt.
Equipment	Decontamination Equipment (describe)		
and	☐ Emergency Tanks (describe)		
Decontamination	☐ Exhaust Hoods		
Equipment	Gas Cylinder Leak Repair Kits (describe)		
•	☐ Neutralizers (describe)		
	Overpack Drums		
	Sumps (describe)		
	Other (describe)		The state of the s
Communications	Chemical Alarms (describe)		
and	☐ Intercoms/ PA Systems		
Alarm	Portable Radios		
Systems	▼ Telephones	On-site	
	Underground Tank Leak Detection Monitors		
A 7 70/4	Other (describe)		
Additional	☐ First aid kit.	On site	
Equipment			
Use Additional			
Pages if Needed.)			
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* I las the man			

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

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

# **Employee Training Plan**

# (Hazardous Materials Business Plan Module)

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

Page 9 of 10

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

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

# 1. Personnel are trained in the following procedures:

Evacuation/re-entry procedures & assembly point locations*		
Emergency incident reporting		
External emergency response organization notification		
Location(s) and contents of Emergency Response/Continuous Di		
Facility evacuation drills, that are conducted at least (specify)	Trylog Variation	
	Twice Yearly	(e.g. "Quarterly", etc.)

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

	Safe methods for handling and storage of hazardous materials *
	Location(s) and proper use of fire and spill control equipment
X	Spill procedures/emergency procedures
	Proper use of powers 1
片	Proper use of personal protective equipment *
	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<del> </del>	ausorption) *
	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 abeling requirements.
	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:

$\square$	Personnel rescue procedures	
$\boxtimes$	Shutdown of operations	
$\bowtie$	Liaison with responding agencies	
$\triangle$	Use, maintenance, and replacement of oppositions and replacement of oppositions and replacement of oppositions are also as a second of the contract of the con	
		·
$\bowtie$	Emergency response drills, which are conducted at least (specify) Twice Yearly	
	, and conducted at least (specify) I wice Yeariy	(e.g. "Quarterly", etc.)

# Record Keeping (Hazardous Materials Business Plan Module)

Page 10 of 10

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.]:

Current employees' training records (to be retained until closure of the facility) *  Former employees' training records (to be retained until closure of the facility) *	
Martin comployees training records (to be retained with I	
Former employees' training records (to be retained until closure of the facility) *  Training Program(s) (i.e. written description of introductory and continuing training) *  Current copy of this P.	
Training Day	
Training Program(s) (i.e. written description of its I be to the experiment of the program of th	
Page 1 Spy of this Emergency Response/Contingency Plan *	
Record of recordable/reportable harandons	
Record of hazardous material/waste storage area inspections *  Record of hazardous waste took delta to the delta to the delta took d	
M P	
Record of hazardous waste took 1-11	
Record of hazardous waste tank daily inspections *  Description and dogspace of the storage area inspections *	i
	$\overline{}$
Description and documentation of facility emergency response drills  Note: The above list of records does not necessarily the second seconds does not necessarily the	
Note: The above list of records does not necessarily identify every type of record.	

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 selfinspections 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.)

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M ·	777					_	OUA.	

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