



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

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April 23, 2019

Frank Trinidad

Odic Environmental

Re: 11352 Westminster Ave., Garden Grove CA

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 and clean-up, as that information is provided through the County of Orange Health Department.

Sincerely,

Paul Whittaker

Division Chief of Administration



# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

## Hazardous Materials Business Information Form

FORM 1

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

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2		
						OCT - 28 - 2010		NOV - 03 - 2010			
BUSINESS NAME	RPM ELECTRIC MOTORS INC.							4	BUSINESS PHONE	5	
								714 - 638-4174			
BUSINESS SITE ADDRESS										6	
11352 Westminster Ave											
CITY	GARDEN GROVE						7	STATE	8	ZIP	9
						CA		92843			
DUN & BRADSTREET	11 - 505 - 7671				10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12		
						7629					
COUNTY										13	
ORANGE											
BUSINESS OPERATOR NAME							14	OPERATOR'S PHONE	15		
Christian Vileh's.								(714) - 224 - 6072			

### BUSINESS OWNER

OWNER NAME	BON PHAM							16	OWNER PHONE	17	
								714 - 590 - 1465			
OWNER MAILING ADDRESS								cell 714 - 488 - 8125	18		
8981 Acacia Ave.											
CITY	Garden Grove						19	STATE	20	ZIP	21
						CA		92841			

### ENVIRONMENTAL CONTACT

CONTACT NAME	BE PHAM							22	CONTACT PHONE	23	
								714 - 721 2176			
CONTACT MAILING ADDRESS										24	
11352 Westminster Ave.											
CITY	Garden Grove						25	STATE	26	ZIP	27
						CA		92843			

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	BON PHAM				28	NAME	Christian or Phillippe.				33
TITLE	Owner / president.				29	TITLE	Manager / Foreman.				34
BUSINESS PHONE	(714) 638-4174				30	BUSINESS PHONE	(714) 638-4174				35
24-HR. PHONE					31	24-HR. PHONE					36
PAGER #	cell				32	PAGER #					37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:							38	TOTAL # OF EMPLOYEES	39		
ELECTRIC APPARATUS SALE, REWIND, REPAIR - SVE								07			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)							40	ATTENTION	41		
PROPERTY OWNER NAME							42	ADDRESS	43	PHONE	44
BA NGUYEN								11541 Westminster, GG, CA 92841		(714) 554-7245	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.											
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE							45	DATE	46		
NAME OF SIGNER (print)							47	NAME OF DOCUMENT PREPARER (print)	49		
TITLE OF SIGNER							48	TITLE OF DOCUMENT PREPARER	50		

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

*Audible Alarm*

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

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

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

*South Parking lot.*

Employee Responsibilities:

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

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




## HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

☐ ADD☐ DELETE☒ REVISED 1

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

FACILITY ID#	3	0	0	3	5							38	BUSINESS NAME	BPM Electric Motors Inc	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Out Side / East.	4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5
MAP #	1	6
GRID #	K7	7

## II. CHEMICAL INFORMATION

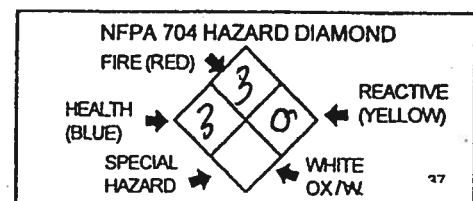
CHEMICAL NAME	Gun Washing Solvent	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11		
COMMON NAME	Gun Washing Solvent	* If EPCRA see instructions				An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)				If EHS is "Yes", all amounts must be LBS		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 checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH					18
AVERAGE DAILY AMOUNT	1/4 gal	19	MAXIMUM DAILY AMOUNT	30	20	ANNUAL WASTE AMOUNT	0	21	
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	55	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 checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26							
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27							
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28							

%WT		HAZARDOUS COMPONENT (For mixture or waste only)	EHS			CAS #	
1	29	Toluene	30	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	31	108-88-3 32
2	29	Acetone	30	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	31	67-64-1 32
3	29	Lacquer Diluent	30	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	31	64742-89-8 32
4	29	Methyl Alcohol	30	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	31	67-56-1 32
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 #	UN 1263	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	Flammable Liquid	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



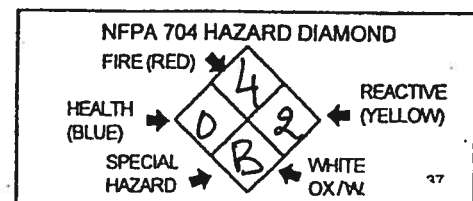
## HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

☐ ADD☐ DELETE☒ REVISED 1

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

FACILITY ID#	30035	BUSINESS NAME	RPM Electric Motors Inc.
I. FACILITY INFORMATION			
CHEMICAL LOCATION Center of Shop			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1
		GRID #	G4
II. CHEMICAL INFORMATION			
CHEMICAL NAME	Acetylene - C <sub>2</sub> H <sub>2</sub>	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Acetylene	* If EPCRA see instructions	
CAS #	74-86-2	FIRE CODE HAZARD CLASSES (supplied by GGFD)	FLAM Gas.
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
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE
		<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	10 ft <sup>3</sup>	MAXIMUM DAILY AMOUNT	2500 ft <sup>3</sup>
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365
*If EHS, amount must be in pounds.		LARGEST CONTAINER	2 cylinder.
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 checked="" type="checkbox"/> i. CYLINDER <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. GLASS CONTAINER <input type="checkbox"/> n. PLASTIC CONTAINER <input type="checkbox"/> o. IN MACH OR EQUIP <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. TOTE BIN <input type="checkbox"/> s. OTHER
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
1	94	Acetylene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	29		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	29		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	29		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	29		<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 #	UN 1001	Refer to shipping papers or MSDS	
DOT HAZARD CLASS	2.1	Refer to shipping papers or MSDS	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
X		If EPCRA, Please Sign Here	
		MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED	





## HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

☐ ADD☐ DELETE☒ REVISED 1

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

FACILITY ID#	3	0	0	3	5								38	BUSINESS NAME	RPM. ELECTRA MOTORS INC	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Center Work Shop.	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	G4	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	Oxygen	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Oxygen	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	7782-44-7	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	OXYDIZER	13
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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
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	3 F#3	19	MAXIMUM DAILY AMOUNT	8	20	ANNUAL WASTE AMOUNT	0	21	STATE WASTE CODE	22
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UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	25
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input checked="" type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input checked="" type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 99	Oxygen, Compressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7782-44-7
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 29		<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 #	UN 1072	33
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Refer to shipping papers or MSDS

DOT HAZARD CLASS	2.2	34
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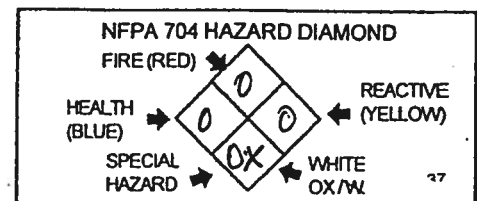
Refer to shipping papers or MSDS

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

If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED





## HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

☐ ADD☐ DELETE☒ REVISED 1

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

FACILITY ID#	3	0	0	3	5							38	BUSINESS NAME	RPM Electric Motors Inc.	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION Rear of Shop. 4

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	I2	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	RESIN	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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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
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	10	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	0	21	STATE WASTE CODE	22
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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	75 gal	25
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
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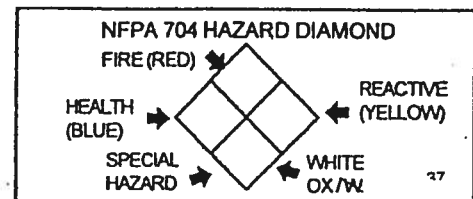
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
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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	32
2	29		30	<input type="checkbox"/> Yes	<input type="checkbox"/> No 31	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 # \_\_\_\_\_ 33  
Refer to shipping papers or MSDSDOT HAZARD CLASS RESIN SOLUTION 34  
Refer to shipping papers or MSDSEPCRA ☐ YES ☒ NO 35X \_\_\_\_\_ 36  
If EPCRA, Please Sign HereMAKE AS MANY COPIES OF CHEMICAL  
INVENTORY FORM AS NEEDED

# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

☒ REVISED 1

Page of 2

FACILITY ID#	3	0	0	3	5						38	BUSINESS NAME	RPM ELECTRIC MOTORS INC.	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	K-7	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	Waste Oil	WASTE	<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11
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COMMON NAME	Waste oil	9	An EHS Chemical	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12
			*If EPCRA see instructions			
			*If EHS is "Yes", all amounts must be LBS			

CAS #	64742-54-7	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	IF LBS IS "YES", all amounts must be LBS	13
			COMBUSTIBLE.		

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

AVERAGE DAILY AMOUNT	2 gal	19	MAXIMUM DAILY AMOUNT	50 gal	20	ANNUAL WASTE AMOUNT	75 gal	21	STATE WASTE CODE	261.77	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	24	LARGEST CONTAINER	25
	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS		364		55 gal.	
*If EHS, amount must be in pounds.							

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

STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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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
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%WT	HAZARDOUS COMPONENT <i>(For mixture or waste only)</i>	EHS	CAS #
-----	--	-----	-------

1	29	Petroleum Distillates.	30	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	31	64742-54-7 <sup>32</sup>
2	29		30	<input type="checkbox"/> Yes	<input type="checkbox"/> No	31	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 # UN 1270 33 NFPA 704 HAZARD DIAMOND

Refer to shipping papers or MSDS

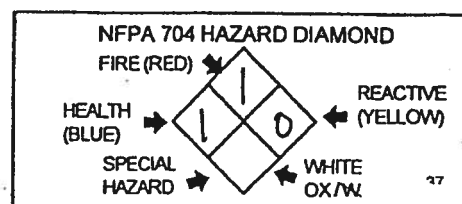
DOT HAZARD CLASS 3 34

HEALTH (BLUE) →  ← REACTIVE (YELLOW)

Refer to shipping papers or MSDS

EPCRA ☐ YES ☒ NO

**X** \_\_\_\_\_ **MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED**



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





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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 1 of 1

I. FACILITY IDENTIFICATION											
FACILITY ID#	3	0	0	3	5					1. EPA ID # (Hazardous Waste Only)	2.
										CAL000026177	

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

RPM Electric

### 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...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) 6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

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

National Response Center

Phone Numbers

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

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

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

## GARDEN GROVE FIRE DEPARTMENT

### BUSINESS EMERGENCY PLAN

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

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

Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.


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

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

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

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

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

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

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

*Be Lu Pham*  
BE PHAM  
Secretary  
10-2-10  
(10)

# GARDEN GROVE



## FIRE DEPARTMENT

# HAZARDOUS MATERIALS DISCLOSURE PROGRAM

## REPORTING FORMS PACKET PART 1

### FOR OFFICIAL USE ONLY

APPROVED BY: [Signature] DATE: 1/25/2002

NEW BUSINESS ☐ EXISTING ☒ UPDATE ☒

FEE: ① 2 3 4 5 6

OWNERSHIP CHANGE ☐

ADDRESS CHANGE: ☐

TIER II ☐ FAC: ☐ CON: ☐ BUS LIST: ☒ PICK: ☒

40: ☒



# CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

## HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

### BUSINESS INFORMATION

2722

(3) Page 1 of \_\_\_\_

FACILITY #	3	0	0	3	5					2	1	3	BEGINNING DATE (1)	12/10/01	ENDING DATE (2)	12/31/01	
BUSINESS NAME (4)	RPM Electric Motors										BUSINESS PHONE (5)	(714) 638-4174					
SITE ADDRESS (6)	11352 Westminster																
CITY (7)	GARDEN GROVE										STATE (8)	CA		ZIP (9)	92843		
DUN & BRADSTREET (10)	11-505-7671 CDR										SIC CODE (4 DIGIT #) (11)	7629					
COUNTY	ORANGE																
OPERATOR NAME (12)	Bon Pham										OPERATOR PHONE (13)						

### BUSINESS OWNER INFORMATION

OWNER NAME (14)	Bon Pham										OWNER PHONE (15)	(714) 590-1465					
OWNER MAILING ADDRESS (16)	8981 Acacia																
CITY (17)	Garden Grove										STATE (18)	CA		ZIP (19)	92841		

### ENVIRONMENTAL CONTACT

CONTACT NAME (20)	Be Pham										CONTACT PHONE (21)	(714) 638-4174					
MAILING ADDRESS (22)	11352 Westminster																
CITY (23)	Garden Grove										STATE (24)	CA		ZIP (25)	92843		

### Primary

### EMERGENCY CONTACTS

### Secondary

NAME (26)	Bon Pham										NAME (31)	Nancy/David Lee					
TITLE (27)	owner										TITLE (32)	(in-laws)					
BUSINESS PHONE (28)	(714) 638-4174										BUSINESS PHONE (33)	(714) 554-7245					
24-HOUR PHONE (29)											24-HOUR PHONE (34)						
PAGER # (30)											PAGER # (35)						

### (36) ADDITIONAL LOCALLY COLLECTED INFORMATION

A. Type of Business Operation	electric apparatis sales, service & repair																
B. Hours of Business Operation	7:30 am to 4:00pm Monday - Friday																
C. Total Number of Employees	10																
D. Property Owner Name	Ba Nguyen										Address	11541 Westminster Avenue					
E. Schools, hospitals within 1,000 ft. of business property	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>										Garden Grove, CA 92843						

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

SIGNATURE OF OWNER/OPERATOR OR (37) DESIGNATED REPRESENTATIVE	DATE (38)	SIGNATURE OF DOCUMENT PREPARER (41)
<i>Be Pham</i>	12/21/01	<i>Greta R Elliot</i>
NAME OF SIGNER (print) (39)	NAME OF DOCUMENT PREPARER (print) (42)	
BE PHAM office manager	Greta R Elliot	
TITLE OF SIGNER (print) (40)	TITLE OF DOCUMENT PREPARER (print) (43)	
	Secretary	