



CITY OF GARDEN GROVE OFFICE OF THE CITY CLERK

*Safeguard all official records of the City.
Conduct municipal elections and oversee legislative administration.
Provide reliable, accurate, and timely information to the
City Council, staff, and the general public.*

Steven R. Jones
Mayor

Stephanie Klopfenstein
Mayor Pro Tem - District 5

George S. Brietigam
Council Member - District 1

John R. O'Neill
Council Member - District 2

Thu-Ha Nguyen
Council Member - District 3

Patrick Phat Bui
Council Member - District 4

Kim Bernice Nguyen
Council Member - District 6

January 16, 2020

Request #5344

Requester: Caitlyn Seavey

Company: eScreenLogic

Re: 14368 Brookhurst St.

Dear Ms. Seavey,

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. 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,

Amanda Pollock
City of Garden Grove
City Clerk's Office



Garden Grove Fire Department

SKYLARK CLEANERS (251)

**14368 BROOKHURST ST
GARDEN GROVE, CA 92843**

Occupancy Information			
Occupancy ID	251	Occupancy Type	F-1 Moderate Hazard
Latitude	33.753996	Phone	7145313055
Longitude	-117.954714	Fax	
Email		UB Code	
Occupancy Zone	2720	Utility Billing Number	
Map Page		National Grid	
Property Use		Business Lic. Number	
Assessed Value	\$0.00	Assessor Parcel Number	
Year Built	0	Critical Infrastructure	
Assigned Inspector	8253 - Spell, Brad	Station	FPB - Station FPB

Contacts			
Contact Name	Address	Contact Numbers	Description
(Property Owner)			Property Owner
		Phone	Emergency One
		Phone	Emergency Secondary
		Fax:	
		Phone	Emergency Primary
		Fax:	

Prefire Plan			
Building Height (feet)	0	Number Of Floors	0
Width (feet)	0	Length (feet)	0
Square Footage	0	Needed Fire Flow (gpm)	
Basement Present		Construction Type	
Roof Type		Roof Material	
Fire Alarm Panel Loc.		Master Key Loc.	
Gas/LPG Shutoff Loc.		Electrical Panel Loc.	
Other Loc. Info		Exposure Info	
HazMat		Building Access	
Access Problems		Roof Construction	
Ventilation Problems		Normally Occupied	
Prefire Plan Notes			

Fire Protection Systems	
FD Connections	
Sprinkler Room Loc.	
Water Supply Info	

There are no fire protection systems associated with this occupancy.

Nearby Hydrants				
ID	Distance	Available Flow	Status	Type
4052Y796W	14368 Brookhurst Garden Grove, CA			
	0 ft.	Unknown Flow	In Service	
4052K8746Z	14382 Brookhurst Garden Grove, CA			
	36 ft.	Unknown Flow	In Service	
4052M2401Z	14342 Brookhurst Garden Grove, CA			
	98 ft.	Unknown Flow	In Service	

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>251</u>
BUSINESS NAME	<u>Skylark Cleaners</u>
BUSINESS ADDRESS	<u>14368 Brookhurst St.</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</u> BUSLIST <u> </u> CALARP: <u> </u> CUPA: <u> </u> GIS <u> </u>
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	SKYLARK CLEANERS			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	14368 BROOKHURST ST.				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	[REDACTED]			OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	[REDACTED]			OWNER PHONE	17
OWNER MAILING ADDRESS	14368 BROOKHURST ST.				18
CITY	GARDEN GROVE	STATE	CA	ZIP	92843

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]			CONTACT PHONE	23
CONTACT MAILING ADDRESS	[REDACTED]				24
CITY	[REDACTED]	STATE	[REDACTED]	ZIP	[REDACTED]

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	28	NAME	[REDACTED]	33
TITLE	OWNER	29	TITLE	WORKER	34
BUSINESS PHONE	(714) 531-3055	30	BUSINESS PHONE	(714) 531-3055	35
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #	NONE	32	PAGER #	NONE	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	DRY CLEANING	38	TOTAL # OF EMPLOYEES	04	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	NONE	40	ATTENTION		41
PROPERTY OWNER NAME	R.T.I. CO	42	ADDRESS	CORONA DEL MAR 21 TIBURON BAY DR., CA 92625	43

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

SIGNATURE OF REPRESENTATIVE	[REDACTED]	45	DATE	11-29-05	46
NAME OF SIGNER (print)	[REDACTED]	47	NAME OF DOCUMENT PREPARER (print)	[REDACTED]	49
TITLE OF SIGNER	OWNER	48	TITLE OF DOCUMENT PREPARER	OWNER	50



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page 7 of 24 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Sky Lark Cleaners	6/24/2008	4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS	14308 Brookhurst St.				
CITY	GARDEN GROVE	STATE	7	CA	8
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	ZIP	9
COUNTY	ORANGE	FIRE DISTRICT	12		
BUSINESS OPERATOR	14				

BUSINESS OWNER

OWNER	[REDACTED]				
OWNER MAILING ADDRESS	14308 Brookhurst St.				
CITY	garden grove	STATE	19	CA	20
ZIP	92843				

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]				
CONTACT MAILING ADDRESS	14308 Brookhurst St.				
CITY	garden grove	STATE	25	CA	26
CONTACT PHONE	22				
ZIP	27				

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
TITLE	29	TITLE	34
BUSINESS PHONE	30	BUSINESS PHONE	35
24-HR. PHONE	31	24-HR. PHONE	36
PAGER #	32	PAGER #	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	Dry cleaners	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION	41
PROPERTY OWNER NAME	43	(Manager)	ADDRESS	43
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	[Signature]	DATE	46
NAME OF SIGNER (print)	47	[REDACTED]	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	[REDACTED]	TITLE OF DOCUMENT PREPARER	50



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of 24

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5															1. EPA ID # (Hazardous Waste Only)	2.
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BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.

Skylark Cleaners

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

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



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Skylark Cleaners	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	14348 Brookhurst St				4				
CONFIDENTIAL LOCATION EPCRA	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	L 6 M 6	7

II. CHEMICAL INFORMATION

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

CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	CLASS 3	13
-------	----	---	---------	----

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	n/a	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 checked="" type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH
--------------------------------------	-----------------------------------	---	---------------------------------	----	-----------------------	---	--------------------------------------	--	----	--	---

AVERAGE DAILY AMOUNT	5 Gallons	19	MAXIMUM DAILY AMOUNT	5 gallon	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	LARGE 5	25
	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS							

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

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32

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

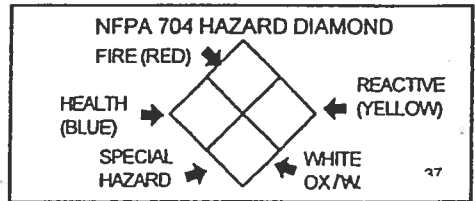
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

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

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

VOCAL

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

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

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

PARKING Lot

Employee Responsibilities:

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

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

FIRE!

**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.

Other place

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: *[Signature]*
Name: [REDACTED]
Title: *Manager*
Date: *9/25/08*

251
11/9/04

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN SHORT VERSION

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

FILL THESE FORMS OUT COMPLETELY AND BE READY TO HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN THEY ARRIVE AT THE EMERGENCY SCENE.

IN THE EVENT OF AN EMERGENCY,

CALL 911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6 95, Section 25503.5.

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

1. Gasoline/Diesel service stations. S-3 occupancies.
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3. Dry Cleaners.
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The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material, and that there are unusual circumstances justifying this exemption.

Exemptions

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas

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

VOCAL

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

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

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

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)

CALL 911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

Phone Numbers

Garden Grove Fire Department, Police,
Paramedics

911

Office of Emergency Services (OES)

(800) 852-7550 OR (916) 427-4341

National Response Center

(800) 424-8802

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Prevention

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

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

Consideration shall include:

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

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

REAR FILE CABINET

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: OWNER

DATE: 10-14-04



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



GARDEN GROVE FIRE DEPARTMENT
 11301 Acacia parkway
 Garden Grove, CA 92840
 Bus. (714) 741-5600 Fax (714) 741-5640
 Hazardous Materials Coordinator
 (714) 741-5636 **714-741-5636**

Address: 14368 Brookhurst St
 Occupant or DBA: Skylark Cleaners
 Owner/Manager: [Redacted]

Date: 6/11/08
 File No: 251
 Phone: 714-531-3055

California Health and Safety Code, Section 6.95, you are required to properly complete the Business Emergency Plan (BMP) packet. You are required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material safety data sheets within fifteen (15) days to the Garden Grove Fire Department. HazMat Coord. (714) 741-5636

An inspection at the above location/occupancy revealed the following violation(s):

Violation(s): CA Health and Safety Code Chapter 6.95, Article 1 and Title 19, §2729 et seq., California Code of Regulations (CCR)

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)]; CFC 8001.3.2
- Failure to review and/or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]
- Chemical inventory is incomplete and/or requires update. [HSC 25509]
- The Emergency Response Plan is inadequate and/or does not address the following issues and shall be immediately revised and resubmitted: [HSC 25504(b)&(c)]
 - Notification Procedures
 - Mitigation Procedures
 - Evacuation Procedures
 - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated. [HSC 25509]
- Failure to provide name, title, and 24-hour number of emergency contact(s). [HSC 25509(a)(7)]
- Site Map is incomplete or insufficient. [HSC 25509]
- Failure to report a release or threatened release. [HSC 25507]
- Failure to report a change in business or chemical inventory within 30 days of the following event(s): [HSC 25510]
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change in business address
 - Change in business ownership
 - Change of business name
 - Other (See comments below):

Violation(s): California Fire Code 2001, Articles 79 & 80, Title 19, Part 9, California Code of Regulations (CCR)

- Provide for secondary containment for hazardous materials liquids and solids (CFC 8003.1.3.3)
- Provide spill control for hazardous materials liquids (CFC 8003.1.3.2)
- Provide approved cabinet if more than 10 gallons of flammable liquids (CFC 7902.5)
- Provide placarding and signs (NFPA 704, CFC Article 79 §7901.9, Article 80 §8001.7-8)
- No Violations Found

Additional Violations and/or Notes:

Responsible Party: [Signature] Re-inspection Date: 6/25/08

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

Fire Dept. Inspector: R. Walden ID #: 3703

Condition Upon Re-inspection: _____ Date: _____



**GARDEN GROVE FIRE DEPARTMENT
 ENVIRONMENTAL PROTECTION SECTION**
 11301 Acacia Parkway
 Garden Grove, CA 92840
 Business: 714 741-5600 Haz Mat: 714 741-5636

**Hazardous Materials Business Emergency Plan And
 Inventory Certification Statement**

Business Name: SKYLARK CLEANERS Telephone: 714-531-3055
 Site Address: 14368 BROCKHURST Zip Code: 92843

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

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

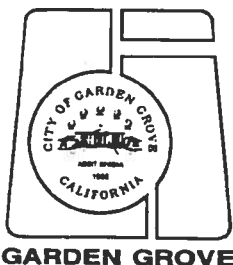
1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
 (Please check applicable boxes.)

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name [REDACTED] Signature [REDACTED]
 Job Title OWNER Date 11-29-05



CITY OF GARDEN GROVE, CALIFORNIA

MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642
714-741-5600

MAR 01 1992

BUSINESS EMERGENCY PLAN

Business Name Sky-ark cleaners.

Business Address 14368 Brookhurst St City G.G State CA Zip 92

Mailing Address Same above City _____ State _____ Zip _____

Business Phone (714) 531-3055 Business License # 140752

Fax Number () None

Owner/Operator: Name [REDACTED] Phone Number [REDACTED]

Address [REDACTED] City [REDACTED]

Type of Business Operation Day cleaners.

EPA # CA0981981145 SIC Code _____

Emergency Contacts: Name [REDACTED]

Address [REDACTED] City [REDACTED]

24 Hour Phone Number [REDACTED] Phone Number [REDACTED]

Property Owner: Name [REDACTED] Phone Number () _____

Address _____ City _____ State _____ Zip _____

Total Number of Employees 01 Dun and Brad St _____

SKY-ARK CLEAN [REDACTED]

Silk • Suedes & Leathers • Alter
Sleeping Bags • Blankets • Dr [REDACTED]

2-HR. SERVICE AVAILABLE

Office Use Only

MLI# 20325 Short Long _____

#1

OK
B 4-20-92

14368 Brookhurst St. at Hazzard
Garden Grove, CA 92643
(714) 531-3055

Mon.-F _____
S _____
Sur _____



CITY OF GARDEN GROVE, CALIFORNIA
MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642
714-741-5600

MAR 0 1 1992

BUSINESS EMERGENCY PLAN

Business Name Sky-ark cleaners.

Business Address 14368 Brookhurst St City G.G State CA Zip 92643

Mailing Address Same above City _____ State _____ Zip _____

Business Phone (714) 531-3055 Business License # 140752

Fax Number () None

Owner/Operator: Name [Redacted] Phone Number (714) 531-3055

Address [Redacted] City [Redacted]

Type of Business Operation Day cleaners.

EPA # CA0981981145 SIC Code _____

Emergency Contacts: Name [Redacted]

Address [Redacted] City [Redacted]

24 Hour Phone Number [Redacted] one Number [Redacted]

Property Owner: Name [Redacted] Phone Number () _____

Address _____ City _____ State _____ Zip _____

Total Number of Employees 01 Dun and Brad Street Numbers _____

Office Use Only

MLI# 20325 Short Long _____

OK
B 4-20-92

LS DISCLOSURE FORM

BE TYPEWRITTEN.

DATE: 4-20-92
PAGE # _____



8. DAYS ON SITE	9. CONTAINER TYPE <small>Table 4</small>	10. STORAGE CODE PRESSURE/TEMP. <small>Table 5</small>	11. LOCATION <small>(NOTE BY QUADRANT AND DESCRIBE AREA)</small>	12. STATE WASTE NUMBER <small>(3 DIGIT CODE)</small>	13. DOT/UN/NA NUMBER	14. HAZARD CLASS <small>Table 6</small>
365	E	1-1	EASTSIDE OF BUSINESS	211	1897	

<u>Table#5 Storage Code</u>		<u>Table#6 Hazard Class (see MSDS sheets for info)</u>		
Pressure	Temperature	1- Blasting Agent	9- Explosive C	17- Oxidizer
1- Ambient	1-Ambient	2- Carcinogen	10- Flammable Compressed Gas	18- Pesticide
2 - Less than ambient	2-Less than ambient, but not cryogenic.	3- Combustible	11- Flammable Liquid	19- Poison A
3 - Greater than ambient	3-Greater than ambient	Liquids	12- Flammable Solid	(Compressed Poisonous Gas)
	4-Cryogenic	4- Corrosive	13- Hypergolic	20- Poison B (Solid/Liquid)
		5- Cryogenics	14- Irritant	21- Pyrophic or Spontaneously Combustible
		6- Etiologic Agents	15- Non Flammable Compressed Gas	22- Radioactive
		7- Explosive A	16- Organic Peroxide	
		8- Explosive B		

* Ambient = room pressure or temperature

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 days of any of the following events:

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

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

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

Print Name of Owner: _____
Print Name of Document Preparer: _____
Signature of Owner/Operator _____ Date: 4-20-92

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

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