



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

John R. O'Neill
Mayor Pro Tem - District 2

George S. Brietigam
Council Member - District 1

Diedre Thu-Ha Nguyen
Council Member - District 3

Patrick Phat Bui
Council Member - District 4

Stephanie Klopfenstein
Council Member - District 5

Kim B. Nguyen
Council Member - District 6

March 11, 2020

Request # 5537

Requester: Brando

Company: Smithemery Geoservices

Re: 10842 Katella Ave.

Dear Brando,

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



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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

Page 1 of _ _

I. FACILITY INFORMATION

FACILITY ID#	3 0 0 3 5	1. EPA ID # (Hazardous Waste Only)	2. CAL 000302351
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)			3. AutoZone #3308

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 (Form3)
B. UNDERGROUND STORAGE TANKS (USTs) 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 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 1. 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? 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 remove 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 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	<input checked="" type="checkbox"/> EPA ID #-provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <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) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <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)



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 #		3	0	0	3	5	BEGINNING DATE					1	ENDING DATE		2
BUSINESS NAME										4	BUSINESS PHONE				5
AutoZone #3308										714-956-2256					
BUSINESS SITE ADDRESS												6			
10842 Katella Avenue															
CITY							7	STATE		8	ZIP		9		
GARDEN GROVE							CA		92840						
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)			11	FIRE DISTRICT		12			
15-723-3511					5531										
COUNTY												13			
ORANGE															
BUSINESS OPERATOR NAME										14	OPERATOR'S PHONE		15		
[REDACTED]															
BUSINESS OWNER															
OWNER NAME										16	OWNER PHONE		17		
AutoZone Stores Inc										901-495-6500					
OWNER MAILING ADDRESS												18			
123 South Front Street															
CITY							19	STATE		20	ZIP		21		
Memphis							TN		38103						
ENVIRONMENTAL CONTACT															
CONTACT NAME										22	CONTACT PHONE		23		
Andrew Beaven										901-495-6949					
CONTACT MAILING ADDRESS												24			
Dept.8190, 123 South Front Street															
CITY							25	STATE		26	ZIP		27		
Memphis							TN		38103						
PRIMARY				EMERGENCY CONTACTS				SECONDARY							
NAME				28	NAME				33						
[REDACTED]				[REDACTED]											
TITLE				29	TITLE				34						
District Manager				24 hour Manned Monitor											
BUSINESS PHONE				30	BUSINESS PHONE				35						
714-956-2256				800-313-9693											
24-HR. PHONE				31	24-HR. PHONE				36						
[REDACTED]				800-313-9693											
PAGER #				32	PAGER #				37						
N/A				N/A											
ADDITIONAL LOCALLY COLLECTED INFORMATION															
DESCRIBE THE TYPE OF BUSINESS OPERATION:										38	TOTAL # OF EMPLOYEES		39		
Autoparts Retail										10-15					
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)										40	ATTENTION		41		
Dept 8190, 123 South Front Street										Environmental Specialist					
PROPERTY OWNER NAME						42	ADDRESS			43	PHONE		44		
AutoZone Stores Inc						123 South Front Street			901-495-7217						
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		
[REDACTED]										5/4/2011					
NAME OF SIGNER (print)						47	NAME OF DOCUMENT PREPARER (print)						49		
Bryan Blair						Bryan Blair									
TITLE OF SIGNER						48	TITLE OF DOCUMENT PREPARER						50		
Environmental Specialist						Environmental Specialist									



COUNTY OF ORANGE CERTIFIED UNIFIED PROGRAM AGENCY - CUPA
HEALTH CARE AGENCY / ENVIRONMENTAL HEALTH
1241 E. DYER ROAD, SUITE 120 SANTA ANA, CA 92705-4720
Telephone: (714) 433-6000 / FAX: (714) 754-1768

Please read the instructions prior to completing this Business Emergency Plan. Print legibly in black ink or type the information. Make a copy for your records. Return the completed original forms, with UPCF Owner/Operator and Hazardous Materials reporting forms to:

County of Orange CUPA
1241 E. Dyer Road, Suite 120
Santa Ana, CA 92705

Mark one box only:

- ▲ New Business Emergency Plan (BEP)
- ▲ Updated BEP: Required review & update of BEP every three (3) years
- ▲ Updated BEP: Changes in business operation and/or personnel require new BEP with current information.

Business Name **AUTOZONE #3308**

Address **10842 KATELLA AVE, GARDEN GROVE, CA, 92840**

I certify under penalty of law that I have personally examined and am familiar with the information submitted; and that the Business Plan submitted meets the requirements of Chapter 6.95 Health & Safety Code & Title 19, §2729 *et seq.*

Owner/Operator Name (Print)

Signature

Date

5/04/2011

BEP Prepared By (Print)

Bryan Blair

Signature

Date

5/04/2011

INCIDENT vs. RESPONSE

If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an Emergency, as described here, then 911 can be omitted; go to the Notification requirement below.

Person responsible for calling 911: STORE MANAGER

A hazardous materials **Incident** is a spill or release that can be absorbed, neutralized or otherwise controlled at the time of release; and can be controlled by the employees in the immediate work area or by maintenance personnel without exposure or health & safety hazards.

A hazardous material **Response** requires a response effort by employees from outside the immediate release area, or by other designated responders (e.g. fire dept), to an occurrence that results, or is likely to result, in an uncontrolled release of a hazardous substance.

NOTIFICATION

Both **Incidents** and **Responses** are considered releases/spills for the purpose of notification. Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

State Office of Emergency Services (OES): (800) 852-7550 or (916) 845-8911

Orange County CUPA (714) 433-6000

Person responsible for calling CUPA and OES: Environmental Specialist

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic VENCOR HOSPITAL			
Address 200 HOSPITAL CIRCLE	City WESTMINSTER	Zip Code 92835	Phone Number (714) 893-4541

2. Does your business have an on-site emergency response team? Yes No
List Names & Titles of each person on response team.

N/A

3. Describe your business's procedures in the event of a release or threatened release of hazardous materials. Include all activities for the mitigation, prevention, or abatement of hazards to persons, property, or the environment such as:
- a) Actions taken to prevent a release from occurring.
 - b) Actions or equipment to prevent a release from spreading.
 - c) Actions for stopping a release.
 - d) Methods for clean up and disposal of released materials.
- Include attachments as necessary

PREVENTION

ALL PRODUCTS DELIVERED TO THE STORE WILL BE INSPECTED FOR LEAKS. THE STORE'S RETAIL CHEMICAL PRODUCTS AND USED OIL TANK WILL PERIODICALLY BE INSPECTED FOR LEAKS. DAILY USED OIL TANK INSPECTION WILL BE DOCUMENTED ON THE USED OIL TANK LOG. ALL USED OIL WILL BE INSPECTED BEFORE BEING Poured INTO THE TANK. ALL BATTERIES WILL BE INSPECTED FOR LEAKS BEFORE THEY ARE PLACED IN THE STORAGE AREA OR RETAIL RACK.

ALL DAMAGED OR LEAKING CHEMICAL PRODUCTS THAT CAN NOT BE USED FOR ITS ORIGINAL INTENDED PURPOSE WILL BE CONSIDERED A WASTE AND PROPERLY DISPOSED UNDER THE RETAIL CHEMICAL WASTE PROGRAM. WASTE PRODUCTS WILL BE PLACED IN ONE OF FIVE CONTAINERS WITH A COLOR HAZARD CATEGORY LABEL. EMPLOYEES WILL PUT THE WASTE PRODUCT IN A ZIPLOCK BAG ALONG WITH ANY MATERIAL THAT HAS BEEN USED TO CLEAN UP ANY SPILLS, AND PLACE IT INTO THE PROPER CONTAINER. **(SEE RETAIL CHEMICAL WASTE POLICY)** NO CHEMICAL WASTE WILL BE THROWN IN THE TRASH, Poured DOWN THE DRAIN, OR DISPOSED OF IN A METHOD OTHER THAN THE ONE DESCRIBE IN THE POLICY.

MITIGATION

ALL AUTOZONERS HAVE PARTICIPATED IN THE AUTOZONE EMERGENCY ACTION PLAN AND SAFETY TRAINING PROGRAM, WHICH INCLUDES TRAINING SPECIFIC TO HANDLING EMERGENCIES INCLUDING EVACUATION, FIRE ALARMS, FIRE EXTINGUISHERS, FIRST AID KITS, SPILL CLEAN UP AND SPILL RESPONSE EQUIPMENT.

IN THE EVENT A SPILL OCCURS, AUTOZONE EMPLOYEES WILL PROTECT ENVIRONMENTAL SENSITIVE AREAS BY USING ABSORBENTS, RAGS OR PAPER TOWELS TO CONTAIN THE MOVEMENT OF THE RELEASE BY CREATING A BERM AROUND THE SPILL. EMPLOYEES WILL THEN PLACE ABSORBENT AROUND THE EDGES OF THE SPILL, WORKING INWARD UNTIL ENTIRE SPILL IS COVERED BY ABSORBENT.

BATTERY ACID SPILLS WILL BE NEUTRALIZED USING SODA ASH. USING PROPER PPE, AUTOZONE EMPLOYEES WILL START AROUND THE EDGES OF THE SPILL AND WORK INWARD UNTIL THE ENTIRE SPILL IS COVERED WITH SODA ASH. AUTOZONE EMPLOYEES WILL CONTINUE THE PROCESS UNTIL ALL ACID IS NEUTRALIZED. THE NEUTRALIZED SODA ASH WILL THEN BE PLACED INTO THE USED ABSORBENT DRUM.

ANY LEAKS OR SPILLS FROM DAMAGED OR LEAKING RETAIL PRODUCTS WILL BE CLEANED UP USING EITHER PAPER TOWELS OR CLAY ABSORBENTS. THE SPILL CLEAN-UP WASTE USED TO CLEAN THE SPILL ALONG WITH THE DAMAGED OR LEAKING CONTAINER WILL BE PLACED IN A ZIP LOCK BAG AND PLACED INTO ONE OF FIVE CHEMICAL WASTE CONTAINERS DEPENDING ON THE HAZARD CATEGORY OF THE DAMAGED PRODUCT. THE CONTAINERS ARE LABELED AS **ACID, ALKALINE/BASE, FLAMMABLE LIQUID/AEROSOLS, REACTIVES, AND TOXIC OR CALIFORNIA WASTES.**

ABATEMENT

FIRE- MANAGEMENT WILL NOTIFY LOCAL FIRE DEPT THAT A FIRE HAS TAKEN PLACE AFTER THEY HAVE EVACUATED THE STORE. IF SAFE, EMPLOYEES WILL ATTEMPT TO CONTROL FIRE USING FIRE EXTINGUISHERS LOCATED THROUGHOUT THE STORE.

SMALL SPILLS- CHEMICALS WILL BE ABSORBED WITH CLAY ABSORBENT MATERIALS BY AUTOZONE EMPLOYEES USING THE PROPER PROTECTIVE AND SAFETY EQUIPMENT. 3E COMPANY WILL BE CONTACTED FOR CLEAN-UP AND DISPOSAL PROCEDURES.

LARGE SPILLS- MANAGEMENT WILL NOTIFY LOCAL FIRE DEPT. TRAINED EMPLOYEES USING THE PROPER PROTECTIVE EQUIPMENT WILL ATTEMPT TO CONTAIN THE SPILL. 3E COMPANY WILL BE CALLED TO RESPOND AND ASSIST IN THE CLEAN-UP AND DISPOSAL OF SPILLED MATERIAL.

ALL WASTE GENERATED FROM A RELEASE WILL BE PROPERLY DISPOSED OF IN THE STORE'S USED ABSORBENT DRUM OR COLLECTED BY THE EMERGENCY RESPONSE CONTRACTOR AND SENT TO A LICENSED DISPOSAL FACILITY.

4. Describe your facility emergency notification and evacuation procedure. What communications or alarms are used? How do these operate during a power failure? Specify emergency exits and employee staging areas.

STORE MANAGEMENT WILL USE VERBAL COMMANDS TO COMMUNICATE TO ALL EMPLOYEES AND CUSTOMERS THAT THE STORE NEEDS TO BE EVACUATED AND WHERE TO GO IN THE EVENT OF AN EMERGENCY.

ALL EXITS ARE MARKED ON THE EVACUATION MAP POSTED IN THE OFFICE. THE MAP WILL ALSO SHOW THE EMPLOYEE STAGING AREA IN THE EVENT THE STORE HAS TO BE EVACUATED.

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

THE USED OIL TANK IS INSPECTED DAILY FOR ANY LEAKS. IN THE EVENT OF AN EARTHQUAKE THE TANK WILL BE INSPECTED FOR DAMAGE.

EMPLOYEE TRAINING PROGRAM – The training program shall, at a minimum, include:

- a) methods for safe handling of hazardous materials;
 - b) procedures for coordination with local emergency response organizations;
 - c) use of emergency response equipment and supplies under the control of the handler, and
 - d) implementation of the Business Emergency Plan and notification requirements.
-

New AutoZone employees receive on their first day specific training related to all in house environmental operations including: Used Oil Recycling, Battery Handling, Spill Response and Clean-Up. In addition they are trained on the Emergency Action Plan and the California Environmental Policy.

All employees are trained annually on:

- Proper procedures for storing, handling and labeling hazardous waste
 - Proper use of 3E Company services.
 - Proper procedures for maintaining records using 3E
 - Instructions in the Written Hazard Communications Program, including reviewing MSDS and safety procedures for materials.
 - Review of emergency action plans
 - Coordination of emergency action plans with local fire depts, paramedics, and clean up contractors.
 - Monthly inspection and maintenance of safety equipment (including fire extinguishers and eye wash stations)
 - Training on the proper use of fire extinguishers
 - Review of the Emergency Action Plan and store management's responsibilities in the event of an emergency
-



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page ___ of ___ 2

FACILITY ID#	3	0	0	3	5							38	BUSINESS NAME AutoZone # 3308	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Oil Tank-Stockroom													4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5	MAP #	6	GRID #	7
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II. CHEMICAL INFORMATION

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

CAS # 8002-05-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible	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	0	16
----------------------------	----------------------------------	--	-----------------------------------	----	-------------	---	----	--------	---	----

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

AVERAGE DAILY AMOUNT	110	19	MAXIMUM DAILY AMOUNT	220	20	ANNUAL WASTE AMOUNT	6000	21	STATE WASTE CODE	221	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	220	25
-------	--	--	----	--------------	-----	----	-------------------	-----	----

*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	26
--	--	--	---------------------------------	--------------------------------------	--	----

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	Petroleum Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
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 # _____ 33

Refer to shipping papers or MSDS

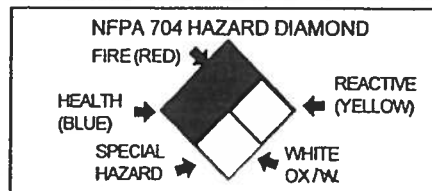
DOT HAZARD CLASS Combustible 3 34

Refer to shipping papers or MSDS

EPCRA YES NO 35

x _____ 36

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page ___ of ___ 2

FACILITY ID#	3 0 0 3 5	38 BUSINESS NAME AutoZone # 3308	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Drum-Stockroom			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5 MAP #	6 GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
Waste Absorbent				If EPCRA see instructions			
COMMON NAME			9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
Waste Absorbent				*If EHS is "Yes", all amounts must be LBS			
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13				
8002-05-9		Combustible					
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 0	16
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input 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	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
220		440		1320		352	
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> d. TONS	23	DAYS ON SITE	24	LARGEST CONTAINER	25
	*If EHS, amount must be in pounds.			365		440	
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 50%	Petroleum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT #	33	
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	Combustible 3	
Refer to shipping papers or MSDS	34	
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#	3 0 0 3 5	38	BUSINESS NAME	AutoZone # 3308	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Pallet-Stockroom				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Sulfuric Acid		WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11													
COMMON NAME	Waste Lead Acid Battery		An EHS Chemical		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9 12															
CAS #	7446-93-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Corrosive		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	0	16											
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18												
						<input checked="" type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH														
AVERAGE DAILY AMOUNT	1100	19	MAXIMUM DAILY AMOUNT	1300	20	ANNUAL WASTE AMOUNT	30,000	21	STATE WASTE CODE	791	22										
UNITS	<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	30	25										
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR	<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN	<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER Case	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 34%	Sulfuric Acid	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7446-93-9
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.

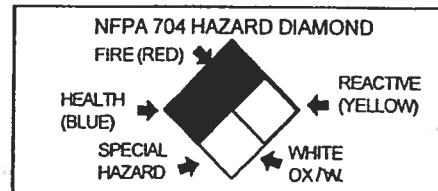
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS Corrosive 8 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

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

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Page ____ of ____

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

AUTOZONE #

CHEMICAL LOCATION 201

STOCK ROOM

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202

YES NO

FACILITY ID #

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

MISC REACTIVE PRODUCTS

TRADE SECRET Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

DAMAGED NON-SALEABLE RETAIL PRODUCTS

EHS* Yes No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 0 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 1 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

1

MAXIMUM DAILY AMOUNT 218

1

ANNUAL WASTE AMOUNT 219

4

STATE WASTE CODE 220

331

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER 223

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	
1 0-100	DIMETHYL PHTHYALATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	131-11-3	229
2 0-100	METHYL ETHYL KETONE PEROXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1338-23-4	233
3 0-100	METHYL ETHYL KETONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78-93-3	237
4 0-100	BENZOYL PEROXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	94-36-0	241
5 0-100	BENZOIC ACID	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	65-85-0	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)											3	
AUTOZONE #												
CHEMICAL LOCATION						201	CHEMICAL LOCATION CONFIDENTIAL				202	
STOCK ROOM						EPCRA						
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
FACILITY ID #				MAP# (optional)			203	GRID# (optional)				204

II. CHEMICAL INFORMATION

CHEMICAL NAME						205	TRADE SECRET				206	
MISC NON-RCRA REGULATED LIQUID PRODUCTS						If Subject to EPCRA, refer to instructions						
COMMON NAME						207	EHS*				208	
DAMAGED NON-SALEABLE RETAIL PRODUCTS						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
CAS#						209	*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)											210	
HAZARDOUS MATERIAL TYPE (Check one item only)						211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				212	
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE						CURIES 0						
PHYSICAL STATE (Check one item only)						214	LARGEST CONTAINER				215	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS						5						
FED HAZARD CATEGORIES (Check all that apply)											216	
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH												
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT			219	
1			5			4			STATE WASTE CODE			220
									343/352			
UNITS* (Check one item only)						221	DAYS ON SITE:				222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						* If EHS, amount must be in pounds.						
STORAGE CONTAINER												
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR												
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER												
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN												
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON												
STORAGE PRESSURE						224						
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT												
STORAGE TEMPERATURE						225						
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC												

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 0-100	POLYGLYCOL DIMETHACRYLATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25852-47-5
2 0-100	POLYGLYCOL OLEATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9004-96-0
4 0-100	SACCHARIN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	81-07-2
5 0-100	WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
6 0-100	HEAVY PETROLEUM DISTILATES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64741-88-4
7 0-100	OLEIC ACID	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	112-80-1
8 0-100	ISOPROPANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	67-63-0
9 0-100	NON-REGULATED CONSTITUENTS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
10 0-100	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-4
11 0-100	VEGETABLE OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9083-41-4
12 0-100	TITANIUM DIOXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13463-67-7
13 0-100	METHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	67-56-1

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3									
AUTOZONE #									
CHEMICAL LOCATION 201					CHEMICAL LOCATION CONFIDENTIAL EPCRA 202				
STOCK ROOM					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID #					MAP# (optional) 203			GRID# (optional) 204	

II. CHEMICAL INFORMATION

CHEMICAL NAME 205			TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No 206		
MISC FLAMMABLE AEROSOL PRODUCTS			<small>If Subject to EPCRA, refer to instructions</small>		
COMMON NAME 207			EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208		
DAMAGED NON-SALEABLE RETAIL PRODUCTS					
CAS# 209			*If EHS is "Yes", all amounts below must be in lbs.		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210					
HAZARDOUS MATERIAL TYPE (Check one item only) 211		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212		CURIES 0 213	
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE					
PHYSICAL STATE (Check one item only) 214		LARGEST CONTAINER 5 215			
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS					
FED HAZARD CATEGORIES (Check all that apply) 216					
<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 217		MAXIMUM DAILY AMOUNT 218		ANNUAL WASTE AMOUNT 219	
1		5		9	
UNITS* (Check one item only) 221				DAYS ON SITE: 222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS				365	
* If EHS, amount must be in pounds.					
STORAGE CONTAINER 223					
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR					
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER					
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN					
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON					
STORAGE PRESSURE 224					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
STORAGE TEMPERATURE 225					
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	
1 0-100	MINERAL SPIRITS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64475-85-0	229
2 0-100	ETHYLBENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4	
3 0-100	PROPANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-98-6	
4 0-100	METHYL ETHYL KETONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78-93-3	241
5 0-100	XYLENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7	245
6 0-100	METHYL METHACRYLATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80-62-6	
7 0-100	NAPHTHALENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	91-20-3	
8 0-100	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3	
9 0-100	METHYL HEXANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78-93-3	
10 0-100	METHYL ISOBUTYL KETONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-10-1	
11 0-100	BUTANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	106-97-8	

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

AUTOZONE #

CHEMICAL LOCATION 201

STOCK ROOM

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202

YES NO

FACILITY ID #

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

MISC FLAMMABLE PRODUCTS

COMMON NAME 207

DAMAGED NON-SALEABLE RETAIL PRODUCTS

CAS# 209

TRADE SECRET Yes No 206

If Subject to EPCRA, refer to instructions

EHS* Yes No 208

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 0 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER **5** 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

MAXIMUM DAILY AMOUNT 218

ANNUAL WASTE AMOUNT 219

STATE WASTE CODE 220

1

5

9

331

UNITS* 221

(Check one item only)

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 0-100

ACETONE

Yes No

67-64-1 229

2 0-100

ETHYLBENZENE

Yes No

100-41-4 233

3 0-100

PROPANE

Yes No

74-98-6 237

4 0-100

METHYL HEXANE

Yes No

78-93-3 241

5 0-100

METHYL ISOBUTYL KETONE

Yes No

108-10-1 245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

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Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)											3	
AUTOZONE #												
CHEMICAL LOCATION						201	CHEMICAL LOCATION CONFIDENTIAL EPCRA				202	
STOCK ROOM							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
FACILITY ID #							MAP# (optional)		203	GRID# (optional)		204

II. CHEMICAL INFORMATION

CHEMICAL NAME						205	TRADE SECRET				206	
MISC FLAMMABLE PRODUCTS							<input type="checkbox"/> Yes <input type="checkbox"/> No					
COMMON NAME						207	EHS*				208	
DAMAGED NON-SALEABLE RETAIL PRODUCTS							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
CAS#						209	*If EHS is "Yes", all amounts below must be in lbs.					
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)												210
HAZARDOUS MATERIAL TYPE (Check one item only)						211	RADIOACTIVE		212	CURIES 0		213
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
PHYSICAL STATE (Check one item only)						214	LARGEST CONTAINER					215
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS							5					
FED HAZARD CATEGORIES (Check all that apply)						216	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH					
AVERAGE DAILY AMOUNT			217	MAXIMUM DAILY AMOUNT			218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE	220
1				5				9			331	
UNITS* (Check one item only)						221	DAYS ON SITE:				222	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS							365					
STORAGE CONTAINER												223
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR												
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER												
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN												
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON												
STORAGE PRESSURE							<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					224
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					225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	
1 0-100	MINERAL SPIRITS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64475-85-0	229
2 0-100	ISOPROPANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	67-63-0	233
3 0-100	METHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	67-56-1	237
4 0-100	METHYL ETHYL KETONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78-93-3	241
5 0-100	XYLENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7	245
6 0-100	METHYL METHACRYLATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80-62-6	
7 0-100	NAPHTHALENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	91-20-3	
8 0-100	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3	
9 0-100	UNSATURATED POLYESTER RESIN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10 0-100	STYRENE MONOMER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-42-5	

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION

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**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

AUTOZONE #

CHEMICAL LOCATION 201

STOCK ROOM

CHEMICAL LOCATION CONFIDENTIAL EPCRA 202

YES NO

FACILITY ID #

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

MISC NON-RCRA REGULATED SOLID PRODUCTS

TRADE SECRET

Yes No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

DAMAGED NON-SALEABLE RETAIL PRODUCTS

EHS*

Yes No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) 211

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212

CURIES 0 213

PHYSICAL STATE (Check one item only) 214

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 5 215

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217

1

MAXIMUM DAILY AMOUNT 218

5

ANNUAL WASTE AMOUNT 219

4

STATE WASTE CODE 220

343/352

UNITS* (Check one item only) 221

a. GALLONS b. CUBIC FEET c. POUNDS d. TONS

* If EHS, amount must be in pounds.

DAYS ON SITE: 222

365

STORAGE CONTAINER

a. ABOVE GROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON 223

STORAGE PRESSURE 224

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 0-100

SILICON DIOXIDE

Yes No

7631-86-9 237

2 0-100

SACCHARIN

Yes No

81-07-2 241

3 0-100

HEAVY PETROLEUM DISTILATES

Yes No

64741-88-4

4 0-100

KAOLINITE

Yes No

1332-58-7

5 0-100

OLEIC ACID

Yes No

112-80-1

6 0-100

ROSIN

Yes No

8050-09-7

7 0-100

NON-REGULATED CONSTITUENTS

Yes No

N/A

8 0-100

VEGETABLE OIL

Yes No

9083-41-4

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page ___ of ___

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3		
AUTOZONE #		
CHEMICAL LOCATION 201	CHEMICAL LOCATION CONFIDENTIAL EPCRA 202	
STOCK ROOM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #	MAP# (optional) 203	GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205	TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No 206	
MISC CORROSIVE PRODUCTS	<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME 207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208	
DAMAGED NON-SALEABLE RETAIL PRODUCTS		
CAS# 209	*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210		
HAZARDOUS MATERIAL TYPE (Check one item only) 211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	CURIES 0 213
PHYSICAL STATE (Check one item only) 214	LARGEST CONTAINER 5 215	
FED HAZARD CATEGORIES (Check all that apply) 216	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219
1	5	5
STATE WASTE CODE 220	DAYS ON SITE: 221	
791	365	
UNITS* (Check one item only) 222	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	
STORAGE CONTAINER 223	<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE 224	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE 225	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%w/w	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 0-100 226	PHOSPHORIC ACID 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7664-38-2 229
2 0-100 230	HYDROFLUORIC ACID 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	7664-39-3 233
3 0-100 234	SULFURIC ACID 235	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	7664-93-3 237
4 0-100 238	SODIUM DODECYLBENZENE SULFONATE 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	25155-30-0 241
5 0-100 242	OXALIC ACID 243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	144-62-7 245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200 Page of

FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) AUTOZONE #		3
CHEMICAL LOCATION STOCK ROOM	201	CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 202
FACILITY ID #	MAP# (optional) 203	GRID# (optional) 204

CHEMICAL INFORMATION

CHEMICAL NAME MISC CORROSIVE ALKALINE PRODUCTS	205	TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>	206
COMMON NAME DAMAGED NON-SALEABLE RETAIL PRODUCTS	207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS#	209	*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210			

HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES 0	213
--	-----	---	-----	----------	-----

PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214	LARGEST CONTAINER 5	215
---	-----	------------------------	-----

FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	216
---	-----

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
1	5	4	123

UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in pounds.</small>	221	DAYS ON SITE: 365	222
---	-----	----------------------	-----

STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	223
---	-----

STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224
---	-----

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	225
--	-----

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	
1 0-100	SODIUM METASILICATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6834-92-0	229
2 0-100	ETHYLENE GLUCOL MONOBUTYL ETHER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	111-76-2	233
3 0-100	AMMONIA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7664-41-7	237
4 0-100	SODIUM HYDROXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1310-73-2	241
5 0-100	ALXYL POLYGLUCOSIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	68515-73-1	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here



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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

I. FACILITY INFORMATION												
FACILITY ID#	3	0	0	3	5					1.	EPA ID # (Hazardous Waste Only) CAL 000302351	2.

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) AutoZone # 3308	3.
--	----

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 (Form3)
B. UNDERGROUND STORAGE TANKS (USTs) 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 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 1. 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? 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 remove 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 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	<input checked="" type="checkbox"/> EPA ID #-provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <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) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program <i>H&SC Chapter 6.95, Article 2, §25531 et seq</i> - 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)



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	AUTOZONE #3308	BUSINESS PHONE	4	714-956-2256	5
BUSINESS SITE ADDRESS	10842 Katella Avenue				6
CITY	GARDEN GROVE	STATE	7 CA	ZIP	9 92840
DUN & BRADSTREET	10 15-723-3511	SIC CODE (4 DIGIT #)	11 5531	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	AutoZone Inc	OWNER PHONE	16 901-495-6500	17	
OWNER MAILING ADDRESS	123 South Front Street				18
CITY	Memphis	STATE	19 TN	ZIP	20 21 38103

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS	24		
CITY	Memphis	STATE	25 26 27

PRIMARY EMERGENCY CONTACTS SECONDARY

NAME	28	NAME	33
District Manager	29	Alarm Central	34
BUSINESS PHONE	30 714-956-2256	BUSINESS PHONE	35 800-313-9693
24-HR. PHONE	31	24-HR. PHONE	36 800-313-9693
PAGER #	32 N/A	PAGER #	37 N/A

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	38 Autoparts Retail	TOTAL # OF EMPLOYEES	39 10-15
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40 Dept 8190, 123 South Front Street	ATTENTION	41 Environmental Specialist
PROPERTY OWNER NAME	42 AutoZone Stores Inc	ADDRESS	43 123 South Front Street
		PHONE	44 901-4957217

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 5/30/2009
NAME OF SIGNER (print)	47 Bryan Blair	NAME OF DOCUMENT PREPARER (print)	49 Bryan Blair
TITLE OF SIGNER	48 Environmental Specialist	TITLE OF DOCUMENT PREPARER	50 Environmental Specialist

SHARON 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 N/A Storage on paved ground

2. Compressed and/or cryogenic gas storage areas:

a N/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.

The Business Plan will be kept in a binder in the
office

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

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

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

SIGNATURE: 

NAME: Bruce Blair

TITLE: Environmental Specialist

DATE: _____



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced.
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

PART III – Business Emergency Plan (BEP)

Please read the instructions (on green page 24) prior to completing this Business Emergency Plan. Print legibly in black ink or type the information and make a copy for your records. Return the completed original forms, with Parts I and II, to:

Orange County Fire Authority
Hazardous Materials Services Section (HMSS)
P.O. Box 86
Orange, CA 92856-0086

Mark the correct box:

- This is the first time I have filed a BEP.
- A BEP is required to be reviewed every three years. I am submitting my BEP to meet this requirement.
- There have been changes in my business operation and/or personnel and I am submitting a new BEP with current information.

Business Name AUTOZONE # 3308

Address 10842 KATELLA AVENUE

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. **The following signatures are required:**

Owner/Operator Name (Print)	Signature	Date
[Redacted]	[Redacted]	5/29/2009
BEP Prepared By (Print)	Signature	Date
BRYAN BLAIR	[Signature]	5/29/2009

INCIDENT vs EMERGENCY

If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an Emergency as described here, then 911 can be omitted; go to the Notification requirement below.

Person responsible for calling 911: STORE MANAGER

A **hazardous materials INCIDENT** is a spill or release that can be absorbed, neutralized or otherwise controlled at the time of the release. Generally, the substance can be controlled by the employees in the immediate area or by maintenance personnel and there are no immediate safety or health hazards.

A **hazardous materials EMERGENCY** requires emergency responders, can require response from different regulating agencies, results in an actual or potential uncontrolled release, and/or causes danger to employees requiring immediate medical attention.

NOTIFICATION

Person responsible for calling HMSS and OES: STORE MANAGEMENT

Both Incidents and Emergencies are considered releases/spills for the purpose of notification. Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency (HMSS) and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

- State Office of Emergency Services (OES): (800) 852-7550 or (916) 845-8911
- Orange County Fire Authority/
Hazardous Materials Services Section (HMSS): (714) 744-6699



ORANGE COUNTY FIRE AUTHORITY
Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic VENCOR HOSPITAL			
Address 200 HOSPITAL CIRCLE	City WESTMINSTER	Zip Code 92835	Phone Number (714) 893 - 4541

2. Does your business have a private on-site emergency response team? Yes No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of an emergency:

N/A

State law requires your business to complete all sections of the Emergency Response Procedure listed below. Those items left blank or completed with an "N/A" are not acceptable and will cause this document to be returned to you.

3. Briefly describe your business's standard operating procedures in the event of a release or threatened release of hazardous materials. What actions will your business take to **prevent** the hazard from occurring? If a spill does occur, what is done to prevent the spill from spreading? How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility? What aspects of the response are beyond your ability and need to be handled by others?

Management will attempt to prevent any hazardous materials from reaching any drain or soil using absorbent to contain the movement of materials.

If the store needs to be evacuated due to a chemical spill, the management will direct everyone out of the store into the assembly area.

Small spills will be cleaned up using absorbent, rags, or paper towels. These materials will then be placed in the store's waste barrel.

Large spills will be contained by using absorbent or spent absorbent. The spill will be contained to prevent further spread of the material. 3E will be called by management to respond to clean up the spill.



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced.
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

4. Describe how you will immediately notify and evacuate your facility. What communications or alarms are used? How will you operate these during a power failure? Specify any emergency exits, alternatives, and employee staging areas. **Do not submit business policies or procedures in lieu of completing this section.**

The store manager will notify all employees and customers with a loud verbal announcement to "evacuate the store". All employees will be directed to the assembly area or meeting point. Employees are trained on the locations of emergency exits and the assembly area.

5. Your business is required by State Law to keep a copy of this Business Emergency Plan, including the chemical inventory and Site Map. Describe where copies of this plan as well as other records required by this plan (i.e. employee training, release reports, safety drills, maintenance records) will be located at your business.

All emergency action plans and business emergency plans including hazardous inventories and site map is located in the office area.

Employee training (PPE, fire extinguisher, hazmat, emergency action plans) documents are maintained in the employee's personal file.

6. **EMPLOYEE TRAINING PROGRAM** – Describe the training your business conducts for all employees in the methods for safe handling of hazardous materials and in safety procedures in the event of a release or threatened release of hazardous materials. By law, this training **shall include** but not be limited to the following: new employee training, annual training, periodic refresher courses, and familiarization with the Emergency Response Procedures found in this Business Emergency Plan. **Do not submit business policies or procedure manual in lieu of completing this section.**

All employees undergo training on the following:

Procedures for handling hazardous materials and waste, procedures for coordination with emergency response agencies, the use of emergency response equipment and materials, and emergency response plan implementation.

All are trained as a new employee and annually refreshed with the information. There is specific training in the following areas:

- Proper procedures for storing, handling and labeling hazardous waste
- Proper use of 3E Company services.
- Proper procedures for maintaining records using 3E
- Instructions in the Written Hazard Communications Program, including reviewing MSDS and safety procedures for materials.
- Review of emergency action plans
- Coordination of emergency action plans with local fire depts, paramedics, and clean up contractors.
- Monthly inspection and maintenance of safety equipment (including fire extinguishers and eye wash stations)
- Training on the proper use of fire extinguishers
- Review of the Emergency Action Plan and store management's responsibilities in the event of an emergency



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page of 2

FACILITY ID#	3	0	0	3	5							38	BUSINESS NAME	AutoZone # 3308	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Oil Tank-Stockroom	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5	MAP #	6	GRID #	7
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II. CHEMICAL INFORMATION

CHEMICAL NAME	Petroleum Oil	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
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COMMON NAME	Waste Motor Oil	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
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CAS #	8002-05-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Combustible	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	0	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 <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	110	19	MAXIMUM DAILY AMOUNT	220	20	ANNUAL WASTE AMOUNT	6000	21	STATE WASTE CODE	221	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	220	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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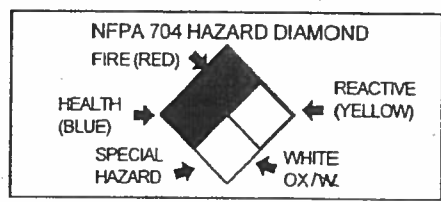
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 99	Petroleum Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
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 #	_____	33	Refer to shipping papers or MSDS
DOT HAZARD CLASS	Combustible 3	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
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 1

Page ___ of ___ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AutoZone # 3308
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I. FACILITY INFORMATION

CHEMICAL LOCATION Drum-Stockroom	4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5
MAP #	6
GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Waste Absorbent	WASTE	<input checked="" type="checkbox"/> Yes 8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11
<small>if EPCRA see instructions</small>				
COMMON NAME Waste Absorbent	9 An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12			
<small>*If EHS is "Yes", all amounts must be LBS</small>				
CAS # 8002-05-9	FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible			10
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15	CURIES 0
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 17	FED HAZARD CATEGORIES	<input 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 220	MAXIMUM DAILY AMOUNT 440	ANNUAL WASTE AMOUNT 1320	STATE WASTE CODE 352	
UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 23	DAYS ON SITE 365	LARGEST CONTAINER 440	
<small>*If EHS amount must be in pounds.</small>				
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 50%	Petroleum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	8002-05-9
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
5 29		<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 # _____ 33 <small>Refer to shipping papers or MSDS</small>	
DOT HAZARD CLASS <u>Combustible 3</u> 34 <small>Refer to shipping papers or MSDS</small>	
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 35	
x _____ 36 <small>If EPCRA, Please Sign Here</small>	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 AutoZone # 3308	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Pallet-Stockroom			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6
			GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Sulfuric Acid	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	Waste Lead Acid Battery	9 An EHS Chemical <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12					
CAS #	7446-93-9	10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Corrosive					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	0
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 checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18		
AVERAGE DAILY AMOUNT	1100	19	MAXIMUM DAILY AMOUNT	1300	20	ANNUAL WASTE AMOUNT	30,000
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	30
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER Case	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 34%	Sulfuric Acid	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7446-93-9
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT #	_____	33	
DOT HAZARD CLASS	Corrosive 8	34	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35	
X	_____	36	<p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p>



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 10842 KATELLA
Occupant or DBA: AUTOZONE 3308
Owner/Manager: _____

Date: 2/4/09
File No: 8482
956 2256
Phone: 714 895 7665

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 19, 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:
-UPDATED FORM 1 ON 2/4/09

Responsible Party: F. MACIAS Re-inspection Date: NA

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

Fire Dept. Inspector: F. MACIAS ID #: 0018

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: AUTO ZONE # 3308

Telephone: 956 2256 714 8951665

Site Address: 10842 KATELLA

Zip Code: _____

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 Stephen D. HARGROVE

Signature Stephen D. Hargrove

Job Title DISTRICT MANAGER

Date 2/4/09

R. MACIAS 0018



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 CGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Autzone #3308			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	10842 KATELLA AVE.				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92841
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17
OWNER MAILING ADDRESS	18		
CITY	19	STATE	20
		ZIP	21

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
BRIAN BLAIR		(901) 495-8399	
CONTACT MAILING ADDRESS	24		
CITY	25	STATE	26
		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	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50



BUSINESS ACTIVITIES

FACILITY IDENTIFICATION											
3	0	0	3	5						1. EPA ID # (Hazardous Waste Only) CAL 000302351	2.

3. BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)
AutoZone # 3308

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? 2. Intent to upgrade existing or install new USTs?	<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)
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. <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? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler)
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)
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)
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)
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 California Air Resources Board (CARB) - California Accidental Release Prevention Program (CERP) - 40 CFR Part 69, Subpart G, §69.133 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)



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				4	BUSINESS PHONE		5
AutoZone # 3308					714-956-2256		
BUSINESS SITE ADDRESS							6
10842 Katella Avenue							
CITY			7	STATE	8	ZIP	9
GARDEN GROVE				CA		92840	
DUN & BRADSTREET		10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT		12
15-723-3511			M553T	3714	2021		
COUNTY							13
ORANGE							
BUSINESS OPERATOR NAME				14	OPERATOR'S PHONE		15
[REDACTED]					714-956-2256		

BUSINESS OWNER

OWNER NAME		16	OWNER PHONE		17		
AutoZone Inc			901-495-6500				
OWNER MAILING ADDRESS						18	
123 South Front St.							
CITY			19	STATE	20	ZIP	21
Memphis				TN		38103	

ENVIRONMENTAL CONTACT

CONTACT NAME		22	CONTACT PHONE		23		
Jim Davis			901-495-7240				
CONTACT MAILING ADDRESS						24	
Dept 8190, 123 South Front St.							
CITY			25	STATE	26	ZIP	27
Memphis				TN		38103	

PRIMARY EMERGENCY CONTACTS SECONDARY

PRIMARY		EMERGENCY CONTACTS		SECONDARY	
NAME	28	NAME	33		
[REDACTED]		Alarm Central			
TITLE	29	TITLE	34		
District Manager		24 hr Manned Monitor			
BUSINESS PHONE	30	BUSINESS PHONE	35		
714-956-2256		800-313-9693			
24-HR. PHONE	31	24-HR. PHONE	36		
[REDACTED]		800-313-9693			
PAGER #	32	PAGER #	37		
N/A		N/A			

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION		38	TOTAL # OF EMPLOYEES		39			
Auto parts & Supplies Retail			10					
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)				40	ATTENTION	41		
PROPERTY OWNER NAME				42	ADDRESS	43	PHONE	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.								
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE				45	DATE	46		
[REDACTED]					7/6/07			
NAME OF SIGNER (print)		47	NAME OF DOCUMENT PREPARER (print)		49			
Bryan Blair			Bryan Blair					
TITLE OF SIGNER		48	TITLE OF DOCUMENT PREPARER		50			
Environmental Specialist			Environmental Specialist					

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 n/a Storage on paved ground
2. Compressed and/or cryogenic gas storage areas:
 - a n/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.

The Business Plan will be kept in a binder in the
office.

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

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

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

SIGNATURE: *[Signature]*
 NAME: Bryan Blair
 TITLE: Environmental Specialist
 DATE: 7/6/07



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced.
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

PART III – Business Emergency Plan (BEP)

Please read the instructions (on green page 24) prior to completing this Business Emergency Plan. Print legibly in black ink or type the information and make a copy for your records. Return the completed original forms, with Parts I and II, to:

Orange County Fire Authority
Hazardous Materials Services Section (HMSS)
P.O. Box 86
Orange, CA 92856-0086

Mark the correct box:

- This is the first time I have filed a BEP.
- A BEP is required to be reviewed every three years. I am submitting my BEP to meet this requirement.
- There have been changes in my business operation and/or personnel and I am submitting a new BEP with current information.

Business Name AUTOZONE # 3308

Address 10842 KATELLA AVENUE

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. **The following signatures are required:**

Owner/Operator Name (Print) JIM DAVIS	Signature 	Date 07/06/2007
BEP Prepared By (Print) BRYAN BLAIR	Signature 	Date 07/06/2007

INCIDENT vs EMERGENCY

If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an Emergency as described here, then 911 can be omitted; go to the Notification requirement below.

Person responsible for calling 911: STORE MANAGER

A hazardous materials **INCIDENT** is a spill or release that can be absorbed, neutralized or otherwise controlled at the time of the release. Generally, the substance can be controlled by the employees in the immediate area or by maintenance personnel and there are no immediate safety or health hazards.

A hazardous materials **EMERGENCY** requires emergency responders, can require response from different regulating agencies, results in an actual or potential uncontrolled release, and/or causes danger to employees requiring immediate medical attention.

NOTIFICATION

Person responsible for calling HMSS and OES: STORE MANAGEMENT

Both Incidents and Emergencies are considered releases/spills for the purpose of notification. Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency (HMSS) and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

State Office of Emergency Services (OES): (800) 852-7550 or
(916) 845-8911

Orange County Fire Authority/
Hazardous Materials Services Section (HMSS): (714) 744-6699



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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- For assistance, contact the Disclosure Office at (714) 744-0463.

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic VENCOR HOSPITAL			
Address 200 HOSPITAL CIRCLE	City WESTMINSTER	Zip Code 92835	Phone Number (714) 893 - 4541

2. Does your business have a private on-site emergency response team? Yes No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of an emergency:

N/A

State law requires your business to complete all sections of the Emergency Response Procedure listed below. Those items left blank or completed with an "N/A" are not acceptable and will cause this document to be returned to you.

3. Briefly describe your business's standard operating procedures in the event of a release or threatened release of hazardous materials. What actions will your business take to prevent the hazard from occurring? If a spill does occur, what is done to prevent the spill from spreading? How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility? What aspects of the response are beyond your ability and need to be handled by others?

Management will attempt to prevent any hazardous materials from reaching any drain or soil using absorbent to contain the movement of materials.

If the store needs to be evacuated due to a chemical spill, the management will direct everyone out of the store into the assembly area.

Small spills will be cleaned up using absorbent, rags, or paper towels. These materials will then be placed in the store's waste barrel.

Large spills will be contained by using absorbent or spent absorbent. The spill will be contained to prevent further spread of the material. 3E will be called by management to respond to clean up the spill.



- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

4. Describe how you will immediately notify and evacuate your facility. What communications or alarms are used? How will you operate these during a power failure? Specify any emergency exits, alternatives, and employee staging areas. **Do not submit business policies or procedures in lieu of completing this section.**

The store management will notify all employees and customer with a loud verbal announcement to "evacuate the store". All employee will be directed to the assembly area or meeting point. Employees are trained on the locations of emergency exits and the assembly area.

5. Your business is required by State Law to keep a copy of this Business Emergency Plan, including the chemical inventory and Site Map. Describe where copies of this plan as well as other records required by this plan (i.e. employee training, release reports, safety drills, maintenance records) will be located at your business.

All emergency action plans and business emergency plans including hazardous inventories and site map is located in the store's office area.

Employee training (PPE, fire extinguisher, hazmat, emergency action plans) documents are maintained in the employee's personal file.

6. **EMPLOYEE TRAINING PROGRAM** – Describe the training your business conducts for all employees in the methods for safe handling of hazardous materials and in safety procedures in the event of a release or threatened release of hazardous materials. By law, this training **shall include** but not be limited to the following: new employee training, annual training, periodic refresher courses, and familiarization with the Emergency Response Procedures found in this Business Emergency Plan. **Do not submit business policies or procedure manual in lieu of completing this section.**

All employees undergo training on the following:
Procedures for handling hazardous materials and waste, procedures for coordination with emergency response agencies, the use of emergency response equipment and materials and emergency response plan implementation.

All are trained as a new employee and annually refreshed with the information. There is specific training in the following areas:

- * Proper procedures for storing, handling and labeling hazardous waste
- * Proper use of 3E Company services
- * Proper procedures for keeping records using 3E Company
- * Instructions in the Written Hazard Communication Program, including reviewing MSDSs and safety procedures for materials
- * Review of the emergency action plans
- * Coordination of emergency action plans with the local fire department, paramedics and clean-up contractors through 3E Company
- * Monthly inspection and maintenance of safety equipment (including fire extinguishers and eyewash stations)
- * Training on the proper use of fire extinguishers
- * Review of the Emergency Action Plan and store management's responsibilities in the event of an emergency



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- For line-by-line instructions, refer to the green colored pages of the disclosure packet
- For assistance, contact the Disclosure Office at (714) 744-0463.

ADD DELETE REVISE 200

I. FACILITY INFORMATION

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

CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
STOCK ROOM-REAR OF STORE BY RECEIVING DOOR 201

FACILITY ID # MAP # 203 GRID # H-2 204

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 21

II. CHEMICAL INFORMATION

CHEMICAL NAME
SULFURIC ACID 205

COMMON NAME
BATTERY FLUID ACIDT 207

CAS #
7664-93-9 209

FIRE CODE HAZARD CLASSES (See green page 25)
CORROSIVE 210

TRADE SECRET Yes No 20
 If Subject to EPCRA, refer to instructions

EHS* Yes No 20

*If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds:

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211

RADIOACTIVE Yes No 212

CURIES
0 21

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214

FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 21
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 60 217

MAXIMUM DAILY AMOUNT 100 218

ANNUAL WASTE AMOUNT 2600 219

STATE WASTE CODE 791 220

UNITS* a. GALLONS b. CUBIC FEET 221
 c. POUNDS d. TONS
 * If EHS, amount must be in pounds.

LARGEST CONTAINER 4 215

of DAYS ON SITE 365 222

STORAGE CONTAINER (Check all that apply)

<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR	<input type="checkbox"/> u. TANK WAGON 223
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> l. BOX	<input type="checkbox"/> q. SILO	<input checked="" type="checkbox"/> v. OTHER
<input type="checkbox"/> c. PRESSURIZED TANK	<input type="checkbox"/> h. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> r. TANK INSIDE	
<input type="checkbox"/> d. MAGAZINE	<input type="checkbox"/> i. IN MACHINERY	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> s. CARBOY	<u>PLASTIC CASE</u>
<input type="checkbox"/> e. DRUM	<input type="checkbox"/> j. ON TRUCK	<input type="checkbox"/> o. VARIOUS	<input type="checkbox"/> t. TOTE BIN	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 22

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 22

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 34%	SULFURIC ACID	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Additional locally collected information:

(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No

(b) Is this material a commercial grade pesticide? Yes No

(c) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma

(d) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02

Signature _____

FOR OFFICE USE ONLY

<input type="radio"/> UNDER	<input type="radio"/> CARC	<input type="radio"/> EXPL	<input type="radio"/> 1
<input type="radio"/> COMB	<input type="radio"/> RAD	<input type="radio"/> HTX	<input type="radio"/> 2
<input type="radio"/> EXEMPT	<input type="radio"/> CGP	<input type="radio"/> RS	<input type="radio"/> 3



- Please type or print legibly in black ink.
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- For assistance, contact the Disclosure Office at (714) 744-0463.

ADD DELETE REVISE 200

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
AUTO ZONE # 3

CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
STOCK ROOM-REAR OF STORE BY RECEIVING DOOR 201

FACILITY ID # 203 MAP # **1** GRID # **H-2** 204

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202

II. CHEMICAL INFORMATION

CHEMICAL NAME
PETROLEUM OIL 205 TRADE SECRET Yes No 206
 If Subject to EPCRA, refer to instructions

COMMON NAME
WASTE OIL 207 EHS* Yes No 208

CAS #
8002-05-9 209 FIRE CODE HAZARD CLASSES (See green page 25)
FLAM 210 *If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 213
0

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 215
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **110** 217 MAXIMUM DAILY AMOUNT **220** 218 ANNUAL WASTE AMOUNT **5720** 219 STATE WASTE CODE **221** 220

UNITS* a. GALLONS b. CUBIC FEET 221 LARGEST CONTAINER **220** 215 # of DAYS ON SITE **365** 222
 c. POUNDS d. TONS
 *If EHS, amount must be in pounds

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK f. PLASTIC CONTAINER k. BAG p. RAIL CAR u. TANK WAGON 223
 b. UNDERGROUND TANK g. METAL CONTAINER l. BOX q. SILO v. OTHER: 224
 c. PRESSURIZED TANK h. VAT m. CYLINDER r. TANK INSIDE 225
 d. MAGAZINE i. IN MACHINERY n. GLASS CONTAINER s. CARBOY 226
 e. DRUM j. ON TRUCK o. VARIOUS t. TOTE BIN 227

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 228

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 229

#	%WT	CAS #	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	99%	226	PETROLEUM OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	8002-05-9 229
2		230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3		234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4		238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5		242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

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

Additional locally collected information:
 (a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No 246
 (b) Is this material a commercial grade pesticide? Yes No
 (c) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
 (d) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02

Signature _____

FOR OFFICE USE ONLY	<input type="radio"/> UNDER	<input type="radio"/> CARC	<input type="radio"/> EXPL	1
	<input type="radio"/> COMB	<input type="radio"/> RAD	<input type="radio"/> HTX	2
	<input type="radio"/> EXEMPT	<input type="radio"/> CGP	<input type="radio"/> RS	3



- Please type or print legibly in black ink.
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- For assistance, contact the Disclosure Office at (714) 744-0163.

ADD DELETE REVISE 200

Page _____ of _____

I. FACILITY INFORMATION

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

CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
STOCK ROOM-REAR OF STORE BY RECEIVING DOOR

201

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 20

FACILITY ID# _____ MAP # _____ 203 GRID # _____ 204

II. CHEMICAL INFORMATION

CHEMICAL NAME
WASTE ABSORBENT 205 TRADE SECRET Yes No 20

If Subject to EPCRA, refer to instructions

COMMON NAME
WASTE ABSORBENT 207 EHS* Yes No 20

CAS # **8002-05-9** 209 FIRE CODE HAZARD CLASSES (See green page 25) **FLAM** 210
 *If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES **0** 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 215

AVERAGE DAILY AMOUNT **220** 217 MAXIMUM DAILY AMOUNT **440** 218 ANNUAL WASTE AMOUNT **1320** 219 STATE WASTE CODE **352** 220

UNITS* a. GALLONS b. CUBIC FEET 221 c. POUNDS d. TONS 222
 *If EHS, amount must be in pounds. LARGEST CONTAINER **440** 215 # of DAYS ON SITE **365** 222

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK f. PLASTIC CONTAINER k. BAG p. RAIL CAR u. TANK WAGON 223
 b. UNDERGROUND TANK g. METAL CONTAINER l. BOX q. SILO v. OTHER
 c. PRESSURIZED TANK h. VAT m. CYLINDER r. TANK INSIDE
 d. MAGAZINE i. IN MACHINERY n. GLASS CONTAINER s. CARBOY
 e. DRUM j. ON TRUCK o. VARIOUS t. TOTE BIN

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50%	226 PETROLEUM	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	8002-05-9 229
2	230	231 <input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3	234	235 <input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4	238	239 <input type="checkbox"/> Yes <input type="checkbox"/> No 240	241
5	242	243 <input type="checkbox"/> Yes <input type="checkbox"/> No 244	245

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.

Additional locally collected information: 246
 (a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No
 (b) Is this material a commercial grade pesticide? Yes No
 (c) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
 (d) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02

Signature _____
 FOR OFFICE USE ONLY UNDER COMB EXEMPT CARC EXPL RAD HTX CGP RS 1 2 3



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of ___

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5								1	EPA ID # (Hazardous Waste Only)	2.
														CAL000302351	

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3

Autozone #3308

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. ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 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	5. ✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) 6. ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. ✓ UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	8. ✓ NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 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 remove 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	9. ✓ EPA ID NUMBER - provide at the top of this page 10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler) 11. ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1195) 14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENT 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. ✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Reporting Form – Business Owner/Operator Identification Page

Page ____ of ____

I. IDENTIFICATION

FACILITY ID#	84021	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	AUTOZONE # 3308		3	BUSINESS PHONE	714-956-2256
BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored)	10842 KATELLA AVENUE				103
CITY	GARDEN GROVE		104	CA	ZIP CODE 92840
DUN & BRADSTREET	15-723-3511		106	SIC CODE	(4 digit #) 5531
COUNTY	ORANGE				
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE	714-956-2256

II. BUSINESS OWNER

OWNER NAME	AUTOZONE INC.		111	OWNER PHONE	901-495-6500
OWNER MAILING ADDRESS	123 SOUTH FRONT STREET				113
CITY	MEMPHIS		114	STATE TN	115 ZIP CODE 38103-3607

III. BILLING INFORMATION

CONTACT NAME	BRYAN BLAIR		117	CONTACT PHONE	901-495-7217
CONTACT MAILING ADDRESS	123 SOUTH FRONT STREET				119
CITY	MEMPHIS		120	STATE TN	121 ZIP CODE 38103-3607

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	[REDACTED]	123	NAME	ALARM CENTRAL	128
TITLE	DISTRICT MANAGER	124	TITLE	AUTOZONER ON DUTY	129
BUSINESS PHONE	714-956-2256	125	BUSINESS PHONE	800-313-9693	130
24-HOUR PHONE	[REDACTED]	126	24-HOUR PHONE	800-313-9693	131
PAGER #	N/A	127	PAGER #	N/A	132

Additional Locally Collected Information: 133

(a) Please describe the main operation of your business: RETAIL AUTO SUPPLY STORE

(b) Do you have a license to purchase commercial grade pesticides? Yes No If yes, give number: _____

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	[REDACTED]	DATE	02/14/02	NAME OF DOCUMENT PREPARED	BRYAN BLAIR
NAME OF SIGNER (print)	BRYAN BLAIR		136	TITLE OF SIGNER	ENVIRONMENTAL SPECIALIST



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
- If additional copies are necessary, this form may be reproduced.
- For line-by-line instructions, refer to the green colored pages of the disclosure packet.
- For assistance, contact the Disclosure Office at (714) 744-0463.

PART III – Business Emergency Plan (BEP)

Please read the instructions (on green page 24) prior to completing this Business Emergency Plan. Print legibly in black ink or type the information and make a copy for your records. Return the completed original forms, with Parts I and II, to:

Orange County Fire Authority
Hazardous Materials Services Section (HMSS)
P.O. Box 86
Orange, CA 92856-0086

Mark the correct box:

- This is the first time I have filed a BEP.
- A BEP is required to be reviewed every three years. I am submitting my BEP to meet this requirement.
- There have been changes in my business operation and/or personnel and I am submitting a new BEP with current information.

Business Name AUTOZONE # 3308

Address 10842 KATELLA AVENUE

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. **The following signatures are required:**

Owner/Operator Name (Print)	Signature	Date
[Redacted]	[Redacted]	02/14/2006
BEP Prepared By (Print)	Signature	Date
BRYAN BLAIR	[Signature]	02/14/2006

INCIDENT vs EMERGENCY

If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an Emergency as described here, then 911 can be omitted; go to the Notification requirement below.

Person responsible for calling 911: STORE MANAGER

A hazardous materials **INCIDENT** is a spill or release that can be absorbed, neutralized or otherwise controlled at the time of the release. Generally, the substance can be controlled by the employees in the immediate area or by maintenance personnel and there are no immediate safety or health hazards.

A hazardous materials **EMERGENCY** requires emergency responders, can require response from different regulating agencies, results in an actual or potential uncontrolled release, and/or causes danger to employees requiring immediate medical attention.

NOTIFICATION

Person responsible for calling HMSS and OES: STORE MANAGEMENT

Both Incidents and Emergencies are considered releases/spills for the purpose of notification. Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency (HMSS) and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

State Office of Emergency Services (OES): (800) 852-7550 or
(916) 845-8911

Orange County Fire Authority/
Hazardous Materials Services Section (HMSS): (714) 744-6699



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

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- For assistance, contact the Disclosure Office at (714) 744-0463.

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic VENCOR HOSPITAL			
Address 200 HOSPITAL CIRCLE	City WESTMINSTER	Zip Code 92835	Phone Number (714) 893 - 4541

2. Does your business have a private on-site emergency response team? Yes No

If yes, describe what policies and procedures your business will follow to notify your on-site emergency response team in the event of an emergency:

N/A

State law requires your business to complete all sections of the Emergency Response Procedure listed below. Those items left blank or completed with an "N/A" are not acceptable and will cause this document to be returned to you.

3. Briefly describe your business's standard operating procedures in the event of a release or threatened release of hazardous materials. What actions will your business take to prevent the hazard from occurring? If a spill does occur, what is done to prevent the spill from spreading? How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility? What aspects of the response are beyond your ability and need to be handled by others?

Management will attempt to prevent any hazardous materials from reaching any drain or soil using absorbent to contain the movement of materials.

If the store needs to be evacuated due to a chemical spill, the management will direct everyone out of the store into the assembly area.

Small spills will be cleaned up using absorbent, rags, or paper towels. These materials will then be placed in the store's waste barrel.

Large spills will be contained by using absorbent or spent absorbent. The spill will be contained to prevent further spread of the material. 3E will be called by management to respond to clean up the spill.



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4. Describe how you will immediately notify and evacuate your facility. What communications or alarms are used? How will you operate these during a power failure? Specify any emergency exits, alternatives, and employee staging areas. **Do not submit business policies or procedures in lieu of completing this section.**

The store management will notify all employees and customer with a loud verbal announcement to "evacuate the store". All employee will be directed to the assembly area or meeting point. Employees are trained on the locations of emergency exits and the assembly area.

5. Your business is required by State Law to keep a copy of this Business Emergency Plan, including the chemical inventory and Site Map. Describe where copies of this plan as well as other records required by this plan (i.e. employee training, release reports, safety drills, maintenance records) will be located at your business.

All emergency action plans and business emergency plans including hazardous inventories and site map is located in the store's office area.

Employee training (PPE, fire extinguisher, hazmat, emergency action plans) documents are maintained in the employee's personal file.

6. **EMPLOYEE TRAINING PROGRAM** – Describe the training your business conducts for all employees in the methods for safe handling of hazardous materials and in safety procedures in the event of a release or threatened release of hazardous materials. By law, this training **shall include** but not be limited to the following: new employee training, annual training, periodic refresher courses, and familiarization with the Emergency Response Procedures found in this Business Emergency Plan. **Do not submit business policies or procedure manual in lieu of completing this section.**

All employees undergo training on the following:
 Procedures for handling hazardous materials and waste, procedures for coordination with emergency response agencies, the use of emergency response equipment and materials and emergency response plan implementation.

All are trained as a new employee and annually refreshed with the information. There is specific training in the following areas:

- * Proper procedures for storing, handling and labeling hazardous waste
- * Proper use of 3E Company services
- * Proper procedures for keeping records using 3E Company
- * Instructions in the Written Hazard Communication Program, including reviewing MSDSs and safety procedures for materials
- * Review of the emergency action plans
- * Coordination of emergency action plans with the local fire department, paramedics and clean-up contractors through 3E Company
- * Monthly inspection and maintenance of safety equipment (including fire extinguishers and eyewash stations)
- * Training on the proper use of fire extinguishers
- * Review of the Emergency Action Plan and store management's responsibilities in the event of an emergency

**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 N/A Storage on paved ground

2. Compressed and/or cryogenic gas storage areas:
 - a N/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.

The Business Plan will be kept in a binder in the
office

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

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

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

SIGNATURE: 

NAME: FRANCESCO BIANCHI

TITLE: EMERGENCY MANAGER

DATE: 3/12/10



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- For assistance, contact the Disclosure Office at (714) 744-0463.

ADD DELETE REVISE 200

I. FACILITY INFORMATION

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

CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
STOCK ROOM-REAR OF STORE BY RECEIVING DOOR 201

FACILITY ID # 1 MAP # 203 GRID # 20

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No

II. CHEMICAL INFORMATION

CHEMICAL NAME **SULFURIC ACID** 205 TRADE SECRET Yes No 2
If Subject to EPCRA, refer to instructions

COMMON NAME **BATTERY FLUID ACIDT** 207 EHS* Yes No 2

CAS # **7664-93-9** 209 FIRE CODE HAZARD CLASSES (See green page 25)
CORROSIVE 210 *If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 2
0

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 FED HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 2
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **60** 217 MAXIMUM DAILY AMOUNT **100** 218 ANNUAL WASTE AMOUNT **2600** 219 STATE WASTE CODE **791** 22

UNITS* a. GALLONS b. CUBIC FEET 221 LARGEST CONTAINER **4** 215 # of DAYS ON SITE **365** 22
 c. POUNDS d. TONS
* If EHS, amount must be in pounds.

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK f. PLASTIC CONTAINER k. BAG p. RAIL CAR u. TANK WAGON 22
 b. UNDERGROUND TANK g. METAL CONTAINER l. BOX q. SILO v. OTHER 22
 c. PRESSURIZED TANK h. VAT m. CYLINDER r. TANK INSIDE v. OTHER 22
 d. MAGAZINE i. IN MACHINERY n. GLASS CONTAINER s. CARBOY v. OTHER 22
 e. DRUM j. ON TRUCK o. VARIOUS t. TOTE BIN v. OTHER 22
PLASTIC CASE

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 22

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 22

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 34%	226 SULFURIC ACID	227 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 228	7664-93-9
2	230	231 <input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3	234	235 <input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4	238	239 <input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5	242	243 <input type="checkbox"/> Yes <input type="checkbox"/> No 244	

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.

Additional locally collected information:

(a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No 24

(b) Is this material a commercial grade pesticide? Yes No

(c) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma

(d) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02

Signature _____

FOR OFFICE USE ONLY	<input type="radio"/> UNDER <input type="radio"/> COME <input type="radio"/> EXEMPT	<input type="radio"/> CARC <input type="radio"/> RAD <input type="radio"/> CGP	<input type="radio"/> EXPL <input type="radio"/> HTX <input type="radio"/> RS	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
---------------------	---	--	---	---



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ADD DELETE REVISE 200

I. FACILITY INFORMATION

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

CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
STOCK ROOM-REAR OF STORE BY RECEIVING DOOR

201

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 2

FACILITY ID # 1 MAP #

203

GRID #

204

II. CHEMICAL INFORMATION

CHEMICAL NAME
PETROLEUM OIL

205

TRADE SECRET Yes No 20
 If Subject to EPCRA, refer to instructions

COMMON NAME
WASTE OIL

207

EHS* Yes No 20

CAS #
8002-05-9

209

FIRE CODE HAZARD CLASSES (See green page 25)
FLAM

210

*If EHS is "Yes", all amounts below must be reported in their physical state as well as pounds.

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211

RADIOACTIVE Yes No 212

CURIES **0** 21

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214

FED HAZARD CATEGORIES

a. FIRE b. REACTIVE c. PRESSURE RELEASE 21
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **110** 217

MAXIMUM DAILY AMOUNT **220** 218

ANNUAL WASTE AMOUNT **5720** 219

STATE WASTE CODE **221** 22

UNITS* a. GALLONS b. CUBIC FEET 221
 c. POUNDS d. TONS
 * If EHS, amount must be in pounds.

LARGEST CONTAINER **220** 215

of DAYS ON SITE **365** 22

STORAGE CONTAINER (Check all that apply)

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> a. ABOVEGROUND TANK | <input type="checkbox"/> f. PLASTIC CONTAINER | <input type="checkbox"/> k. BAG | <input type="checkbox"/> p. RAIL CAR | <input type="checkbox"/> u. TANK WAGON 223 |
| <input type="checkbox"/> b. UNDERGROUND TANK | <input type="checkbox"/> g. METAL CONTAINER | <input type="checkbox"/> l. BOX | <input type="checkbox"/> q. SILO | <input type="checkbox"/> v. OTHER: |
| <input type="checkbox"/> c. PRESSURIZED TANK | <input type="checkbox"/> h. VAT | <input type="checkbox"/> m. CYLINDER | <input checked="" type="checkbox"/> r. TANK INSIDE | |
| <input type="checkbox"/> d. MAGAZINE | <input type="checkbox"/> i. IN MACHINERY | <input type="checkbox"/> n. GLASS CONTAINER | <input type="checkbox"/> s. CARBOY | |
| <input type="checkbox"/> e. DRUM | <input type="checkbox"/> j. ON TRUCK | <input type="checkbox"/> o. VARIOUS | <input type="checkbox"/> t. TOTE BIN | |

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 22

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 22

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

#	%WT	CAS #	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	99%	226	PETROLEUM OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 227	8002-05-9
2		230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3		234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4		238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5		242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

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

Additional locally collected information:

- (a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No 24
 (b) Is this material a commercial grade pesticide? Yes No
 (c) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
 (d) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02

Signature

FOR OFFICE USE ONLY

<input type="checkbox"/> UNDER	<input type="checkbox"/> CARC	<input type="checkbox"/> EXPL	<input type="checkbox"/> 1
<input type="checkbox"/> COMB	<input type="checkbox"/> FAC	<input type="checkbox"/> HT	<input type="checkbox"/> 2
<input type="checkbox"/> EXEMPT	<input type="checkbox"/> CGP	<input type="checkbox"/> RS	<input type="checkbox"/> 3



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ADD DELETE REVISE 200

I. FACILITY INFORMATION

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

CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
STOCK ROOM-REAR OF STORE BY RECEIVING DOOR

201

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 2

FACILITY ID # _____ 1 MAP # _____ 203 GRID # _____ 204

II. CHEMICAL INFORMATION

CHEMICAL NAME
WASTE ABSORBENT

205

TRADE SECRET Yes No 2C
 If Subject to EPCRA, refer to instructions

COMMON NAME
WASTE ABSORBENT

207

EHS* Yes No 2C

CAS #
8002-05-9

209

FIRE CODE HAZARD CLASSES (See green page 25)
FLAM

210

*If EHS is "Yes", all amounts below must be reported in their physical state as well as pound:

TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211

RADIOACTIVE Yes No 212

CURIES
0 21

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214

FED HAZARD CATEGORIES

a. FIRE b. REACTIVE c. PRESSURE RELEASE 21
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **220** 217

MAXIMUM DAILY AMOUNT **440** 218

ANNUAL WASTE AMOUNT **1320** 219

STATE WASTE CODE **352** 22

UNITS* a. GALLONS b. CUBIC FEET 221
 c. POUNDS d. TONS
 * If EHS, amount must be in pounds.

LARGEST CONTAINER **440** 215

of DAYS ON SITE **365** 22

STORAGE CONTAINER (Check all that apply)

- a. ABOVEGROUND TANK
- b. UNDERGROUND TANK
- c. PRESSURIZED TANK
- d. MAGAZINE
- e. DRUM

- f. PLASTIC CONTAINER
- g. METAL CONTAINER
- h. VAT
- i. IN MACHINERY
- j. ON TRUCK

- k. BAG
- l. BOX
- m. CYLINDER
- n. GLASS CONTAINER
- o. VARIOUS

- p. RAIL CAR
- q. SILO
- r. TANK INSIDE
- s. CARBOY
- t. TOTE BIN

- u. TANK WAGON 223
- v. OTHER.

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 22

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 22

%WT HAZARDOUS COMPONENT (For mixture or waste only) EHS CAS #

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 50%	226 PETROLEUM	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	8002-05-9 22
2	230	231 <input type="checkbox"/> Yes <input type="checkbox"/> No 232	23
3	234	235 <input type="checkbox"/> Yes <input type="checkbox"/> No 236	23
4	238	239 <input type="checkbox"/> Yes <input type="checkbox"/> No 240	24
5	242	243 <input type="checkbox"/> Yes <input type="checkbox"/> No 244	24

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.

Additional locally collected information:

- (a) Is this material or any of its components a carcinogen (Refer to Attachment B)? Yes No 24
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- (c) If this material is radioactive, what type of emitter is it? Alpha Beta Gamma
- (d) How is the material disposed of? (Refer to Table #2, page 25 of the green pages) 02

Signature _____

FOR OFFICE USE ONLY

UNDEP
 COMB
 EXEMPT
 CARC
 RAD
 CGP
 EXP_
 HTX
 RS
 1
 2
 3