

CITY OF GARDEN GROVEOFFICE 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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

of soil of resident		rat des sis like and			Page 1 of
1	L. FAGILT Y				
PAK	ILITY 10# 3 0 0 3 5	1.			azardous Waste Only) 2.
(2)			CAL 00	0302	
	SINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)				3.
Α	utoZone #3308				
17. 100	il Activitie	S. 1845-184	V-2.5-10	N.	
	NOTE: If you check YE				An North
	please subjet the Business Ow				
			AND DESCRIPTIONS	CONTRACTOR OF THE PARTY OF THE	
^	Does your facility		If Yes, p	lease	complete these pages of the UPCF
A.	HAZARDOUS MATERIALS				
	Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	YES	☐ NO	4.	✓ HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form3)
В.	UNDERGROUND STORAGE TANKS (USTs)				
1.	Own or operate underground storage tanks?	YES	√NO	5.	√ UST FACILITY (Formerly SWRCB Form A) √ UST TANK (one page per tank)(Formerly Form B)
2.	Intent to upgrade existing or install new USTs?	YES	✓NO	6.	 ✓ UST FÁCILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION – CERTIFICATE OF
3.	Need to report closing a UST?	YES	√ NO	7.	COMPLIANCE (one page per tank)(Formerly Form C) ✓ 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?	YES	✓NO	8.	√ NO FORM REQUIRED TO CUPAS
D.	HAZARDOUS WASTE				
1.	Generate hazardous waste?	✓ YES	NO	9.	✓ EPA ID #-provide at the top of this page
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	YES	NO	10.	√ RECYCLABLE MATERIALS REPORT (one per recycler)
3.	Treat hazardous waste on site?	YES			✓ 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)
4.	Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	YES	√ NO	12.	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5.	Consolidate hazardous waste generated at a remove site?	YES	√ NO	13.	✓ REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC
6.	Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	YES	√ NO	14.	Form 1196) √ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E.	LOCAL REQUIREMENTS				
	Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq - Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	YES	✓NO	15.	√ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)





CITY OF GARDEN GROVE FIRE DEPARTMENT11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

		Pa	ge of	3
BUSINESS	INFORMATION			
3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME AutoZone #3308		4	BUSINESS PHONE 714-956-2256	5
BUSINESS SITE ADDRESS 10842 Katella Avenue				6
GARDEN GROVE	7 STATE	8	ZIP 92840	9
DUN & BRADSTREET 15-723-3511	10 SIC CODE (4 DIGIT #) 5531	11	FIRE DISTRICT	12
ORANGE				13
BUSINESS OPERATOR NAME	14 OPERA	TOR'S PI	ONE	15
BUSINE	SS OWNER			3
OWNER NAME AutoZone Stores Inc		16	OWNER PHONE	17
OWNER MAILING ADDRESS 123 South Front Street			901-495-6500	18
CITY Memphis	19 STATE TN	20	ZIP 38103	21
ENVIRONME	NTAL CONTACT			
CONTACT NAME Andrew Beaven		22	CONTACT PHONE 901-495-6949	23
CONTACT MAILING ADDRESS Dept.8190, 123 South Front Street				24
CITY Memphis	25 STATE TN	26	ZIP 38103	27
PRIMARY EMERGENC	CY CONTACTS		SECONDARY	9168
NAME 28	NAME Alama Control			33
TITLE 29 District Manager	TITLE 24 hour Manned Monitor			34
BUSINESS PHONE 30 714-956-2256	BUSINESS PHONE 800-313-9693	·		35
24-HR. PHONE 31	24-HR. PHONE 800-313-9693			36
PAGER # 32 N/A	PAGER# N/A			37
ADDITIONAL LOCALLY O	OLLECTED INFORMATION	NC		
DESCRIBE THE TYPE OF BUSINESS OPERATION: Autoparts Retail		38	TOTAL # OF EMPLOYEES 10-15	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) Dept 8190, 123 South Front Street		40	ATTENTION Environmental Specialist	41
PROPERTY OWNER NAME 42 ADDRESS AutoZone Stores Inc 123 South From	nt Street	43	PHONE 901-495-7217	44
Certification : Based on my inquiry of those individuals responsi have personally examined and am familiar with the information sub	ble for obtaining the information mitted and believe the information	n, I cer	tify under penalty of law thue, accurate, and complete	nat I
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		45	DATE 5/4/2011	46
NAME OF SIGNER (print) 47 Bryan Blair	NAME OF DOCUMENT PREPARER (Bryan Blair	print	0/7/2011	49
VITLE OF SIGNER 48 Environmental Specialist	TITLE OF DOCUMENT PREPARER Environmental Specialist		-	50



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 Heath & Safety Code & Title 19, §2729 et seq.

	Owner/Operator Name (Print)	Signature /		Date 5/04/2011
2002	BEP Prepared By (Print) Bryan Blair	Signature	BC	Date 5/04/2011

INCIDENT VS. RECEPOINTSE

If you have a religible or a threatened retease of unsercous mediends and recurre emergency respieses, call 915. If you have a release or threatened religious that is not an Energiancy as described here, then 911 can be omitted up to the Notification regularized 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.

NOTIFICATIONS

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

WHEN COMPLETING SECTIONS BELOW USE ADDITIONAL PAGES OR ATTACHEMENTS AS NEEDED

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:

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 X No	
List Names & Titles of each per			

- 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

Hospital/Clinic

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 SESITIVE 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 THHEY 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 maintaing 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 exinguishers and eye wash stations)
- -Trainig on the proper use of fire extinguishers
- Review of the Emergency Action Plan and store management's responsibilities in the event of an emergency

SEDEN GROUP

HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1	2
FACILITY 3 0 0 3 5 38 BUSINESS NAME AutoZone # 3308	3
I. FACILITY INFORMATION	LI MA
CHEMICAL LOCATION Oil Tank-Stockroom	4
CONFIDENTIAL LOCATION Yes No 5 MAP # 6 GRID #	7
II. CHEMICAL INFORMATION	
CHEMICAL NAME WASTE / Yes 8 TRADE SECRET Yes /	No 11
Petroleum Oil If EPCRA see instructions	
COMMON NAME 9 An EHS Chemical Yes	No 12
Waste Motor Oil CAS # 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) *If EHS is "Yes", all amounts must be L	
8002-05-9 Combustible	13
TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES 0	16
PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 17 FED HAZARD CATEGORIES d. ACUTE HEALTH e. CHRONIC HEALTH	
AVERAGE DAILY 19 MAXIMUM DAILY 20 ANNUAL WASTE 21 STATE WASTE AMOUNT 110 CODE 221	22
UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE 24 LARGEST CONTAINER	25
c. POUNDS d. TONS 365	
a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT m CYLINDER q. TANK WAG	ON 26
CONTAINER b. UNDERGROUND TANK f. NONMETALLIC DRUM I. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR	
that apply) C. TANK INSIDE BLDG	
d STEEL DRUM h. CARBOY II. BOX(S) p. IN MACH OR EQUIP t. OTHER	
STORAGE PRESSURE	27
%WT HAZARDOUS COMPONENT (For mixture or waste only) EHS CAS #	20
1 99 29 Petroleum Oil 30 Yes √ No 31 8002-05-9	32
2 29 30 Yes No 31	32
3 29 30 Yes No 31	32
4 29 30 Yes No 31	32
5 29 30 Yes No 31	32
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 NFPA 704 HAZARD DIAMOND]
Refer to shipping papers or MSDS	
DOT HAZARD CLASS Combustible 3 HEALTH (BLUE) REACTIVE (YELLOW)	
Refer to shipping papers or MSDS SPECIAL WHITE	
EPCRA YES NO 35	
X MAKE AS MANY COPIES OF CHEMICAL	
If EPCRA, Please Sign Here 36 INVENTORY FORM AS NEEDED	

haz inven (form 3)

STORY CROCK

HAZARDOUS MATERIALS INVENTORY FORM

DEPAR					ELETE		REVIS	ED	1								Page		of	2
FACILITY ID#	3 0	0	3 5		II	П		38		NESS oZone	NAME # 3308									3
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CHEMICA	L LOCATI	ON Dru	ım-S	tock	kroom														114	4
CONFIDE	NTIAL LO	CATION			Yes	√	No	5 M	AP#						6 0	RID#				7
F 5 J 41				45			II.	CHE	MIC	AL IN	FORM	ATIO	N		A STAR	100 N				148
CHEMICAI Waste	L NAME Absor	bent									WA	STE	1	Yes		RADE SE		لسبا	√ N	lo 11
COMMON															9 A	n EHS Ch	emica	Yes	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lo 12
	e Abs	orben	t	40 T	FIDE OF	DE	71.00.0								-	f EHS is "	Yes", a	all amounts r	nust be LB	
6002-0	05-9	T		10	Comi			LASSE	:S (su	pplied				_						13
TYPE (Cher	ck one item	only)	a. PUI	RE .	√ b. ME	XTURE	С	. WAS	TE	14	RADIOA	CTIVE		Υ	es 🗸 N	lo 15	CUF	RIES 0		16
PHYSICAL (Check one i		V	a. SOLI	D 🗌	b. LIQUI	D []c. GA	AS			AZARD GORIES	Ħ	a. FII d. A(Lb. REA E HEALTH	CTIVE	=	PRESSUR		E 18
AVERAGE AMOUNT			19		XIMUM (OAILY 440			20	AN AN	INUAL W	ASTE 1320			21	STAT	E WA!		-	22
UNITS		a. GALLOI				UBIC F	EET		23	DAY	S ON SIT	E			24	LARGE	STC	ONTAINER		25
	*If EHS, ar	. POUND		pounds	1 1	ONS				36	§5					44	0			
		a. ABOV				e. P	LASTIC	DRUM		E	i. VAT				m CYLIND	ER		q. TAI	NK WAGOI	V 26
STORAGE CONTAINE		b. UNDE	RGRO	JND T	ANK	f. N	ONMET	ALLIC [DRUM	1	I. FIBER DRUM n. GLASS CONTAINER				ER	r. RAI	L CAR			
(Check all that apply)	_	c. TANK	INSIDE	BLDG	; [g. N	TETAL C	ONTAI	NER					ΓΕ BIN						
	✓	d STEE	L DRUM	1		h. C	ARBOY				I. BOX(S)			p. IN MAC	H OR EQI	JIP	t. OTH	IER	
STORAGE	PRESSU	RE	\checkmark	a. /	AMBIENT			b.	ABOV	E AME	BIENT		c	. BE	LOW AMBIE	ENT	_			27
STORAGE		ATURE	- ✓	'a. A	AMBIENT			b. /	ABOV	E AME	BIENT		С	. BE	LOW AMBIE	ENT		d. CRYOGE	NIC	28
% V	MARK INC.		HAZ	ARD	ous c	OMPC	DNENT	(For i	mixtu	re or v	vaste onl	<i>y)</i>			El	IS			CAS#	
1 50%		Petro	oleum	1									30	L	Yes	√ No	31	8002-05	5-9	32
2	29	<u> </u>											30		Yes	No	31			32
3	29												30		Yes	Nσ	31			32
4	29												30		Yes	No	31			32
5	29												30		Yes	No	31			32
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х	X MAKE AS MANY COPIES OF CHEMICAL If EPCRA, Please Sign Here 36 INVENTORY FORM AS NEEDED																			
haz invan	/form ?\		f EPC	RA, F	Please	Sign I	Here			36				IN	/ENTORY	FORM	AS	NEEDED		

SOEN GROOM

HAZARDOUS MATERIALS INVENTORY FORM

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F/	ACILITY 3	0	0	3 5		П	T	_	8 BUS		NAME ne # 3308										3
			100			17.7		1.	-		FORMA	W-010-1		42.3			(F				
CI	HEMICAL LO	CATIO	N Pal	let-St	ock	roon	1														4
	ONFIDENTIAI PCRA	LOC	ATION			Yes	1	No 5	MAP	#	. 10				6 G	RID#					7
								II. C	НЕМІС	CALI	NFORM.	ATION				4					
	HEMICAL NAI										WA	STE 🗸	7 Y	es	8 T	RADE SE	CRET		Yes	√ No	11
_	Sulfuric A				_											EPCRA s			s		
	Waste L		Acid	Batt	erv											n EHS Ch		V	Yes	∐ No	12
IT EHS IS YES, all amounts must be LBS									13												
T	PE (Check one	item o	nly)	a. PUR	E [b. M	IXTURE	√ c. \	NASTE	14	RADIOA	CTIVE		Yes	√ N	o 15	CUR	IES 0			16
	HYSICAL STA			a. SOLID	V	b. LIQU	ID _	c. GAS	17		HAZARD GORIES		FIRE	ITE HEA	b. REA	CTIVE			SURE F	RELEASE EALTH	18
	/ERAGE DAIL MOUNT 110			19		XIMUM OUNT	DAILY 1300		-	20 A	NNUAL W.	ASTE 30,000			21	STAT	E WAS	TE 1			22
UI	VITS		GALLO				CUBIC FE	ET	23	DA	S ON SIT	E			24	LARGE	ST CO	NTAIN	ER		25
	*If EH	•	POUND ount mus		ounds	"	IONS			3	65					30)				
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(C	ONTAINER heck all		D. UNDE D. TANK			-	₹ .		LIC DRU	⊢	I. FIBER		F	╡		CONTAIN		=	RAIL C		ļ
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ST	ORAGE PRE	SSUR		V	a. A	MBIENT			b. ABC	VE AN	BIENT	<u>,</u>	 c. i				JII-	<u> </u>	OTHER	Case	27
ST	ORAGE TEM	PERA	TURE	1	a. A	MBIENT	Г		b. ABO	VE AN	AMBIENT C. BELOW AMBIENT d. CRYC					OGENI	С	28			
	%WT			HAZA	RDO	ous c	ОМРО	NENT (For mixt	ure or	waste onl	y)			EH	IS			CA	S#	
1	34%	29	Sulfu	ric Ac	id							30	0	√ Y€	es [No	31	7446	8-93-9	9	32
2		29										30	0	Y	es [No	31				32
3		29										30	2	Y	es [No	31				32
4		29										30		Ye	es	No	31				32
5		29										30		Ye		No	31				32
If i	more hazarı İditional she	dous ets d	compoi of paper	nents a captur	re pr ing t	esent a he requ	at greate uired inf	r than to	1% by w oп.	eight/	if non-ca	rcinog	enic	, or 0.	1% by	weight i	if carc	inoge	nic, at	tach	
								PLA	CARDI	NG II	NFORMA	MOITA									100
UI	NDOT#									3	3		Γ	1	NFPA 7	704 HAZ	ARD [OMAK	OND		
01			Re	fer to s	hipp	ing pa	pers or	MSDS		_ °	-					ED)			REACTI	\r_	
DO	OT HAZAR	D CL	ASS	Corros	ive 8	3				3-	4			HEAL (BLU					(XETTO)		
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EF	PCRA Y	ES [NO							3.	5		_			- · \		JA / WL			
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UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY — CHEMICAL DESCRIPTION (one page per material per building or area)

⊠ADD		DELETE	201	□REVISE			200		Page	_ of
		J	. FACH Â	TY INFOR	EMATI	ON				
AUTOZONE#	Same as FACILITY NAM	ME or DBA – Do	ing Business A	s)						3
CHEMICAL LOCAT STOCK ROOM	ION				2	CHEMICA YES	L LOCATI	ON CONF	IDENTIAL EPCRA	202
FACILITY ID#					1 MA	P# (optional)	203	GRID# (optional)	204
		u .	. СНЕМІС	AL INFO	RMAT	ION		1		-1-4
CHEMICAL NAME					2	05 TRADE SE	CRET		Yes No	206
MISC REACTIVE	PRODUCTS						If Subject	to EPCRA, ref	er to instructions	
COMMON NAME DAMAGED NON-	SALEABLE RETAIL	. PRODUCTS			2	EHS*			Yes 🛭 No	208
CAS#					2	09 *If EHS is	"Yes", all a	mounts bel	ow must be in lbs.	
FIRE CODE HAZAR	D CLASSES (Complete if re	equired by CUPA)								210
HAZARDOUS MATER TYPE (Check one item o		b. MIXTURE	C. WASTE	211	RADIO	ACTIVE Yes	⊠ No	212	CURIES 0	213
PHYSICAL STATE (Check one item only)	a. SOLID 🛭	b. LIQUID	c. GAS	214	LARGE	ST CONTAINER	1			215
FED HAZARD CATEGO (Check all that apply)		o. REACTIVE	c. PRESSURE I	RELEASE	₫. ACU	TE HEALTH	e. CHRON	IC HEALT	Н	216
AVERAGE DAILY AM	OUNT 217		ILY AMOUNT	218		L WASTE AMOU	INT		TE WASTE CODE	220
1		1			4		221	331	ON SITE:	222
UNITS* (Check one item only)	☑ a. GALLONS	☐ b. CUBIC FEE * If EHS, amount		NDS d.To	ONS			365		
	ABOVE GROUND TANK	☑ e. PLASTIC/	NONMETALLIC	DRUM 🔲 i		RUM [] m. GLA			AIL CAR	
_		g. CARBOY		☐ k. BC		o. TOTE BI		i. OIIER		
□ d. S'	TEEL DRUM	h. SILO		☐ I. CYLI	INDER	p. TANK WAC	ON			223
STORAGE PRESSURE	🛚 a. AMBIENT	☐ b. ABG	OVE AMBIENT	☐ c. BE	LOW AM	BIENT				224
STORAGE TEMPERAT	URE 🛛 a. AMBIENT	☐ b. ABC	VE AMBIENT	☐ c. Bi	ELOW AM	BIENT 🗆 d.	CRYOGEN	IC		225
%WI	HAZARDOUS C	OMPONENT	For mixture o	r waste onl	y)	EHS			CAS#	7. (20) T
1 0-100	DIMETHYL PHT	HYALATE]	☐ Yes 🏻 No	1	31-11-3	1	229
2 0-100	METHYL ETHYL	KETONE P	EROXIDE			☐ Yes 🛭 No	1	338-23-	4	233
3 0-100	METHYL ETHYL	. KETONE			[☐ Yes ⊠ No	7	8-93-3		237
4 0-100	BENZOYL PERO	OXIDE				Yes 🛭 No	9	4-36-0		241
5 0-100	BENZOIC ACID					☐ Yes ⊠ No	i	5-85-0		245
If more hazardous compone	nts are present at greater than	1% by weight if non-	carcinogenic, or 0.1	% by weight if c	arcinogenic,	attach additional she	eets of paper ca	pturing the r	equired information.	
ADDITIONAL LOCA	LLY COLLECTED INF	ORMATION								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)

200 MADD DELETE Page ☐ REVISE of I. FACILITY INFORMATION BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 **AUTOZONE #** CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL 202 **EPCRA** STOCK ROOM ☐ YES NO 204 MAP# (optional) GRID# (optional) FACILITY ID# II. CHEMICAL INFORMATION CHEMICAL NAME TRADE SECRET Yes No 206 MISC NON-RCRA REGULATED LIQUID PRODUCTS If Subject to EPCRA, refer to instructions COMMON NAME 207 208 EHS* ☐ Yes ☒ No DAMAGED NON-SALEABLE RETAIL PRODUCTS 209 CAS# *If EHS is "Yes", all amounts below must be in lbs. FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213 HAZARDOUS MATERIAL 211 RADIOACTIVE ☐ Yes ☒ No 212 CURIES 0 TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE 🛛 c. WASTE 215 PHYSICAL STATE 214 LARGEST CONTAINER a. SOLID 🛭 b. LIQUID C. GAS (Check one item only) FED HAZARD CATEGORIES 216 (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☑ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH AVERAGE DAILY AMOUNT MAXIMUM DAILY AMOUNT ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220 5 4 343/352 221 222 DAYS ON SITE: UNITS* 🛮 a. GALLONS 🔲 b. CUBIC FEET 🔲 c. POUNDS 🔲 d. TONS 365 (Check one item only) * If EHS, amount must be in pounds STORAGE CONTAINER a. ABOVE GROUND TANK 🗵 e. PLASTIC/NONMETALLIC DRUM 🔲 i. FIBER DRUM 🗎 m. GLASS BOTTLE 🔀 q. RAIL CAR ☐ b. UNDERGROUND TANK f. CAN □ n. PLASTIC BOTTLE □ r. OTHER 🔲 j. BAG ☐ c. TANK INSIDE BUILDING ☐ g. CARBOY O. TOTE BIN ☐ k. BOX □ d. STEEL DRUM □ h. SILO □ 1. CYLINDER □ p. TANK WAGON 223 STORAGE PRESSURE a. AMBIENT □ b. ABOVE AMBIENT C. BELOW AMBIENT 224 STORAGE TEMPERATURE a. AMBIENT □ b. ABOVE AMBIENT C. BELOW AMBIENT □ d. CRYOGENIC 225 O oWI HAZARDOUS COMPONENT (For mixture or waste only) CAS# 1 0-100 POLYGLYCOL DIMETHACRYLATE ☐ Yes ☒ No 25852-47-5 229 2 0-100 POLYGLYCOL OLEATE ☐ Yes 🛛 No 9004-96-0 233 4 0-100 SACCHARIN ☐ Yes ☒ No 81-07-2 241 5 0-100 WATER ☐ Yes 🛛 No 7732-18-5 245 6 0-100 **HEAVY PETROLEUM DISTILATES** ☐ Yes 🛛 No 64741-88-4 7 0-100 **OLEIC ACID** ☐ Yes 🛛 No 112-80-1 8 0-100 **ISOPROPANOL** ☐ Yes 🛛 No 67-63-0 9 0-100 NON-REGULATED CONSTITUENTS ☐ Yes 🛛 No N/A 10 0-100 ETHANOL ☐ Yes ☒ No 64-17-4 11 0-100 **VEGETABLE OIL** ☐ Yes 🛛 No 9083-41-4 12 0-100 TITANIUM DIOXIDE ☐ Yes 🛛 No 13463-67-7 13 0-100 **METHANOL** ☐ Yes 🛛 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 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	□DEI	LETE [REVISE		200		Page	_of
		I. FACILIT	Y INFORM	ATION	4			
BUSINESS NAME (S	ame as FACILITY NAME of	or DBA – Doing Business As)					3
CHEMICAL LOCAT	ION	· · · · · · · · · · · · · · · · · · ·		201	CHEMICAL LOCA ☐ YES ☒ NO	TION CONI	FIDENTIAL EPCRA	202
FACILITY ID#			1	MAP#	(optional) 20	GRID#	(optional)	204
		II. CHEMICA	AL INFORM	латю	N			
CHEMICAL NAME				205	TRADE SECRET		Yes No	206
*****	E AEROSOL PRODUC	CTS		207	If Subj	ect to EPCRA, re	fer to instructions	000
COMMON NAME DAMAGED NON-	SALEABLE RETAIL PF	RODUCTS		207	EHS*		Yes 🖾 No	208
CAS#				209	*If EHS is "Yes", al	l amounts be	low must be in lbs.	
FIRE CODE HAZAR	D CLASSES (Complete if require	d by CUPA)						210
HAZARDOUS MATERI	AT.					[213
TYPE (Check one item or		IIXTURE 🛛 c. WASTE	211 R	ADIOACT	TIVE Yes No	212	CURIES 0	215
PHYSICAL STATE (Check one item only)	🗌 a. SOLID 🛛 b. I	IQUID 🗆 c. GAS	214 L.	ARGEST (CONTAINER 5			213
FED HAZARD CATEGO (Check all that apply)		EACTIVE 🛛 c. PRESSURE R	ELEASE d	. ACUTE	HEALTH 🔲 e. CHRO	ONIC HEALT	тн	216
AVERAGE DAILY AMO	OUNT 217 M	AXIMUM DAILY AMOUNT	218 A	NNUAL V	VASTE AMOUNT	219 STA	TE WASTE CODE	220
1	5		9)		33 221 DAVS		222
UNITS* (Check one item only)		o. CUBIC FEET		5		365	ON SITE:	
		e. PLASTIC/NONMETALLIC	DRUM [i. FII		M m. GLASS BOTT			
		z. CARBOY	☐ k. BOX		o. TOTE BIN			
	TEEL DRUM h.				. TANK WAGON		-	223
STORAGE PRESSURE	a. AMBIENT	b. ABOVE AMBIENT	c. BELO					224
STORAGE TEMPERAT		☐ b. ABOVE AMBIENT	☐ c. BELO	OW AMBII	ORDER STATISTICS OF STATISTICS	ENIC		225
%WT	MINERAL SPIRITS	1PONENT (For mixture o	r waste only)		EHS	C447E 0E	CAS#	220
2 0-100	ETHYLBENZENE				Yes ⊠ No Yes ⊠ No	64475-85- 100-41-4	U	229
3 0-100	PROPANE				Yes ⊠ No	74-98-6		
4 0-100	METHYL ETHYL KETOI	NE			Yes 🛛 No	78-93-3		241
5 0-100	XYLENE				Yes 🛛 No	1330-20-7		245
6 0-100	METHYL METHACRYLA	ATE			Yes 🛛 No	80-62-6		
7 0-100	NAPHTHALENE				Yes 🛛 No	91-20-3		
8 0-100	TOLUENE				Yes 🛭 No	108-88-3		
9 0-100	METHYL HEXANE				Yes 🛛 No	78-93-3		
10 0-100	METHYL ISOBUTYL KE	TONE			Yes 🛛 No	108-10-1		
11 0-100	BUTANE				Yes 🛛 No	106-97-8		
If more hazardous compone	nts are present at greater than 1% b	y weight if non-carcinogenic, or 0.15	% by weight if carcin	nogenic, atta	ach additional sheets of pape	er capturing the	required information.	
ADDITIONAL LOCA	LLY COLLECTED INFOR	MATION						246

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

⊠ADD	□DE	LETE	□REVIS:	E			200		Page	of
		I. FACI	LITY INFO	ORN	MATIC	NC				
AUTOZONE#	ame as FACILITY NAME	or DBA – Doing Busine	ss As)							3
CHEMICAL LOCATI	ON				20		CHEMICAL LOCA ☐ YES ☑ NO	TION CO	NFIDENTIAL EPCRA	202
FACILITY ID#					1 MAI	P# (c	optional) 20	3 GRID	# (optional)	204
		II. CHEM	IICAL INF	OR	MAT1	ION	1			
CHEMICAL NAME				NUMBER OF	20	05	TRADE SECRET		☐ Yes ☐ No	206
MISC FLAMMABL	E PRODUCTS						If Subje	ect to EPCRA	, refer to instructions	
COMMON NAME					20	07	EHS*		☐ Yes ☒ No	208
DAMAGED NON-S CAS#	SALEABLE RETAIL P	RODUCTS			20	09				
							*If EHS is "Yes", al	l amounts	below must be in lbs.	
FIRE CODE HAZARI	O CLASSES (Complete if requi	red by CUPA)								210
HAZARDOUS MATERI TYPE (Check one item or		MIXTURE 🛛 c. WAST	E 2	211	RADIOA	ACTI	VE Yes No	212	CURIES 0	213
PHYSICAL STATE (Check one item only)	a. SOLID 🛭 b.	LIQUID 🔲 c. GAS		214	LARGES	ST C	ONTAINER 5			215
FED HAZARD CATEGO (Check all that apply)		REACTIVE 🔲 c. PRESSI	URE RELEASE		d. ACU	TE H	IEALTH 🗆 e. CHRO	ONIC HEA	LTH	216
AVERAGE DAILY AMO	OUNT 217	MAXIMUM DAILY AMO	UNT 2	218	ANNUA	T W	ASTE AMOUNT	219	TATE WASTE CODE	220
1		5			9				331	
UNITS* (Check one item only)		b. CUBIC FEET c. If EHS, amount must be in p	POUNDS counds.	d. TO	NS			DA 36	YS ON SITE: 5	222
□ b. Uì	DERGROUND TANK	☑ e. PLASTIC/NONMETA f. CAN g. CARBOY	□ j.:			□ n	M ☐ m. GLASS BOTT D. PLASTIC BOTTLE O. TOTE BIN	LE 🔲	q. RAIL CAR ER	
_		. SILO	. —				TANK WAGON			223
STORAGE PRESSURE	☐ a. AMBIENT	☐ b. ABOVE AMBI	ENT 🗆 c	. BEL	OW AM	BIEN	NT	,		224
STORAGE TEMPERAT	URE 🛛 a. AMBIENT	☐ b. ABOVE AMBI	ENT 🗆	c. BE	LOW AM	BE	NT d. CRYOG	ENIC		225
%WT	HAZARDOUS CO	MPONENT (For mixt	ture or waste	only)		EHS		CAS#	
1 0-100	ACETONE				[□ Y	es 🛭 No	67-64	-1	229
2 0-100	ETHYLBENZENE				[□ Y	es 🛭 No	100-4	1-4	233
3 0-100	PROPANE				[□ Y	Yes ⊠ No	74-98	-6	237
4 0-100	METHYL HEXANE				E	□ Y	Yes ⊠ No	78-93	-3	241
5 0-100	METHYL ISOBUT						res ⊠ No	108-1		245
If more hazardous compone	nts are present at greater than 1%	by weight if non-carcinogenic	, or 0.1% by weigh	ht if ca	rcinogenic,	, attac	ch additional sheets of pap	er capturing	the required information.	
ADDITIONAL LOCA	LLY COLLECTED INFO	RMATION								246
									If EPCRA, Please Sig	n Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY — CHEMICAL DESCRIPTION (one page per material per building or area)

⊠ADD	□Di	ELETE	□REVISE		200		Page	_of
		I. FACILIT	TY INFORMA	TION	1			
BUSINESS NAME (S	Same as FACILITY NAME	or DBA – Doing Business A	s)					3
CHEMICAL LOCAT	ION			201	CHEMICAL LOCAT ☐ YES ☒ NO	ION CON	FIDENTIAL EPCRA	202
FACILITY ID#			1	MAP#	(optional) 203	GRID#	(optional)	204
		II. CHEMIC	AL INFORM	ATIO	N			
CHEMICAL NAME		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		205	TRADE SECRET		Yes 🗌 No	206
MISC FLAMMABI	E PRODUCTS				If Subject	to EPCRA, 1	refer to instructions	
COMMON NAME DAMAGED NON-	SALEABLE RETAIL F	PRODUCTS		207	EHS*		Yes 🛭 No	208
CAS#				209	*If EHS is "Yes", all a	mounts b	elow must be in lbs.	
FIRE CODE HAZAR	D CLASSES (Complete if requ	ired by CUPA)						210
HAZARDOUS MATERI TYPE (Check one item o		MIXTURE 🛛 c. WASTE	211 RAI	DIOACT	TIVE Yes No	212	CURIES 0	213
PHYSICAL STATE (Check one item only)	a. SOLID 🛭 b.	LIQUID 🗆 c. GAS	214 LAI	RGEST (CONTAINER 5			215
FED HAZARD CATEGO (Check all that apply)		REACTIVE c. PRESSURE	RELEASE d. A	ACUTE	HEALTH	ΠC HEAL	ТН	216
AVERAGE DAILY AM		MAXIMUM DAILY AMOUNT	218 AN	NUAL V	VASTE AMOUNT	ĺ	ATE WASTE CODE	220
1		5	9		221	33	S ON SITE:	222
UNITS* (Check one item only)	■ a. GALLONS =	b. CUBIC FEET c. POU If EHS, amount must be in pound				365	ON SILE.	
		☑ e. PLASTIC/NONMETALLIO	DRUM i. FIBE		M ☐ m. GLASS BOTTLI n. PLASTIC BOTTLE ☐		RAIL CAR	
		g. CARBOY	☐ k. BOX		o. TOTE BIN			
STORAGE PRESSURE	■ a. AMBIENT	□ b. ABOVE AMBIENT	c. BELOW		o. TANK WAGON NT			223
STORAGE TEMPERAT	URE 🛛 a. AMBIENT	☐ b. ABOVE AMBIENT	☐ c. BELOW	/ AMBII	ENT d. CRYOGEN	IIC		225
%WT	HAZARDOUS CO	MPONENT (For mixture of	or waste only)		EHS		CAS#	
1 0-100	MINERAL SPIRITS				Yes 🛛 No	64475-85	-0	229
2 0-100	ISOPROPANOL				Yes ⊠ No 6	67-63-0		233
3 0-100	METHANOL				Yes ⊠ No 6	37-56-1	4	237
4 0-100	METHYL ETHYL KETO	ONE			Yes 🛛 No 7	78-93-3		241
5 0-100	XYLENE				Yes No	330-20-7	7	245
6 0-100	METHYL METHACRYI	LATE			Yes ⊠ No 8	30-62-6		
7 0-100	NAPHTHALENE				Yes ⊠ No S	91-20-3		
8 0-100	TOLUENE				Yes 🛛 No 1	08-88-3		
9 0-100	UNSATURATED POLY	ESTER RESIN		+	Yes 🛛 No			
10 0-100	STYRENE MONOMER					00-42-5		
	nts are present at greater than 1%	by weight if non-carcinogenic, or 0.1	% by weight if carcinog	enic, atta	ich additional sheets of paper o		e required information.	246 n Here

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (one page per material per building or area) □DELETE Page **⊠**ADD □REVISE of I. FACILITY INFORMATION BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) **AUTOZONE #** CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202 ☐ YES ☒ NO STOCK ROOM GRID# (optional) 204 MAP# (optional) FACILITY ID# II. CHEMICAL INFORMATION CHEMICAL NAME TRADE SECRET ☐ Yes ☐ No 206 MISC NON-RCRA REGULATED SOLID PRODUCTS If Subject to EPCRA, refer to instructions 208 COMMON NAME EHS* ☐ Yes 🖾 No DAMAGED NON-SALEABLE RETAIL PRODUCTS CAS# *If EHS is "Yes", all amounts below must be in lbs. FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210 HAZARDOUS MATERIAL RADIOACTIVE ☐ Yes ☒ No CURIES 0 211 212 ☐ a. PURE ☐ b. MIXTURE TYPE (Check one item only) 🛛 c. WASTE 215 PHYSICAL STATE 214 LARGEST CONTAINER a. SOLID □ b. LIOUID C. GAS (Check one item only) FED HAZARD CATEGORIES 216 □ a. FIRE □ b. REACTIVE □ c. PRESSURE RELEASE ☑ d. ACUTE HEALTH □ e. CHRONIC HEALTH (Check all that apply) AVERAGE DAILY AMOUNT MAXIMUM DAILY AMOUNT ANNUAL WASTE AMOUNT 220 STATE WASTE CODE 5 343/352 222 DAYS ON SITE: UNITS* □ a. GALLONS □ b. CUBIC FEET ☑ c. POUNDS □ d. TONS 365 (Check one item only) * If EHS, amount must be in pounds. STORAGE a. ABOVE GROUND TANK □ e. PLASTIC/NONMETALLIC DRUM □ i. FIBER DRUM □ m. GLASS BOTTLE □ q. RAIL CAR CONTAINER 🔲 f. CAN ☐ b. UNDERGROUND TANK ☐ j. BAG □ n. PLASTIC BOTTLE □ r. OTHER ☐ c. TANK INSIDE BUILDING ☐ g. CARBOY □ k. BOX □ o. TOTE BIN ☐ d. STEEL DRUM h. SILO □ 1. CYLINDER □ p. TANK WAGON 223 STORAGE PRESSURE a. AMBIENT □ b. ABOVE AMBIENT □ c. BELOW AMBIENT 224 STORAGE TEMPERATURE □ b. ABOVE AMBIENT C. BELOW AMBIENT a. AMBIENT ☐ d. CRYOGENIC 225

	FW%	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	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.										
\vdash					246						

ADDITIONAL LOCALLY COLLECTED INFORMATION

1

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area) MADD **□**DELETE ☐ REVISE Page of I. FACILITY INFORMATION BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) **AUTOZONE #** CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202 ☐ YES ☒ NO STOCK ROOM MAP# (optional) GRID# (optional) 204 FACILITY ID# II. CHEMICAL INFORMATION CHEMICAL NAME TRADE SECRET Yes No 206 MISC GORROSIVE PRODUCTS If Subject to EPCRA, refer to instructions COMMON NAME 207 208 EHS* ☐ Yes ☒ No DAMAGED NON-SALEABLE RETAIL PRODUCTS 209 CAS# *If EHS is "Yes", all amounts below must be in lbs. 210 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 213 HAZARDOUS MATERIAL RADIOACTIVE ☐ Yes ☒ No CURIES 0 TYPE (Check one item only) 215 PHYSICAL STATE LARGEST CONTAINER (Check one item only) ☐ a. SOLID 🖾 b. LIQUID C. GAS FED HAZARD CATEGORIES 216 (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☑ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH AVERAGE DAILY AMOUNT ANNUAL WASTE AMOUNT MAXIMUM DAILY AMOUNT STATE WASTE CODE 220 5 791 221 DAYS ON SITE: 222 UNITS* ☑ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 365 (Check one item only) * If EHS, amount must be in pounds. STORAGE CONTAINER a. ABOVE GROUND TANK 🖾 e. PLASTIC/NONMETALLIC DRUM 🔲 i. FIBER DRUM 📋 m. GLASS BOTTLE 🔠 q. RAIL CAR ☐ b. UNDERGROUND TANK ☐ f. CAN ☐ i. BAG □ n. PLASTIC BOTTLE □ r. OTHER ☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX O. TOTE BIN ☐ d. STEEL DRUM h. SILO □ 1. CYLINDER □ p. TANK WAGON 223 STORAGE PRESSURE a. AMBIENT □ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224 STORAGE TEMPERATURE a. AMBIENT □ b. ABOVE AMBIENT C. BELOW AMBIENT ☐ d. CRYOGENIC 225 HAZARDOUS COMPONENT (For mixture or waste only) EHS 1 0-100 226 PHOSPHORIC ACID ☐ Yes 🛛 No 228 7664-38-2 229 2 0-100 230 HYDROFLUORIC ACID ☐ Yes ⊠ No 231 7664-39-3 233 SULFURIC ACID 3 0-100 234 235 Yes No 7664-93-3 237 236 4 0-100 SODIUM DODECYLBENZENE SULFONATE 238 ☐ Yes 🏻 No 25155-30-0 239 240 241 5 0-100 **OXALIC ACID** 242 243 ☐ Yes ☒ 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. 246 ADDITIONAL LOCALLY COLLECTED INFORMATION 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 paction	W H LEGIE	MALE	ON.				
AUTOZONE #	Same as FACILITY NAM	ME or DBA – Do	oing Business As	5)						3
CHEMICAL LOCAT STOCK ROOM	TION				2	CHEN	MICAL LOCAT ES ⊠ NO	ION CON	FIDENTIAL EPCRA	202
FACILITY ID#					1 MA	P# (optional)	203	GRID#	(optional)	204
		V	. Valyk Myst.	al Eveg				1		
CHEMICAL NAME	ATT - INCOMESSION DESCRIPTION OF THE PARTY O	1 . 2			2	O5 TRAI	E SECRET		Yes No	206
MISC CORROSIN	/E ALKALINE PROI	DUCTS					If Subject	to EPCRA, t	refer to instructions	
COMMON NAME	SALEABLE RETAIL	PRODUCTS			2	07 EHS*			Yes 🛭 No	208
CAS#	ONEENDEL NEIME	TRODUCTO			2	*If EH	IS is "Yes", all a	mounts b	elow must be in lbs.	
FIRE CODE HAZAR	D CLASSES (Complete if re	equired by CUPA)								210
WAZARROUE MATERI	***				I					213
HAZARDOUS MATERI TYPE (Check one item o		b. MIXTURE	C. WASTE	211	RADIO	ACTIVE [Yes 🛛 No	212	CURIES 0	
PHYSICAL STATE (Check one item only)	□ a. SOLID 🏻	b. LIQUID	c. GAS	214	LARGE	ST CONTAI	NER 5			215
FED HAZARD CATEGO (Check all that apply)		o. REACTIVE	c. PRESSURE R	RELEASE D	d. ACU	TE HEALTH	I ☐ e. CHRON	TC HEAL	ТН	216
AVERAGE DAILY AM	OUNT 217	MAXIMUM DA	AILY AMOUNT	218	ANNUA	L WASTE A	MOUNT	219 ST.	ATE WASTE CODE	220
1		5			4			12	3	
UNITS* (Check one item only)	🛛 a. GALLONS		ET C. POUN		ONS		221	DAYS 365	ON SITE:	222
STORAGE CONTAINER	ABOVE GROUND TANK	e. PLASTIC	NONMETALLIC	DRUM 🗍 i	. FIBER D	RUM 🗆 m	. GLASS BOTTLE		RAIL CAR	
	NDERGROUND TANK NK INSIDE BUILDING	☐ f. CAN☐ g. CARBOY		☐ j. BAG		n. PLAS	TIC BOTTLE TE BIN	r. OTHER	₹	
		h SILO				□ p. TANK				223
STORAGE PRESSURE	a. AMBIENT	☐ b. AB	OVE AMBIENT	☐ c. BE	LOW AM	BIENT				224
STORAGE TEMPERAT	URE 🛮 a. AMBIENT	☐ b. ABO	OVE AMBIENT	☐ c. BI	ELOW AN	BIENT	d. CRYOGEN	IIC		225
%WI	FEATARBOUSE	osipokiski.	(Ein injetué d	r webre aid	y)		lib)		GAS#	
1 0-100	SODIUM METAS	SILICATE				☐ Yes 🏻		834-92		229
2 0-100	ETHYLENE GLU	COL MONC	BUTYL ETI	HER		☐ Yes 🏻	No 1	11-76-2	2	233
3 0-100	AMMONIA					☐ Yes 🏻	No 7	664-41	-7	237
4 0-100	SODIUM HYDRO	OXIDE]	Yes 🛛	No 1	310-73	-2	241
5 0-100	ALXYL POLYGI					□ Yes 🛚		8515-7		245
II more hazardous compone	nts are present at greater than	1% by weight if non-	carcinogenic, or 0.19	% by weight if ca	arcinogenic,	attach additio	nal sheets of paper c	apturing the	required information.	
ADDITIONAL LOCA	LLY COLLECTED INF	ORMATION								246
									If EPCRA, Please Sig	n Here



CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

	I. FACILITY	MEODA	IATTON	Page 1 of				
	3 0 4 0 3 5 4 6	1. EPA ID # (Hazardous Waste Only)						
	ILITY ID#	1. EPA ID # (Hazardous Waste Only) 2 CAL 000302351						
BUS	BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.							
Α	utoZone # 3308							
	II. ACTIVITIES	DECL	ARATION					
	NOTE: If you check YE							
	please submit the Business Ow	ner/Op	erator Iden	tification page.				
	Does your facility		If Yes, please	complete these pages of the UPCF				
Α.	HAZARDOUS MATERIALS							
	Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	YES	□ NO 4.	✓ HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form3)				
В.	UNDERGROUND STORAGE TANKS (USTs)							
1.	Own or operate underground storage tanks?	YES	√ NO 5.	 ✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank)(Formerly Form B) 				
2.	Intent to upgrade existing or install new USTs?	YES	✓ NO 6.	✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly				
3.	Need to report closing a UST?	YES	✓ NO 7.	Form C) √ 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?	YES	✓ NO 8.	√ NO FORM REQUIRED TO CUPAS				
D.	HAZARDOUS WASTE							
1.	Generate hazardous waste?	✓ YES	■ NO 9.	\checkmark EPA ID #-provide at the top of this page				
2.	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	YES	✓ NO 10.	√ RECYCLABLE MATERIALS REPORT (one per recycler)				
3.	Treat hazardous waste on site?	YES	√NO 11.	V ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) V ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)				
4.	Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	YES	✓ NO 12.	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)				
5.	Consolidate hazardous waste generated at a remove site?	YES	✓ NO 13.	√ REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC)				
6.	Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	YES	✓ NO 14.	Form 1196)				
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	YES	√ NO 15.	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)				





CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

			Pa	ge of	3
	SUSINESS II	NFORMATION			
FACILITY # 3 0 0 3 5 (Supplied by GGFD)		BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME AUTOZONE #3308		-	4	BUSINESS PHONE 714-956-2256	5
BUSINESS SITE ADDRESS 10842 Katella Avenue					6
GARDEN GROVE		7	STATE 8	ZIP 92840	9
DUN & BRADSTREET 15-723-3511		10 SIC CODE (4 DIGIT : 5531	‡) 11	FIRE DISTRICT	12
COUNTY ORANGE					13
BUSINESS OPERATOR NAME		14	OPERATOR'S PH	ONE	15
	BUSINES	SOWNER			
OWNER NAME AutoZone Inc			16	OWNER PHONE 901-495-6500	17
OWNER MAILING ADDRESS 123 South Front Street					18
CITY Memphis	5-1/n	19	STATE 20 TN	ZIP 38103	21
INCOME AND THE PROPERTY OF THE	IVIRONMEN	TAL CONTACT			
CONTACT NAME		<u> </u>	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·				24
CITY		25	STATE 26	ZIP	27
Memphis			UNITE 20	38193	21
PRIMARY E	MERGENC	Y CONTACTS		SECONDARY	
NAME	28	NAME Alarm Central			33
тітье District Manager	29	TITLE 24 hour Manned Monit	Or		34
BUSINESS PHONE 714-956-2256	30	BUSINESS PHONE 800-313-9693	<u></u>		35
24-HR. PHONE	31	24-HR. PHONE 800-313-9693			36
PAGER # N/A	32	PAGER# N/A			37
The state of the s	OCALLY C	OLLECTED INFORI	MATION		e etyle
DESCRIBE THE TYPE OF BUSINESS OPERATION: Autoparts Retail			38	TOTAL # OF EMPLOYEES 10-15	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) Dept 8190, 123 South Front Street			40	ATTENTION Environmental Specialist	41
AutoZone Stores Inc	ADDRESS 123 South Fron		43	PHONE 901-4957217	44
Certification: Based on my inquiry of those individual have personally examined and am familiar with the in	iformation subr	le for obtaining the info nitted and believe the in	rmation, I cer formation is tr	rtify under penalty of law ue, accurate, and comple	that I te.
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRES	SENTATIVE		45	DATE 5/30/2009	46
NAME OF SIGNER (<i>print</i>) Bryan Blair	47	NAME OF DOCUMENT PRE Bryan Blair	PARER (print		49
TITLE OF SIGNER Environmental Specialist	48	TITLE OF DOCUMENT PRE Environmental Specialist			50

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:
							. 0	CCC.

b Diking areas to contain spills

cN/A Storage on paved ground

2. Compressed and/or cryogenic gas storage areas:

a N/A Cylinders stored upright and secured

bX Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

3. General:

a X Safe work practices are exercised in daily routines.

b Employees who handle hazardous materials are properly trained.

Material Safety Date Sheets (MSDS) readily available for each hazardous material on the premises.

Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)

Uniform Fire Code (UPC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.)

1 X 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.

Plan will be Kept in a binder in the

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

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

DATE:

Fage 5



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			
Ora	ange, 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	e years. I am submitting my BEP to meet this req	uirement.		
	eration and/or personnel and I am submitting a ne	w BEP with current		
information.				
Business Name AUTOZONE # 3308				
Address 10842 KATELLA AVENUE				
I certify under penalty of law that I have persona	ally examined and am familiar with the information	on submitted and		
believe the submitted information is true, accura	ite, and complete. The following signatures are	required:		
Owner/Operator Name (Print)	Signature 1 1 0	Date		
		5/29/2009		
BEP Prepared By (Print)	Signature	Date		
BRYAN BLAIR	BC BC	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



Hazardous Materials Inventory Statement

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l.	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	o i nazaraoas mate	itais.				
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						
INA						
State law requires your business to complet listed below. Those items left blank or com this document to be returned to you.	te all sections of t pleted with an "N	he Emergency N/A" are not a	Response Procedure acceptable and will cause			
3. Briefly describe your business's standard open hazardous materials. What actions will your business occur, what is done to prevent the spill firstopping a release, cleaning up, and disposing response are beyond your ability and need to be	ousiness take to prev com spreading? Hov g of released materia	v ent the hazard v do you handle ls at your facilit	from occurring? If a spill the complete process of			
Management wiil attempt to prevent any hazardous contain the movement of materials.	s materials from read	ching any drain o	or soil using absorbent to			
If the store needs to be evacuated due to a chemic the assembly area.	al spill, the manager	ment will direct e	everyone out of the store into			
Small spills will be cleaned up using absobent, rags store's waste barrel.	s, or paper towels. T	hese materials v	will then be placed in the			
Large spills will be contained by using absorbent or spread of the material. 3E will be called by manage	r spent absorbent. T ement to respond to	he spill will be co clean up the spil	ontained to prevent further			



Hazardous Materials Inventory Statement

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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 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 maintaing 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 exinguishers and eye wash stations)
- -Trainig 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

STORAGE PRESSURE	ADD ADD	DELETE REVISED 1		Page 2		
Chemical Location Oil Tank-Stockroom	FACILITY 2 0 0 2 5	38 BU		Page of 3		
CONFIDENTIAL LOCATION OIL TARK-Stockroom CONFIDENTIAL LOCATION	ID#		CHARLES OF SAME AREAS AND AREAS AND AREAS			
CONFIDENTIAL LOCATION	CHEMICAL LOCATION		ITY INFORMATION			
CHEMICAL NAME	Oil Tank-S	Stockroom		4		
Chemical Name		Yes No 5 MAP	# 6	GRID# 7		
Petroleum Oil COMMON NAME Waste Motor Oil FIRE CODE HAZARD CLASSES (supplied by GGFD) COMMON TOTAL FIRE CODE HAZARD CLASSES (supplied by GGFD) COMMON TOTAL FIRE CODE HAZARD CLASSES (supplied by GGFD) COMMON TOTAL TYPE (Cleac con term only) PHYSICAL STATE Check con term only) B PURE PHYSICAL STATE Check con term only MAXIMUM DALY AMOUNT 110 AMOUNT 20 AMOUNT 110 AMOUNT 110 AMOUNT 110 AMOUNT 20 AMOUNT 110 AMOUNT 20 AMOUNT 110 AMOUNT 20 AMOUNT 20 AMOUNT 110 AMOUNT 20		II. CHEMI	CAL INFORMATION	CHANGE STORY AND AND A STORY		
COMMON NAME			WASTE Yes 8	TRADE SECRET Yes ✓ No 11		
Waste Motor Oil				If EPCRA see instructions		
The continue to the last in the state of t			9	An EHS Chemical Yes ✓ No 12		
13 13 15 15 15 15 15 15		FIRE CODE HAZARD CLASSES	avantiad by COED			
Physical state	1		supplied by GGPD)	13		
CATEGORIES d. ACUTE HEALTH e. CHRONIC HEALTH	TYPE (Check one item only)	b. MIXTUREc. WASTE	14 RADIOACTIVE Yes	No 15 CURIES 0 16		
ACUTE HEALTH		✓ b. LIQUIDc. GAS 17	CATECORIES			
AMOUNT 10			d. ACDIE HEALT			
STORAGE CONTAINER D. UNDERGROUND TANK E. PLASTIC DRUM L. VAT M. CYLINDER Q. TANK WAGON 26 STORAGE CONTAINER D. UNDERGROUND TANK F. NONMETALLIC DRUM L. FIBER DRUM D. STORAGE CONTAINER D. UNDERGROUND TANK F. NONMETALLIC DRUM L. FIBER DRUM D. STORAGE PRESSURE Q. TANK INSIDE BLDG G. METAL CONTAINER L. BAG(S) D. PLASTIC CONTAINER S. TOTE BIN D. ABOVE AMBIENT D. ABOVE AMBIENT C. BELOW AMBIENT C. BELOW AMBIENT D. ABOVE AMBIENT C. BELOW AMBIENT D. ABOVE AMBIENT D. ABOVE AMBIENT D. ABOVE AMBIENT D. BELOW AMBI				22		
STORAGE CONTAINER CONTAINER A BOOVEROUND TANK I. NONMETALLIC DRUM I. VAT I. FIBER DRUM I. GLASS CONTAINER I. RAIL CAR CONTAINER I. SHORY II. FIBER DRUM II. FIBER DRUM II. FIBER DRUM II. FIBER DRUM II. GLASS CONTAINER II. BAG(S) II. PLANK INSIDE BLIDG II. OTHER II. BAG(S) II. PLANK DRUM II. OTHER II. BAG(S) II. PLANK DRUM II. OTHER II. BAG(S) II. PLANK DRUM II. OTHER II. BAG(S) II. OTHER II. OTHER II. BAG(S) II. OTHER II. BAG(S) II. OTHER II. DAVID AND III. OTHER II. DAVID AND III. OTHER II. DAVID AND III. OTHER III. OTHER III. DAVID AND III. OTHER I		<u></u>	DAYS ON SITE	24 LARGEST CONTAINER 25		
STORAGE CONTAINER S. TOTE BIN CONTAINER CONTAI	I L	: I	365	220		
CONTAINER (Check all that apply) Container (Check all that apply)) TANK e. PLASTIC DRUM	i. VAT m CYL	INDER q. TANK WAGON 26		
STORAGE PRESSURE J a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28	CONTAINER D. UNDERGROUND		JM I. FIBER DRUM n. GLA	SS CONTAINERr. RAIL CAR		
STORAGE PRESSURE	that apply)			STIC CONTAINERs. TOTE BIN		
STORAGE TEMPERATURE A AMBIENT D. ABOVE AMBIENT C. BELOW AMBIENT d. CRYOGENIC 28						
WIT HAZARDOUS COMPONENT (For mixture or waste only) EHS CAS # 1 99 29 Petroleum Oil 30 Yes No 31 8002-05-9 32 2 29 30 Yes No 31 8002-05-9 32 3 29 30 Yes No 31 32 4 29 30 Yes No 31 32 5 29 30 Yes No 31 32 If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. **PLACARDING INFORMATION UNDOT # 33 Refer to shipping papers or MSDS DOT HAZARD CLASS Combustible 3 ARefer to shipping papers or MSDS EPCRA YES NO 35 **MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED						
1 99 29 Petroleum Oil 30	TOTAL PROPERTY AND ADDRESS OF THE PARTY OF T					
30 Yes No 31 32 3 29 30 Yes No 31 32 4 29 30 Yes No 31 32 5 29 30 Yes No 31 32 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 NFPA 704 HAZARD DIAMOND FIRE (RED) Refer to shipping papers or MSDS DOT HAZARD CLASS Combustible 3 34 Refer to shipping papers or MSDS EPCRA YES NO 35 MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED			20.			
30 Yes No 31 32 4 29 30 Yes No 31 32 5 29 30 Yes No 31 32 If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. UNDOT # 33 NFPA 704 HAZARD DIAMOND FIRE (RED) NFPA 704 HAZARD DIAMOND FIRE			20 🗔			
30	3 29		20 🖂			
5 29 30	4 29					
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 #	5 29					
UNDOT #	If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic attach					
UNDOT # Refer to shipping papers or MSDS DOT HAZARD CLASS Combustible 3 Refer to shipping papers or MSDS Refer to shipping papers or MSDS EPCRA YES ✓ NO X If EPCRA, Please Sign Here MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED	additional sneets of paper capturing	THE RESIDENCE OF STREET	INC INCORNATION			
Refer to shipping papers or MSDS DOT HAZARD CLASS Combustible 3 Refer to shipping papers or MSDS Refer to shipping papers or MSDS EPCRA YES NO X MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED		PLACARL	ING INFORMATION	以在4.30m以上有时间。0.35mm,20.35mm。		
DOT HAZARD CLASS Combustible 3 Refer to shipping papers or MSDS EPCRA YES NO X If EPCRA, Please Sign Here REACTIVE (YELLOW) SPECIAL HAZARD OX/NX MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED						
DOT HAZARD CLASS Combustible 3 Refer to shipping papers or MSDS EPCRA YES NO X MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED	Refer to sh	ipping papers or MSDS	FIR			
Refer to shipping papers or MSDS EPCRA YES NO X MAKE AS MANY COPIES OF CHEMICAL If EPCRA, Please Sign Here 36 INVENTORY FORM AS NEEDED	DOT HAZARD CLASS. Combustible 3					
X	Refer to shipping papers or MSDS SPECIAL WHITE					
If EPCRA, Please Sign Here 36 INVENTORY FORM AS NEEDED	EPCRA YES NO		1	CARD TO OX/M		
If EPCRA, Please Sign Here 36 INVENTORY FORM AS NEEDED	x		MAKE AS MA	ANY COPIES OF CHEMICAL		
	If EPCRA	, Please Sign Here				

CONTROL GROOM

HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISED 1	Page of					
FACILITY 3 0 0 3 5 38 BUSIN	IESS NAME 3					
I. FACILITY INFORMATION						
CHEMICAL LOCATION Drum-Stockroom	4					
CONCIDENTIAL LOCATION						
EPCRA Yes V No 5 MAP#	6 GRID# 7					
II. CHEMICA	AL INFORMATION					
CHEMICAL NAME Waste Absorbent	WASTE Yes 8 TRADE SECRET Yes No 11					
COMMON NAME	9 An EHS Chemical Yes No 12					
Waste Absorbent	*If EHS is "Yes", all amounts must be LBS					
CAS # 10 FIRE CODE HAZARD CLASSES (sup 8002-05-9 Combustible	oplied by GGFD) 13					
TYPE (Check one item only) a. PURE b. MIXTURE c WASTE	14 RADIOACTIVE Yes V No 15 CURIES 0 16					
	FED HAZARD a FIRE b REACTIVE c PRESSURE RELEASE 18 CATEGORIES d ACUTE HEALTH e CHRONIC HEALTH					
AVERAGE DAILY 19 MAXIMUM DAILY 20 AMOUNT 220 AMOUNT 440						
UNITS a. GALLONS b. CUBIC FEET 23 ✓ c. POUNDS d. TONS	DAYS ON SITE 24 LARGEST CONTAINER 25					
*If EHS. amount must be in pounds.	365 440					
STORAGE	i. VAT m CYLINDER q. TANK WAGON 26					
CONTAINER b. UNDERGROUND TANK f. NONMETALLIC DRUM (Check all c. TANK INSIDE BLDG g. METAL CONTAINER	I I. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR I. BAG(S) 0 PLASTIC CONTAINER s. TOTE BIN					
that apply) that apply) d STEEL DRUM h. CARBOY	1. BOX(S) P. IN MACH OR EQUIP to OTHER					
STORAGE PRESSURE	E AMBIENT C. BELOW AMBIENT 27					
STORAGE TEMPERATURE a AMBIENT b. ABOV	E AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28					
%WT HAZARDOUS COMPONENT (For mixture	re or waste on!y) EHS CAS #					
1 50% ²⁹ Petroleum	30 Yes No 31 8002-05-9 32					
2 29	30 Yes No 31 32					
3 29	30 Yes No 31 32					
4 29	30 Yes No 31 32					
5 29	30 Yes No 31 32					
If more hazardous components are present at greater than 1% by we additional sheets of paper capturing the required information.	eight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach					
PLACARDIN	IG INFORMATION					
UNDOT#	NFPA 704 HAZARD DIAMOND					
Refer to shipping papers or MSDS	FIRE (RED)					
DOT HAZARD CLASS Combustible 3	HEALTH → (YELLOW)					
Refer to shipping papers or MSDS	SPECIAL WHITE					
EPCRA YES NO	HAZARD W OX/W					
x	MAKE AS MANY COPIES OF CHEMICAL					
If EPCRA, Please Sign Here	36 INVENTORY FORM AS NEEDED					

SARDEN GRO	
(4) Killing	[4]
THE COURT	\$/
DEDART	/

HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVIS	1	Dage of 2
FACILITY 3 0 0 3 5	38 BUSINESS NAME	Page of
200 de Falsas 183	AutoZone # 3308	
CHEMICAL LOCATION	. FACILITY INFORMATION	
Pallet-Stockroom		4
CONFIDENTIAL LOCATION Yes V No	5 MAP# 6 GRID)# 7
il de la companya de	CHEMICAL INFORMATION	建筑内层层设置
CHEMICAL NAME	WASTE / Yes 8 TRAD	DE SECRET Yes / No 11
Sulfuric Acid	If EP	CRA see instructions
COMMON NAME	9 An Ei	HS Chemical Yes No 12
Waste Lead Acid Battery CAS # 10 FIRE CODE HAZARD		HS is "Yes", all amounts must be LBS
7446-93-9 Corrosive	CLASSES (supplied by GGFD)	13
TYPE (Check one item only) a. PURE b. MIXTURE	c. WASTE 14 RADIOACTIVE Yes V No	15 CURIES 0 16
PHYSICAL STATE a. SOLID b. LIQUID c. G		IVEc PRESSURE RELEASE 18
	CATEGORIES d. ACUTE HEALTH	√ e. CHRONIC HEALTH
AVERAGE DAILY 19 MAXIMUM DAILY AMOUNT 1100 AMOUNT 1300	20 ANNUAL WASTE 21 AMOUNT 30,000	STATE WASTE 22 CODE 791
UNITS a. GALLONS b. CUBIC FEET	23 DAYS ON SITE 24 L	ARGEST CONTAINER 25
✓ c. POUNDS d. TONS *If EHS, amount must be in pounds.	365	30
storage a. ABOVEGROUND TANK e. PLASTI	DRUM i. VAT m CYLINDER	q. TANK WAGON 26
CONTAINER b. UNDERGROUND TANK f. NONME	TALLIC DRUM 🔲 I. FIBER DRUM 🔲 n. GLASS CO	NTAINERr. RAIL CAR
that apply)	CONTAINER . BAG(S) . PLASTIC CO	
STORAGE PRESSURE	The state of the s	
STORAGE PRESSURE a AMBIENT STORAGE TEMPERATURE a AMBIENT	b. ABOVE AMBIENT c. BELOW AMBIENT	
%WT HAZARDOUS COMPONEN		
1 34% ²⁹ Sulfuric Acid	T (For mixture or waste only) EHS	CAS # 7446-93-9 32
2 29	30 Yes	No 31 32
3 29	30 Yes	No 31 32
4 29	30 Yes	No 31 32
5 29	30 Yes	No 31 32
If more hazardous components are present at greater the],,,,
additional sheets of paper capturing the required inform	ation.	g our omogeme, attacm
A Transport of the Control of P	ACARDING INFORMATION	
UNDOT#	33 NFPA 704	4 HAZARD DIAMOND
Refer to shipping papers or MS)) ***
DOT HAZARD CLASS Corrosive 8	HEALTH (BLUE)	REACTIVE (YELLOW)
Refer to shipping papers	or MSDS SPECIAL	WHITE
EPCRA YES NO	HAZARD 1	OX/WL
	BEAUT AG PARKU	CODIEC OF CHERROA
X		COPIES OF CHEMICAL FORM AS NEEDED
haz inven (form 3)	III A PILA I OLI L	VINITO RELIDED



F5-4308.doc (05/06)

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



10001	Dale.	-1-7/01
Address: 10842 KATELLA	File No:	8482
Occupant or DBA: AUTOZOUE 3308		956 2256
Owner/Manager:	Phone:	714 895 7665
California Health and Safety Code, Section 6.95, you are required to properly complete the Bus required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material sat Garden Grove Fire Department. HazMat Coord. (714) 741-5636	iness Emergency fety data sheets v	Plan (BMP) packet. You are vithin fifteen (15) days to the
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.,		
Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CF 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 [HSC 25504(b)&(c)] Notification Procedures Mitigation 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) 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 cemments below):	C 8001.3.2	and the second s
Viciation(s): Galifornia: Fre Gode 2001: Articles / 9/8-30; Firtle if 9 Part 9 Galifornia Gode of R. 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 FREM 1 00 2 / 4 / 69	egulations (GCF	
Description of the state of the	, 1/A	
Responsible Party: Re-inspection D		
The above are violations of California law another united a fercorrection. Falling to come		ojectito civil penalties:
Fire Dept. Inspector: Y. MACIAS ID #: OO!	8	
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

22. Caroling Continuous Statement	956 2256		
Business Name: AUTO ZONE # 3308	Telephone: 714 8951665		
Site Address: 10842 KATELLA	Zip Code:		
The California Health & Safety Code, Division 20, Chapter 6.95, Section 25 the following:	505(c) and Section 25503.3(c) provide		
A business that handles hazardous materials shall review AND certify Emergency Plan (HMBEP) once every three years from the date of ac Department. A business may comply with the annual chemical inventory certification statement to the Garden Grove Fire Department. A business may the annual inventory submission requirements of the Emergency Plann Act (Section 11022, Title 42, United States Code).	reporting requirement by submitting a y not utilize this certification to meet		
Note: A business may comply with the annual inventory reporting requirements both of the following apply:	ents using this certification statement if		
 The business has previously filed an inventory reporting form and; The business attests to the following: The information contained in the annual inventory form most recent Department is complete, accurate, and up to date. There has been no change in the quantity of any hazardous material submitted annual inventory form. No hazardous material subject to the inventory requirements is being recently submitted annual inventory form. 	erial as reported in the most recently		
THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INV (Please check applicable boxes.)	ENTORY HAS BEEN REVIEWED.		
No changes are required to the HMBEP submitted to the Garden Grove F	ire Department.		
All the necessary changes/revisions have been made to the HMBEP. The certification.	e changes/revisions are attached to this		
No changes are required to the chemical inventory that was previously Department.	y on file with the Garden Grove Fire		
All the necessary changes/revisions have been made to the chemical attached to this certification.	inventory. The changes/revisions are		
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	Stople D. V		
Job Title DISTRICT WANAGER Date 2	14/09		
White Copy – Return to Garden Grove Fire Department HMBEP certification. doc	Yellow Copy – Retain for Business Records		
Z.MACIAS 0018			

Page __ of __ 3



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

ROP OR ASSESSMENT TO A SECURITION	BUSINESS	INFO	RMATION			
FACUTO 3 0 0 3 5			GINNING DATE	1 0	1 ENDING DATE	2
BUSINESS NAME /	<u> </u>	(Promisi)			4 BUSINESS PHONE 714/956-2256	5
Autozon e #3308 Business site address				· .	11/120	6
10842 KATEILA AVE. GARDEN GROVE			7	STATE	8 ZIP	9
DUN & BRADSTREET		10	SIC CODE (4 DIGIT	#) CA	9284/ 1 FIRE DISTRICT	12
						13
ORANGE						
BUSINESS OPERATOR NAME			14	OPERATO	R'S PHONE	15
	BUSINE	ss ov	VNER		基础的企业	
OWNER NAME				1	6 OWNER PHONE	17
OWNER MAILING ADDRESS						18
CITY			19	STATE 2	0 ZIP	21
	ENVIRONMEI	VTAL	CONTACT			
CONTACT NAME				2	2 CONTACT PHONE 901)495-8399	23
ERIAN BLAIR CONTACT MAILING ADDRESS					1101) + 18-02 11	24
CITY			25	STATE 2	5 ZIP	27
,	- VEDOENO	V 001	VITA OTO	OF CO	ONDARY	
PRIMARY	EMERGENC	EN PARSE		SEC	ONDARY	33
NAME	28	NAME				
TITLE STUTE MANAGER	29	TITLE				34
BUSINESS PHONE (714) 317-8748-956-2256	30	BUSIN	IESS PHONE			35
24-HR PHONE	31	24-HR	. PHONE			36
PAGER#	32	PAGE	R #			37
ADDITIONAL	LOCALLY C	OLLE	CTED INFOR	MATION		
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
					adificultation constitution to	w that I
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 REPR	ESENTATIVE			45	DATE	46
NAME OF SIGNER (print)	47	NAME	OF DOCUMENT PRE	PARER (print)		49
TITLE OF SIGNER	48	TITLE	OF DOCUMENT PREF	PARER		50



CUPA

BUSINESS ACTIVITIES

*				PageJ of
THE STATE OF THE S		STONES		
1. EPA ID # (Hazardous Waste Only) CAL 00030235				
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business		10		3
AutoZone#3	3308	6		
The all alcounts		ATT OF		
NOTE II you enece ve				
please submit the Business On	en resetti		ក កា	[6] BL
Does your facility				AN ADDRESS OF THE RESEARCH STATE OF THE PARTY OF THE PART
A. HAZARDOUS MATERIALS		res, pie	ase	complete these pages of the UPCF
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		Пио	4.	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
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?				
B. UNDERGROUND STORAGE TANKS (USTs)		~		
Own or operate underground storage tanks?	YES	M NO	5.	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B)
2. Intent to upgrade existing or install new USTs?	☐ YES	NO 🔀	6.	✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF
Ÿ				COMPLIANCE (one page per tank) (Formerly Form C)
Need to report closing a UST?	☐ YES	X NO	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	C >C	677 440		
the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	YES	⊠ NO	€.	✓ NO FORM REQUIRED TO CUPAS
) HAZARDOUS WASTE				
Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	YES TES	NO X	9. 10.	✓ EPA ID NUMBER - provide at the top of this page ✓ RECYCLABLE MATERIALS REPORT (one per recycler)
. Treat hazardous waste on site?	☐ YES	NO 🔀	11.	✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY
				(Formerly DTSC Forms 1772)
				✓ ONSITE HAZARDOUS WASTE
				TREATMENT - UNIT (one page per unit)
Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	YES	🛛 ио	12.	(Formerly DTSC Forms 1772A,B,C,D and L) ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
Consolidate hazardous waste generated at a remove site?	YES	NO X	13	✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC
. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	☐ YES	MO MO	14.	Form 1195) ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
LOCAL REQUIREMENTS	 			CERTIFICATION (Comeny 01301 0mm (243)
al-ARP: California Accidental Release Prevention Program &SC Chapter 6.95, Article 2, §25531 et seq	YES	NO 📉	15	✓ REGULATED SUBSTANCE REPORTING
Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process				FORM (Orange County CUPA)
Odosance III a Process	1			



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

Page __ of __ 3

BUSINESS INFORMATION					
FACILITY (Supplied by GGFD) 3 0 0 3 5	INNING DATE 1	ENDING DATE 2			
BUSINESS NAME AutoZone # 3308	4	8USINESS PHONE 5 714-956-2256			
BUSINESS SITE ADDRESS 10842 KATEILA AVENUE		6			
GARDEN GROVE	7 STATE B	72840			
DUN & BRADSTREET 10 15 - 723 - 3511	SIC, CODE (4 DIGIT #) 11	FIRE DISTRICT 12			
COUNTY ORANGE		13			
BUSINESS OPERATOR NAME	14 OPERATOR'S	PHONE - 2256 15			
BUSINESS OV	NER				
owner name Autozone Inc	16	901-495-6500			
OWNER MAILING ADDRESS 123 South Front St.		18			
Memphis	19 STATE 20	21P 21 38603			
ENVIRONMENTAL	CONTACT	然此,我也是我的			
CONTACT NAME Jim Davis	22	CONTACT PHONE 23 901-495-7240			
CONTACT MAILING ADDRESS DEPT 8190, 123 South	Front St.	24			
memphi's	25 STATE 26	ZIP 27 38(03			
PRIMARY EMERGENCY COI	NTACTS SECO	NDARY			
NAME 28 NAME	Alarm Centra	33			
District Manager 29 TITLE	24 hr Manner	d Monitor 34			
	NESS PHONE 800-313-9693	35			
24-HR. PHONE	PHONE -313-9693	36			
PAGER# 32 PAGE		37			
ADDITIONAL LOCALLY COLLE					
DESCRIBE THE TYPE OF BUSINESS OPERATION Autoparts & Supplies Retail	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 have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.					
SIGNATURE OF OWNER/OPERATOR OPPESIGNATED REPRESENTATIVE	45	DATE 46			
	STYAN Blair	49			
TITLE DE SIGNER AR TITLE	Styan Wair of DOCUMENT PREPARER UNOnmental Spec	50			
hazamilbus der 21202	on ormacified open	. 41121			

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:

- Drum storage and/or above ground tank storage areas:
 - a X Isolation and separation of incompatible materials
 - b_____ Diking areas to contain spills
 - ch/A Storage on paved ground
- Compressed and/or cryogenic gas storage areas:
 - a N/A Cylinders stored upright and secured
 - bX Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

3. General:

- a X Sale work practices are exercised in daily routines.
- Employees who handle hazardous materials are properly trained.
- c_X Material Safety Date Sheets (MSDS) readily available for each hazardous material on the premises.
- Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
- Uniform Fire Code (UPC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.)
- 1_X_ Posting of "No Smolding" signs where appropriate

THE UEPARTMENT

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

Bisiness Planuill be Kept in a binder in

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

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

Page 5



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

P.O. BOX 80				
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 re	equirement			
☐ There have been changes in my business operation and/or personnel and I am submitting a new BEP with current				
information.	William Validate			
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			
JIM DAVIS	07/06/2007			
BEP Prepared By (Print) Signature	Date			
BRYAN BLAIR	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

URANGE 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	o or hazardous mate	11415.	
Address 200 HOSPITAL CIRCLE	City WESTMINSTER	Zip Code 92835	Phone Number (714) 893 - 4541
2. Does your business have a private on-site emerging the second procedures you team in the event of an emergency:	gency response team our business will foll	i? □ Yes ⊠ ow to notify yo	No
N/A			
2 B)			
State law requires your business to complet listed below. Those items left blank or com this document to be returned to you.	te all sections of t pleted with an "N	ne Emergency N/A" are not a	y Response Procedure acceptable and will cause
3. Briefly describe your business's standard open hazardous materials. What actions will your business occur, what is done to prevent the spill frestopping a release, cleaning up, and disposing response are beyond your ability and need to be	ousiness take to pre- rom spreading? How g of released materia	v ent the hazard w do you handle ls at vour facili	from occurring? If a spill
Management will attempt to prevent any hazardous contain the movement of materials.	s materials from read	ching any drain	or soil using absorbent to
If the store needs to be evacuated due to a chemic the assembly area.	al spill, the manager	ment will direct (everyone out of the store into
Small spills will be cleaned up using absobent, rags store's waste barrel.	s, or paper towels. T	hese materials	will then be placed in the
Large spills will be contained by using absorbent or spread of the material. 3E will be called by manage	r spent absorbent. T ement to respond to	he spill will be c clean up the spi	contained to prevent further ill.
		-	



- J. una tutus 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 management will notify all employees and customer with a loud verbel announment 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

Employee training (PPE, fire extinguisher, hazmat, emergency action plans) documents are maintained in the

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 Pian. 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

- * 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
- * Review of the emergency action plans
- * Coordination of emergency action plans with the local fire department, paramedics and clean-up contractors
- * 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 assistance, contact the Disclosure Office at (714) 744-0463.

ADD	DELE	TE	REVISE	200						
			l Ta	PU ETV I					Page	of
BUSINESS NAME (SAF AUTO ZONE #	e as FACILITY NAME or DE	BA - Doing Busi	ness As)	CILIT!	MFDH	RMATION				3
STOCK ROOM-	(Where chemical is located REAR OF STORE	BY RECE	corner of warehouse) IVING DOOR				201	CHEMICAL LOCAT	TION X Ye	s No 21
FACILITY ID#			1 MAP#		1	203	GRID#	EPCRA		204
	Total State of the		II CHI	=MICAL	INIEO	RMATION			Politikasia	
CHEMICAL NAME SULFURIC AC	D		II. 51 II	-111112771	רבואוו	RIVIATION	_205*	TRADE SECRET	□ Ye	s 🛛 No 20
COMMON NAME BATTERY FLU	ID ACIDT				-		207	If Subject to EF	PCRA, refer to in	
CAS# 7664-93-9		209	FIRE CODE HAZARD	CLASSES (S	ee green	page 25)	210	"If EHS is"Yes", all	amounts below	must be
TYPE (Check one iten	only) a PURE	☐ b. MIXTUR		7 7 7	211	RADIOACTIVE -Ye	s 🛛 No	reported in their pl	URIES	well as pound:
PHYSICAL STATE (Check one item only)	a solid [b, LIQUID	☐ c GAS 214	FED HAS	ZARD DRIES		b. REACTIVE] c. PRESSURE RE	ELEASE	21
AVERAGE DAILY	30 ²¹⁷	MAXIMUM D	DAILY	218	ANNI	A ACUTE HEALT	trai,	B. CHRONIC HE		
AMOUNT	SALLONS D b. CUBIC F.	AMOUNT FET 221	100	4.456至	AMOL	787 WALLES	219	791	ODE	220
⊠ c. 1	OUNDS d. TONS amount must be in pounds.	221	LARGEST CONTAINER	R	AND STATE OF	215	# of DAYS ON ST -365	TE		22:
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3470 22	SULFURIC AC	ID The second				227	Yes No	228 7664-93	3-9	22
2 23	D. G. Harris					231	Yes No	232		23
3 23	4		ien.			235	Yes No	236		23
4 23	B		A			239	Yes No	240		24
5 24		Senting.				243	Yes No		1	24!
Additional locally	mponents are present at gr collected information:	reater than 1%	by weight if non-carcin	nogenic, or 0.	1% by w	eight If carcinogenic, at	tach additional she	ets of paper capture	ing the require	dinformation
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Signature						FDR DFFIC	oUNDER			0 1
						DNLY	o COMB	o RAD	o HTX o RS	0 2 0 3

FORM If	lease type or print legibly in additional copies are necest or line-by-line instructions, or assistance, contact the D	ssary, this form	reen colored pages of th	e disclosure packet	ı.					
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PETROLEUM OIL							205	TRADE SEC	t to EPCRA, refer	Yes No 204
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8002-05-9		203	FLAM FLAM	D CLASSES (See	green page 25)		210	"If EHS is"Ye reported in th	es", all amounts be neir physical state	elow must be as well as pounds
TYPE (Check one item on	ly) a PURE [b. MIXTUR	E V c. WASTE		211 RADIOAC	TIVE Ye	s 🛛 No	212	curies	21;
PHYSICAL STATE (Check one item only)	□ a SOLID ⊠	b. LIQUID	□ c. GAS 214	FED HAZAF CATEGORI	ES LA FIF	RE [] I		c PRESSUI		216
AVERAGE DAILY 11	D 217	MAXIMUM D	AILY 220	A THE R. LEWIS CO., LANSING, MICH. 49-140, 120-1	ANNUAL WASTE	5720	219	STATE WAS	161	220
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fund with	NDS d. TONS		220			2.0	365	115		222
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%WT	#	AZARDDU	S COMPONENT	(For mixture or wa	ste ɒnly)		EHS		DAS	
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2 230						231	Yes No	232		23:
3 234				_		235	Yes No	236		237
4 238						239	Yes No	240		241
5 242	15.5 15.5	7 fs				243	Yes No	244		245
If more hazardous compo	onents are present at gre	ater than 1%	by weight if non-carc	inogenic, or 0.1%	by weight if carc	inogenic, atı	tach additional she	ets of paner c	apturing the ren	uired information
(a) Is this material	or any of its compon	ents a car	ringgen /Defecto	Attack Di	? 🗌 Yes 🌃	No No	3 00			246
(c) If this material is	a commercial grade s radioactive, what the erial disposed of? (F	pesticide? one of emit	terisit? 🖂 🕍 N	o bo [] Data						
			.,	g pu	3-01 <u>VL</u>			-		

Revised 9/02

Signature

Page 6

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o CARC o EXPL o RAD o HTX o CGP o RS

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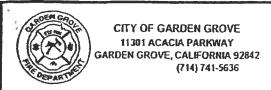
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DA	ממ	☐ DELET	E	REVISE	200								
BUSINESS NAME (AUTO ZONE	Same as FACI	LITY NAME or DB/	A - Doing Busin	L.Ŧ ess As)	ACILIT	Y INFO	RMATIO	N			Pag	e All All All All All All All All All All	of
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COMMON NAME WASTE ABS	SORBENT							_H	207	If Subject	to EPCRA, I		No 20
CAS# 8002-05-9	848		209	FIRE CODE HAZA	ARD CLASS	ES (See greer	n page 25)		210	"If EHS is"Yo	es", all amour heir physical	ts below mu	ust be
TYPE (Check one	item only)	a PURE	b MIXTUR	E V ε WASTE		211	RADIOAC	TIVE Yes	⊠ No	212	CURIES 0		21:
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AVERAGE DAILY AMOUNT	220	217	MAXIMUM D	AILY 440	./5	- Children 1	UAL WASTE	1320	219	STATE WAS	STE CODE		220
\boxtimes	a. GALLONS c. POUNDS HS, amount mu		ET 221	LARGEST CONTAI	NER	100 - 100 7		215	# of DAYS ON S				222
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1 50%	226 DE	NEXITORS.	1AZARDOD	S COMPONEN	T (Formixt	ure or waste o	only) 		EH S			AS#	
30%	700	TROLEUM	MA TOTAL	11/201				227	☐ Yes ⊠ No	228 800	2-05-9		225
2	230	THE PARTY OF						231	Yes No	232			233
3	234		4611.61			334		235	Yes No	236			237
4	238				8			239	Yes No	240	9		241
5	242	7257						243	Yes No				245
(c) If this mai	aterial or an aterial a cor terial is rad	y of its comport nmercial grade loactive, what	nents a card e pesticide? type of emit	by weight if non-ca sinogen (Refer t Yes X ter is it? A ble #2, page 25	io Attachr No	ment B)? [Yes [⊠ No	ch additional sh	eets of paper c	apturing the	required in	nformation. 246
Signature								FOR DFFICE USE DNLY	oUNDER o COMB o EXEM	οF		25	o 1 o 2 o 3



CUPA

BUSINESS ACTIVITIES

PageJ of LIFACILIN CIDENTIFICATION 3 0 EPA ID # (Hazardous Waste Only) 0 CAL 000 302 35 BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) #3308 flutoZowE LE-ACTIVITIES DECEMPATION NOTE If you sheek YES to any part of this list nlesses until the Business O mer Operior dentile trouberte 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 YES | NO ✓ HAZARDOUS MATERIALS INVENTORY gallons for liquids, 500 pounds for solids, or 200 cubic feet for CHEMICAL DESCRIPTION (Form 3) 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? B. UNDERGROUND STORAGE TANKS (USTs) Own or operate underground storage tanks? YES NO ✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) Intent to upgrade existing or install new USTs? ✓ UST FACILITY ☐ YES X NO ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) Need to report closing a UST? YES NO 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 ✓ NO FORM REQUIRED TO CUPAS YES NO - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons? D. HAZARDOUS WASTE 1. Generate hazardous waste? ✓ EPA ID NUMBER - provide at the top of this page. 2. Recycle more than 100 kg/month of excluded or exempted recyclable T YES ✓ RECYCLABLE MATERIALS REPORT DINO 10 materials (per HSC §25143.2)? (one per recycler) Treat hazardous waste on site? YES KNO ✓ 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) Treatment subject to financial assurance requirements (for Permit by MO ✓ CERTIFICATION OF FINANCIAL YES Rule and Condition Authorization)? ASSURANCE (Formerly DTSC Form 1232) Consolidate hazardous waste generated at a remove site? ✓ REMOTE WASTE/CONSOLIDATION SITE T YES VINO ANNUAL NOTIFICATION (Formerly DTSC Form 1195 Need to report the closure/removal of a tank that was classified TYES NO ✓ HAZARDOUS WASTE TANK CLOSURE waste and cleaned onsite? CERTIFICATION (Formerly DTSC Form 1249) LOCAL REQUIREMENT. Cal-ARP. California Accidental Release Prevention Program. T YES IX NO REGULATED SUBSTANCE REPORTING H&SC Chapter 6.95, Article 2, §25531 et seq FORM (Orange County CUPA) Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process

								Page	Of
I. IDEN	TIFI	CATI	ION					145 3 15 7	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NNING	3 DATE				100	ENDING	G DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) AUTOZONE # 3308						3		ESS PHONE 56-2256	102
BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored) 10842 KATELLA AVENUE							1		103
CITY GARDEN GROVE				10	4	CA	ZIP COI 92840		105
DUN & BRADSTREET 15-723-3511					!	106	SIC CO	DE #) 5531	107
COUNTY ORANGE							(Tungar)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BUSINESS OPERATOR NAME				109	1		SS OPE		110
II. BUSIN	ESS	S DW	NER			PHONE	714-9	56-2256	
OWNER NAME AUTOZONE INC.				¹ - 1 ⁴			PHONE 95-650		112
OWNER MAILING ADDRESS 123 SOUTH FRONT STREET									113
CITY MEMPHIS				114	STA		115	ZIP CODE 38103-3607	116
III. BILLING	INF	DRN	OITAN	N					
CONTACT NAME BRYAN BLAIR				11	- (CT PHON 95-721		118
CONTACT MAILING									119
ADDRESS 123 SOUTH FRONT STREET									
MEMPHIS				120	STA	TE	121	ZIP CODE 38103-3607	122
-PRIMARY- IV. EMERGE	ENC	YCC	ATAC	стѕ				-SECONDA	RY-
NAME 123	NA	AME A	LARM	CEN	TRA	L			128
TITLE DISTRICT MANAGER 124	ТІТ	TLE A	UTOZ	ONEF	NO S	I DUT	′		129
BUSINESS PHONE 714-956-2256 . 125	BU	JSINES:	S PHONE	800	-313	3-9693			130
24-HOUR PHONE 126	24-	HOUR	PHONE	800-	313-	9693			131
PAGER # N/A 127	PA	GER#	N/A						132
Additional Locally Collected Information:						44			133
(a)Please describe the main operation of your business: RETAIL AUTO	O SL	JPPL'	Y STO	RE					
(b)Do you have a license to purchase commercial grade pesticides?	es	⊠ No	o If yes	give	numl	оег:			
Certification: Based on my inquiry of those individuals responsible for obtaining the infi with the information submitted and believe the information is true, accurate, and compli-	format lete.	tion, i c	ertify und	ier per	alty c	of law tha	it I have	personally examined and	i am familiar
SIGNATURE OF ØWNERØPERATOR OR DESIGNATED REPRESENTATIVE			DATE 02/14/				B/I	ENT PREPAREP	135
NAME OF SIGNER (print) BRYAN BLAIR	1		TITLE O			TAL S	PECIA	LIST	137

Revised 9/02

ORANGE COUNTY FIRE AUTHORITY



Hazardous Materials Inventory Statement

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- 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 required	uirement.
☐ There have been changes in my business operation and/or personnel and I am submitting a new	w 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 informatic	on submitted and
believe the submitted information is true, accurate, and complete. The following signatures are	required:
Owner/Operator Name (Print)	Date
	02/14/2006
BEP Prepared By (Print) Signature	Date
BRYAN BLAIR / / / / / / / / / / / / / / / / / / /	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

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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

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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:

mjury caused by a release or inreatened releas	se of nazardous mate	riais:	N .
Hospital/Clinic VENCOR HOSPITAL			9
Address 200 HOSPITAL CIRCLE	City WESTMINSTER	Zip Code 92835	Phone Number (714) 893 - 4541
 Does your business have a private on-site emer If yes, describe what policies and procedures yo team in the event of an emergency: 	gency response team	n? □ Yes ⊠	No
N/A			
*			
State law requires your business to comple listed below. Those items left blank or com this document to be returned to you.	te all sections of t	he Emergency N/A" are not a	y Response Procedure acceptable and will cause
3. Briefly describe your business's standard open hazardous materials. What actions will your lides occur, what is done to prevent the spill for stopping a release, cleaning up, and disposing response are beyond your ability and need to	business take to previous spreading? Hove g of released materia	vent the hazard v do you handle ls at your facili	from occurring? If a spill the complete process of
Management wiil attempt to prevent any hazardou contain the movement of materials.	s materials from read	ching any drain	or soil using absorbent to
If the store needs to be evacuated due to a chemic the assembly area.	cal spill, the manage	ment will direct o	everyone out of the store into
Small spills will be cleaned up using absobent, rag store's waste barrel.	s, or paper towels. T	hese materials	will then be placed in the
Large spills will be contained by using absorbent of spread of the material. 3E will be called by manage	er spent absorbent. T ement to respond to	he spill will be c clean up the spi	ontained to prevent further ill.



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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 verbel announment 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

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
- * Review of the emergency action plans
- * Coordination of emergency action plans with the local fire department, paramedics and clean-up contractors
- " 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:

۱.	Drum	storage	and/or	above	ground	tank	storage	areas!
----	------	---------	--------	-------	--------	------	---------	--------

- a X Isolation and separation of incompatible materials
- b X Diking areas to contain spills
- cN/A Storage on paved ground

2. Compressed and/or cryogenic gas storage areas.

- a w/h Cylinders stored upright and secured
- by Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

3. General:

- a_X Sale work practices are exercised in daily routines.
- b_X Employees who handle hazardous materials are properly trained.
- c_X_ Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
- d_X Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
- Uniform Fire Code (UPC) requires separation between outside nazardous material storage area or tanks and combustible materials (wood, bush, etc.)
- Line Posting of "Ne Smolding" along witters 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

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: Brown Signature

NAME: From Signature

TITLE: Engine noncorrect Somments

Date: State Action

Forget 1



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	ADD	DELET	E	REVISE	200							
		A PURE PAR			West Const		NE TOP				Pag	e of
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FACILITY ID#	100		ПП	1 MAP#		_	::::::::::::::::::::::::::::::::::::::	203	GRID#	CONFIDENTI	AL -	is .
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CAS# 7664-93-9			209	FIRE CODE HAZARD	CLASSES (Se	e green	page 25)		210	"If EHS is"Ye	s", all amour	its below must be
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2	230							231	Yes No	232		
3	234	i de sou						235	Yes No 2	236		1
4	238							239	Yes No :	240		
5	242		201					243	Yes No :			2
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(a) Is this ma (b) Is this ma (c) If this ma	aterial or a aterial a co terial is ra	iny of its compon ommercial grade	ents a card pesticide?	inogen (Refer to At ☐ Yes ☑ No ter is it? ☐ Aipha ole #2, page 25 of t	tachment B)? 🗀	Yes	⊠ No				2
Signature	•							FOR ZOFFICE LISTE	oUNDER o COME o EXEMP	c RA		TX 0 2

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COMMON NA WASTE				1000000				207	If Subject to	DEPCRA, re	Yes	
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TYPE (Check	k one item only)	a. PURE] ь. міхти	RE V c. WASTE	·····	211	RADIOACTIVE	Yes 🛭 No	212	CURIES 0	rare as Meli	21
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4	238						23	9 Yes No	240			24
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Signature							FOR TOTAL TUSE TONLY	o EXEM	o F(A)	D o Hi	T.	0 1 0 2 0 3

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FACILITY ID#		1 MAP#			203	GRID#	EPCRA		204
		II. CHEI	MICAL I	NFDF	RMATION				
CHEMICAL NAME WASTE ABSORBENT						205	TRADE SECRET	☐ Yes ☒	
COMMON NAME WASTE ABSORBENT						207	If Subject to EPCR	Yes 🛛	
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TYPE (Check one item only) a. PURE [b. MIXTURE V α	: WASTE		211	RADIOACTIVE Yes	No No	212 CURII	ES .	21
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2 230					231	Yes No	232		23
3 234					235	Yes No	236		23
4 238					239	Yes No	240		24
5 242					243	Yes No	244		24
If more hazardous components are present at gr	reater than 1% by we	ight if non-carcino	genic, or 0.1	% by wei	ight if carcinogenic, att	l ach additional she	ets of paper capturing t	he required infor	mation
Additional locally collected information: (a) Is this material or any of its compo (b) Is this material a commercial grade (c) If this material is radioactive, what (d) How is the material disposed of?	nents a carcinoge e pesticide?	en (Refer to Att Yes ⊠ No it? □ Alpha	tachment	B)? 🔲	Yes ⊠ No			_	24
Signature					HISK INSE INLY	oUNDER o COMB o EXEMP	o RAD	EXPL 0 HTX 0 RS 0	1 2 3

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