



CITY OF GARDEN GROVE OFFICE OF THE CITY CLERK

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

Steven R. Jones
Mayor

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

George S. Brietigam
Council Member - District 1

Diedre Thu-Ha Nguyen
Council Member - District 3

Patrick Phat Bui
Council Member - District 4

Stephanie Klopfenstein
Council Member - District 5

Kim B. Nguyen
Council Member - District 6

June 8, 2020

Request #5765

Requester: Diana Arellano

Company: EFI Global

Re: 12909 Harbor Blvd. & 12911 Harbor Blvd.

Dear Ms. Arellano,

Enclosed are the records found concerning the history of 12909 Harbor Blvd., 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.

No Fire Department records were found concerning the history of 12911 Harbor Blvd., especially as it pertains to current occupant fire code violations, hazardous materials disclosure, permits, and or environmental records.

The City of Garden Grove Fire Department has utilized its best efforts to locate the records requested. The City does not provide records on spills, leaks and clean-up, as that information is provided through the County of Orange Health Department.

Sincerely,

Amanda Pollock
City of Garden Grove
City Clerk's Office



GARDEN GROVE FIRE DEPARTMENT
Life Safety & Hazardous Materials Disclosure Program
 11301 Acacia Parkway, Garden Grove, CA 92842
 Bus 714-741-5600 Fax 714-741-5640

File # 2902
 Fire District 2424
 Inspector E6 Shift C
 Next Insp 3 / 2014

Occupant or DBA EL POLLO LOCO #5340 Business Tel 714 530-9715
 Address 12909 HARBOR Blvd Suite _____ Zip 92840
 Business Owner EL POLLO LOCO/PERMITS/LICENSES Tel 714 599-5000
 Emergency Contact [REDACTED] Tel [REDACTED]
 Group A2 Load 60 Sprinklers F/P/N N 5 yr. Cert. / Haz Mat

Fire Permits 251016 ASSEMBLY A-2 food or drink , 801031 HAZARDOUS MATERIALS - use, handling or storage,

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

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.3.2)

SIGNS

- Provide address visible from the street (CFC 505.1)
- Provide hazardous materials warning signs (CFC 2703.5)

EXITS

- Provide/maintain approved panic hardware (CFC 1008.1.10)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.9)
- Remove exit obstruction (CFC 1003.6)
- Provide/maintain illuminated exit sign(s) (CFC 1011.1)

ACCESS

- Provide outside Knox Box (CFC 506.1)
- Remove obstructions to fire apparatus access (CFC 503.4)

FIRE PROTECTION EQUIPMENT AND SYSTEMS

- Provide ___extinguishers ___2A10BC ___40BC ___K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (CFC 906.9)
- Clean filters, ducts , hood above cooking surface (CFC 904.1)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.2)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

MISCELLANEOUS

- Lower storage 18" below sprinklers or 2' from ceiling (CFC 315.3.1)
- Secure compressed gas cylinders (CFC 5303.5.3)
- Post Business License Fire Department permit (CFC 105.3.5)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

ELECTRICAL SAFETY PRE-CAUTIONS

- Discontinue use of extension cords (CFC 605.5)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical Cover Socket Power Strip (CFC 605.1)

HAZ-MAT SAFETY PRE-CAUTIONS

- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 5704.3.4.4)
- Provide approved safety container(s) for flammable liquids (CFC 5704.3.1)

HAZARDOUS MATERIALS DISCLOSURE

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP www.esubmit.ocgov.com
- Chemical inventory is incomplete and/or requires updating

Esubmit done

9/13

3303

material

Business representative signature [REDACTED] Date 5/12/14
 Inspector Name/ ID # Eckhardt / 3567 Date 5/12/14
 Cleared 5/12/14 Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___



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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

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

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3.
El Pollo Loco # 5340	

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank)(Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) 1. Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	<input checked="" type="checkbox"/> EPA ID #-provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program <i>H&SC Chapter 6.95, Article 2, §25531 et seq</i> - Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15.	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page of 3

BUSINESS INFORMATION																
FACILITY # (Supplied by GGFD)	3	0	0	3	5							BEGINNING DATE	1	ENDING DATE	2	
BUSINESS NAME El Pollo Loco # 5340												4	BUSINESS PHONE	5		
BUSINESS SITE ADDRESS 12909 Harbor Boulevard														6		
CITY GARDEN GROVE							7	STATE CA	8	ZIP 92840						9
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #) 5812				11	FIRE DISTRICT					12
COUNTY ORANGE														13		
BUSINESS OPERATOR NAME El Pollo Loco												14	OPERATOR'S PHONE 714-599-5000	15		
BUSINESS OWNER																
OWNER NAME El Pollo Loco												16	OWNER PHONE 714-599-5000	17		
OWNER MAILING ADDRESS 3535 Harbor Boulevard, Suite 100														18		
CITY Costa Mesa							19	STATE CA	20	ZIP 92626						21
ENVIRONMENTAL CONTACT																
CONTACT NAME Dan Milojevich												22	CONTACT PHONE 714-599-5045	23		
CONTACT MAILING ADDRESS 3535 Harbor Boulevard, Suite 100														24		
CITY Costa Mesa							25	STATE CA	26	ZIP 92626						27
PRIMARY				EMERGENCY CONTACTS				SECONDARY								
NAME					28	NAME					33					
TITLE General Manager					29	TITLE Area Leader					34					
BUSINESS PHONE 714-530-9715					30	BUSINESS PHONE 949-231-0370					35					
24-HR. PHONE					31	24-HR. PHONE 949-231-0370					36					
PAGER #					32	PAGER #					37					
ADDITIONAL LOCALLY COLLECTED INFORMATION																
DESCRIBE THE TYPE OF BUSINESS OPERATION: Restaurant												38	TOTAL # OF EMPLOYEES 20	39		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)												40	ATTENTION	41		
PROPERTY OWNER NAME					42	ADDRESS					43	PHONE 714-530-9715	44			
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.																
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE											45	DATE 12.1.09	46			
NAME OF SIGNER (print) Dan Milojevich					47	NAME OF DOCUMENT PREPARER (print) EORM, Inc						49				
TITLE OF SIGNER Director of Facilities					48	TITLE OF DOCUMENT PREPARER EHS Consultants						50				



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 1 of 1 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
			El Pollo Loco # 5340	

I. FACILITY INFORMATION

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

CHEMICAL NAME	Carbon Dioxide	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
If EPCRA see instructions							

COMMON NAME	Carbon Dioxide	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
*If EHS is "Yes", all amounts must be LBS					

CAS #	124-38-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	200	19	MAXIMUM DAILY AMOUNT	400	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	400	25
*If EHS, amount must be in pounds.								

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

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input checked="" type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

PLACARDING INFORMATION

UNDOT #	2187	33
Refer to shipping papers or MSDS		

DOT HAZARD CLASS	2.2	34
Refer to shipping papers or MSDS		

EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
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X	_____	36
If EPCRA, Please Sign Here		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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.

- | |
|---|
| <ol style="list-style-type: none">1. Change of business address.2. Change of business ownership.3. Change of business name.4. Cessation of business operation (quitting business).5. Use or handling of a previously undisclosed hazardous material.6. A 100% increase in the quantity of a previously disclosed hazardous material. |
|---|

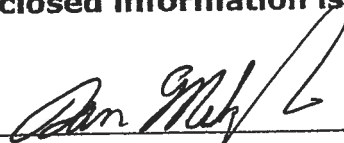
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency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

EMPLOYEE BREAK ROOM / OFFICE

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

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

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

Signature: 
Name: DAN MILOJEVICH
Title: DIRECTOR OF FACILITIES
Date: 12.1.09



3621 S. Harbor Blvd. Suite 200
Santa Ana, CA 92704
714.513.6820
(fax) 714.432.9585
www.eorm.com

December 8, 2009

City of Garden Grove CUPA
Fire Department/ Hazardous Materials Division
11301 Acacia Parkway
Garden Grove, CA 92842

**Re: Hazardous Materials Business Plans for El Pollo Loco Stores-EORM Project
Number ELPO0004**

Dear Anaheim CUPA:

Enclosed please find the Hazardous Materials Business Plans prepared for the El Pollo Loco stored in the Garden Grove CUPA. The addresses are as follows:

Store Number	Address
5340	12909 Harbor Blvd, Garden Grove 92840
5468	12121 Brookhurst St., Garden Grove 92840

I can be reached at 714.513.6836 if you would like to discuss any of the documents.

Regards,

Karyn Igar

Karyn Igar, PE
Senior EHS Consultant
EORM

Cc Dan Milojevich, El Pollo Loco

Attachments



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page of 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5								BEGINNING DATE	1	ENDING DATE	2	
BUSINESS NAME El Pollo Loco # 5468															4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS 12121 Brookhurst Street																	6
CITY GARDEN GROVE								7	STATE CA	8	ZIP 92840						9
DUN & BRADSTREET										10	SIC CODE (4 DIGIT #) 5812	11	FIRE DISTRICT				12
COUNTY ORANGE																	13
BUSINESS OPERATOR NAME El Pollo Loco												14	OPERATOR'S PHONE 714-599-5000				15

BUSINESS OWNER

OWNER NAME El Pollo Loco															16	OWNER PHONE 714-599-5000	17
OWNER MAILING ADDRESS 3535 Harbor Boulevard, Suite 100																	18
CITY Costa Mesa								19	STATE CA	20	ZIP 92626						21

ENVIRONMENTAL CONTACT

CONTACT NAME Dan Milojevich															22	CONTACT PHONE 714-599-5045	23
CONTACT MAILING ADDRESS 3535 Harbor Boulevard, Suite 100																	24
CITY Costa Mesa								25	STATE CA	26	ZIP 92626						27

PRIMARY EMERGENCY CONTACTS SECONDARY

PRIMARY				EMERGENCY CONTACTS				SECONDARY			
NAME				28	NAME				33		
TITLE General Manager				29	TITLE Area Leader				34		
BUSINESS PHONE 714-638-5862				30	BUSINESS PHONE 949-231-0370				35		
24-HR. PHONE				31	24-HR. PHONE 949-231-0370				36		
PAGER #				32	PAGER #				37		

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION. Restaurant															38	TOTAL # OF EMPLOYEES 20	39		
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PROPERTY OWNER NAME										42	ADDRESS						43	PHONE 714-638-5862	44

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SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE															45	DATE 12.1.09	46
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TITLE OF SIGNER Director of Facilities															48	TITLE OF DOCUMENT PREPARER EHS Consultants	50



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 1 of 1 2

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*If EHS is "Yes", all amounts must be LBS					

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--	---	----

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input checked="" type="checkbox"/> d. CRYOGENIC	28
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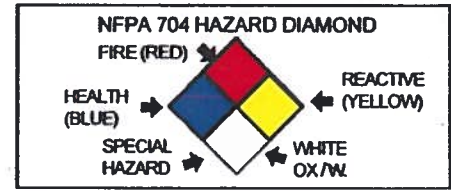
PLACARDING INFORMATION

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Refer to shipping papers or MSDS		

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Refer to shipping papers or MSDS		

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EMPLOYEE BREAK ROOM / OFFICE

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

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

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

Signature: _____

Name: DAN MILOJEVICH

Title: DIRECTOR OF FACILITIES

Date: 12.1.09