

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>3071</u>
BUSINESS NAME	<u>American Brightworks</u>
BUSINESS ADDRESS	<u>10302 Trask Ave #D</u>
APPROVED BY	<u>G</u> DATE <u>10/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u> </u> 4D <u> </u> BUSLIST <u> </u> CALARP: <u> </u> CUPA: <u> </u> GIS <u> </u>
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ____ of ____ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	10/28/08	1	ENDING DATE	10/28/09	2	
BUSINESS NAME	American Brightworks INC			4	BUSINESS PHONE	714-636-2939	5	
BUSINESS SITE ADDRESS	10302 Trask Ave Unit #D						6	
CITY	GARDEN GROVE	7	STATE	CA	8	ZIP	92843	9
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12			
COUNTY	ORANGE						13	
BUSINESS OPERATOR NAME	Gwan Tanks			14	OPERATOR'S PHONE	714-636-2939	15	

BUSINESS OWNER

OWNER NAME	[REDACTED]	16	OWNER PHONE	[REDACTED]	17			
OWNER MAILING ADDRESS	10302 Trask Ave #D				18			
CITY	Garden Grove	19	STATE	CA	20	ZIP	92843	21

ENVIRONMENTAL CONTACT

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

EMERGENCY CONTACTS

PRIMARY		EMERGENCY CONTACTS		SECONDARY	
NAME	[REDACTED]	28	NAME	[REDACTED]	33
TITLE	Owner	29	TITLE	CO-Owner	34
BUSINESS PHONE	[REDACTED]	30	BUSINESS PHONE	[REDACTED]	35
24-HR. PHONE		31	24-HR. PHONE		36
PAGER #		32	PAGER #		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Metal Polishing	38	TOTAL # OF EMPLOYEES	1	39		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION	41			
PROPERTY OWNER NAME	Burke Realestate	42	ADDRESS	260 suite 100	43	PHONE	44

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

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



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	American Brickworks Inc	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Back of Bld Next to Exit				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Polishing Compound	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input type="checkbox"/> No	11
COMMON NAME	Buffing Waste	An EHS Chemical		<input type="checkbox"/> Yes <input type="checkbox"/> No	12		
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13			

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

AVERAGE DAILY AMOUNT	Small 4oz	19	MAXIMUM DAILY AMOUNT	6oz	20	ANNUAL WASTE AMOUNT	60lbs	21	STATE WASTE CODE	22
UNITS	<input 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	25

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

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT	<input 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 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	30 31 32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30 31 32

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

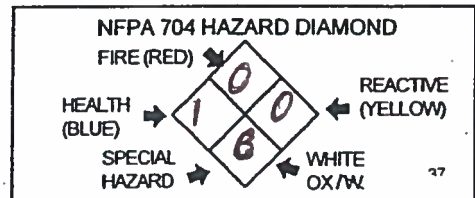
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of 1

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5												1. EPA ID # (Hazardous Waste Only)	CAD 000341421	2.
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BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3.
American Brightwork INC	

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...

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

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

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

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

Vocal

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

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

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

Rear Parking lot.

Employee Responsibilities:

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

<u>Agency</u>	<u>Phone Numbers</u>
Garden Grove Fire Department, Police, Paramedics Office of Emergency Services (OES)	911 (800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a. Isolation and separation of incompatible materials.
 - b. Diking areas to contain spills.
 - c. Storage on paved ground.

2. Compressed and/or cryogenic gas storage areas:
 - a. Cylinder stored upright and secured.
 - b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).

3. General:
 - a. Safe work practices are exercised in daily routines.
 - b. Employees who handle hazardous materials are properly trained.
 - c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
 - e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
 - f. Posting of "No Smoking" signs where appropriate.

GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN

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

- | |
|---|
| <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.

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

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

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

Signature: _____

Name: _____

Title: _____

Date: _____



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 10302 TRASK AVE # D
Occupant or DBA: AMERICAN BUSHWOODS LTD.
Owner/Manager: [REDACTED]

Date: 10/9/08
File No: _____
Phone: 714 636-2939

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

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

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

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

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

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

Additional Violations and/or Notes:

- CONTROL DUST FROM EXITING BUILDING NO PRODUCT TO REACH ADJACENT AREA TRAINED BUSINESS
- GENERAL HOUSE CLEANING IN SHOP AREA MAINTAIN SHOP FLOOR FREE FROM DUST + METAL SHAVINGS!
- UPDATE CITY BUSINESS LICENSE

Responsible Party: [Signature] Re-inspection Date: 10/17/08

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

Fire Dept. Inspector: Captain Jannone ID #: 4212

Condition Upon Re-inspection: GOOD REINSPECT ALL Date: 10/20/08

CONDITIONS MEET STANDARDS Capt. Jannone