

GARDEN GROVE



FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM REPORTING FORMS PACKET

SHORT VERSION

| | |
|-----------------------|--|
| FOR OFFICIAL USE ONLY | |
| FACILITY ID NO. | <u>3776</u> |
| BUSINESS NAME | <u>Progressive Machining</u> |
| BUSINESS ADDRESS | <u>10402 Trask Ave #13</u> |
| APPROVED BY | <u>R. Weiden</u> DATE <u>09/15/2008</u> |
| NEW BUSINESS | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____ |
| PICK | <u>4D</u> <input checked="" type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input checked="" type="checkbox"/> GIS <input type="checkbox"/> |
| FEE | <u>\$200.⁰⁰</u> |



Hazardous Materials Disclosure

Program Description, Disclosure Forms, Placard Information

This Program Affects Your Business

State and federal legislation requires EVERY BUSINESS that handles or stores hazardous materials and/or hazardous waste above a specified amount, to report their inventories to their local fire department. This disclosure information will assist the Fire Department in responding to emergencies involving hazardous materials along with meeting the "Community Right to Know Act" and safeguarding the environment.

Does Your Business Handle Hazardous Materials?

Many materials you may not consider as a "hazardous material" are, in fact, hazardous. If it is flammable, combustible, corrosive, caustic, explosive, toxic, poisonous, an irritant, etc., then it is a hazardous material. Also, if the item has a warning label or the manufacturer supplies a Material Safety Data Sheet (MSDS), it is considered it a hazardous material.

Consider the materials that you use in your business operations. If there are any hazards associated with them, then you are handling a hazardous material. The question now becomes one of, "Is this hazardous material a reportable quantity?" Basically, if your business handles any single hazardous material at any one time, in an amount greater than or equal to

**55 gallons of a liquid, 500 pounds of a solid, or
200 cubic feet of a gas,**

then you have a reportable quantity and are required to report your inventory to the fire department.

Other Circumstances

In addition, there are chemicals that state and federal governments have deemed to be "Extremely Hazardous Substances" (EHS) chemicals. These chemicals will be subject to SARA III or EPCRA reporting, as indicated on the MSDS. As a general rule, EHS items are required to be disclosed regardless of the amount.

Reportable amounts of waste materials must be disclosed. The fire department monitors the disclosure only, while Orange County Environmental Health regulates and tracks hazardous wastes for the city of Garden Grove.

Cost Recovery

Fees are assessed to recoup the costs involved in operating the Hazardous Materials Disclosure Program. The fees are determined by the amount and number of reportable chemicals and/or the number of employees. Your business will be billed annually by the Orange County Certified Unified Program Agency (CUPA) for Garden Grove's Hazardous Material Disclosure Program fees. See Page 3 for Fee Schedule.

Penalties

Failure to report disclosure information in a timely manor may result in fines and penalties of up to \$2,000 per day, and up to \$5,000 per day for knowingly refusing to disclose (California Health and Safety Code, Section 25514).

How Do I Complete This Packet?

1. **Determine if your business handles reportable quantities of a hazardous material.** If you have not read the first page of this booklet, please do so now. Many items you may not consider as "hazardous," are indeed recognized as a "hazardous material" under state and/or federal law.
2. **Complete Form 1,** the Business Information Form. Each box is numbered and has a corresponding explanation, which is found in the "Guide for Completing" Form 1.
3. **Complete Form 2.** This is the site plan of your facility. Please use the legend symbols as needed. This information is important, as it will inform the fire department of the location of your hazardous materials, and will also provide vital information during emergency responses pertaining to the layout of your facility.
4. **Complete Form 3,** the Chemical Inventory Form. Fill in your business name and make as many copies as needed to disclose all your reportable hazardous materials. Please use one form per chemical and/or each waste item. Accompany each form with the respective MSDS.
5. **Complete the CUPA Business Activities Form,** required by Orange County Health Care Agency.
6. **Complete the Emergency Business Plan.** This is a fill-in-the-blank safety workbook that will assist your business in maintaining safety, and also help to remain in compliance with hazardous materials laws and OSHA regulations. Since state law requires the fire department to review your business plan for sufficiency, you must return it along with the other forms. Please note that the Business Emergency Plan workbook has two versions. The version that applies to you will depend on the complexity of your business. Businesses are required to keep a separate copy of their Business Emergency Plan at their location (CFC 8001.3.2). The original is kept on file at the Garden Grove Fire Department.

Updates To Disclosure

You are required to notify the Hazardous Materials Coordinator at the Garden Grove Fire Department, of any changes in your business information, and/or chemical inventory information, within 30 days. The entire disclosure packet does not

HAZARDOUS MATERIALS DISCLOSURE (Continued)
 Program Description, Disclosure Forms, Placard Information

necessarily need to be resubmitted. You only will need to submit Forms 1, 2, or 3, whichever one(s) may be affected.

MSDS Copies

MSDS are requested for each chemical submitted. MSDS may be obtained from your supplier. Note: The law requires that the suppliers provide MSDS.

Items To Be Returned To The Fire Department

1. The Hazardous Materials Disclosure
 - a. Business Information - Form 1
 - b. Site Plan - Form 2
 - c. Chemical Inventory - Form 3
2. The Business Emergency Plan
3. Copies of the Material Safety Data Sheet
4. CUPA Business Information Form

Assistance

The Garden Grove Fire Department recognizes that completing the forms may be difficult and/or time consuming; therefore, any assistance you may need is offered to you. Also, if you prefer the form to be filled out for you, the department offers a Hazardous Materials Disclosure Reporting Assistance Program. Under this program, forms are completed upon payment of the appropriate fees. You may contact the Hazardous Materials Coordinator at (714) 741-5636 for additional information.

Fee Schedule

The schedule listed below shows the current fees adopted for the Garden Grove Fire Department Hazardous Materials Disclosure Program, Resolution No. 8101-98, under Hazardous Material Ordinance No. 1986.

| FEE SCHEDULE | |
|---|----------|
| 1 -15 chemicals, <10,000 gallons <1000 lbs. <1000 cu ft of compressed gas, 1-10 Employees | \$ 200 |
| 1 -15 chemicals, <20,000 gallons <2000 lbs. <2000 cu ft of compressed gas, 11-20 Employees | \$ 300 |
| 1 -15 chemicals, <30,000 gallons <3000 lbs. <3000 cu ft of compressed gas, 21-30 Employees | \$ 400 |
| >30,000 gallons, >3000 lbs., >3000 cu ft of compressed gas, +31 Employees | \$ 500 |
| 16 - 30 chemicals | \$ 750 |
| 31 or more chemicals | \$ 1,000 |

**GUIDE FOR COMPLETING
THE CALIFORNIA HAZARDOUS MATERIAL
BUSINESS INFORMATION - FORM 1**

There are minimum hazardous material inventory report and data management requirements in Chapter 6.95 of Division 20 of the California Health and Safety Code and Section 11022 of Title 42 of the United States Code (1989). This inventory form is required to be used by businesses and administering agencies. It is designed to include inventory information mandated under both state and federal laws.

| BUSINESS OWNER & OPERATOR IDENTIFICATION | | |
|---|-----------------------------|--|
| NO. | DATA ELEMENT BOXES | INFORMATION REQUIRED |
| | Facility ID Number | Number assigned by GGFD. Leave this blank. |
| 1. | Calendar year beginning | The current date you are filling out this report (e.g., 8/21/2007). |
| 2. | Calendar year ending | The ending date and current year of the report (e.g., 12/31/2007). |
| 3. | Page 1 of | The number of total pages in the inventory, including this page. |
| 4. | Business Name | Enter the full legal name of the business or facility. |
| 5. | Business Phone | Enter the business phone number. |
| 6. | Business Site Address | Enter the street address, including street, avenue, boulevard, etc., where the facility is located. No post office box numbers. This information must provide a means to geographically locate the facility. |
| 7. | City | Enter the city where the facility is located. Garden Grove filled in for you. |
| 8. | State | Enter the two-character state abbreviation. CA filled in for you. |
| 9. | Zip | Enter the zip code for the street address shown above. |
| 10. | Dun & Bradstreet (Optional) | Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number can be obtained by calling (610) 882-7748 . |
| 11. | SIC Code | Enter the facility Standard Industrial Classification four digit code. NOTE: If code is more than four digits, report only the first four. If you don't know your SIC Code, leave blank and the Fire Department will fill it in for you. |
| 12. | Fire District | (Fire Dept. Use – Leave Blank) |
| 13. | County | Enter the county where facility is located. Orange is filled in for you. |

| BUSINESS OWNER & OPERATOR IDENTIFICATION | | |
|---|----------------------------------|--|
| NO. | DATA ELEMENT BOXES | INFORMATION REQUIRED |
| 14. | Business Operator/Manager's Name | Enter the name of the business operator/manager. |
| 15. | Operator Phone Number | Enter business operator phone number if different from business phone, area code first, and any extension. |
| 16. | Owner Name | Enter name of business owner. |
| 17. | Owner Phone Number | Enter the owner's phone number, if different from business phone. |
| 18. | Owner Mailing Address | Enter the owner's mailing address, if different from business address. |
| 19. | City | Owner's mailing address – City |
| 20. | State | Owner's mailing address – State |
| 21. | Zip | Enter the zip code for the above address |
| 22. | Environmental Contact Name | Enter the name of the person, if different from the Business Owner and Operator, that receives all environmental correspondence and will respond to enforcement activity. |
| 23. | Contact Phone Number | Enter the phone number at which the above person can be contacted—area code first, then any extension. |
| 24. | Mailing Address | Enter the mailing address, if different from the site address, where all environmental correspondence should be sent. |
| 25. | City | Enter the name of the city. |
| 26. | State | Enter the state abbreviation. |
| 27. | Zip | Enter the zip code for the above address. |
| 28. | Primary Contact Name | Enter the name of a facility representative that can be contacted in case of an emergency involving hazardous materials at the facility. The contact should have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation. |
| 29. | Primary Contact Title | Enter the title of the primary contact. |
| 30. | Primary Business Phone | Enter the business phone number for the primary contact, area code first and any extensions. |
| 31. | Primary 24-hour Phone | Enter the 24-hour phone number for the primary contact. |
| 32. | Primary Pager Number | Enter the pager telephone number for the primary contact, if available. |

| BUSINESS OWNER & OPERATOR IDENTIFICATION | | |
|--|----------------------------------|---|
| NO. | DATA ELEMENT BOXES | INFORMATION REQUIRED |
| 33. | Secondary Contact Name | Enter the name of facility official that can be contacted in the event that the primary contact is not available. The contact should have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation. |
| 34. | Secondary Contact Title | Enter the title of the secondary contact. |
| 35. | Secondary Business Phone | Enter the business number for the secondary contact. |
| 36. | Secondary 24-hour Phone | Enter the 24-hour phone number for the secondary contact. |
| 37. | Secondary Pager Number | Enter the pager number for the secondary contact, if available. |
| 38. | Business Operation | Description of main operations and/or processes at this site. |
| 39. | Total # of employees | Number of employees at this site. |
| 40. | Billing Address | Billing address, if different from site address. |
| 41. | Attention: | Responsible person or department for billing purposes. |
| 42. | Property Owner Name | |
| 43. | Property Owner Address | |
| 44. | Phone | Property Owner's phone |
| 45. | Owner/Operator Signature | The business owner/operator shall sign in the space provided. The signature certifies that all information contained in the inventory report (including subsequent chemical description information) is true, accurate, and complete. |
| 46. | Date | Enter the date that the document was signed (e.g., 03/01/07). |
| 47. | Name of Signer (<i>Print</i>) | Print the full name of owner/operator on line 45. |
| 48. | Title of Signer (<i>Print</i>) | Print the title of signer on line 48. |
| 49. | Name of Document Preparer | Print the full name of the document preparer. |
| 50. | Title of Document Preparer | Print the title of document preparer. |



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 1 of 1 3

BUSINESS INFORMATION

| | | | | | |
|----------------------------------|---------------------------|----------------------|---------------|----------------|-------|
| FACILITY # (Supplied by GGFD) | 3 0 0 3 5 | BEGINNING DATE | 1 | ENDING DATE | 2 |
| BUSINESS NAME | Progressive Machining, co | | | BUSINESS PHONE | 5 |
| BUSINESS SITE ADDRESS | 10402 Trask Ave #B | | | | 6 |
| CITY | GARDEN GROVE | STATE | CA | ZIP | 92843 |
| DUN & BRADSTREET | 10 | SIC CODE (4 DIGIT #) | 11 | FIRE DISTRICT | 12 |
| COUNTY | ORANGE | | | | 13 |
| BUSINESS OPERATOR NAME | 14 | OPERATOR'S PHONE | 714) 537-7650 | | |

BUSINESS OWNER

| | | | |
|-----------------------|--------------------|-------------|-------|
| OWNER NAME | 16 | OWNER PHONE | 17 |
| OWNER MAILING ADDRESS | 10402 Trask Ave #B | | |
| CITY | Garden Grove | STATE | CA |
| | 19 | ZIP | 92843 |

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

| | | | |
|---|----|----------------------|----|
| DESCRIBE THE TYPE OF BUSINESS OPERATION: | 38 | TOTAL # OF EMPLOYEES | 39 |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | 40 | ATTENTION | 41 |
| PROPERTY OWNER NAME | 42 | ADDRESS | 43 |
| | | PHONE | 44 |

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

| | | | |
|--|----|-----------------------------------|----|
| SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE | 45 | DATE | 46 |
| | | 08/21/08 | |
| NAME OF SIGNER (print) | 47 | NAME OF DOCUMENT PREPARER (print) | 49 |
| | | TITLE OF DOCUMENT PREPARER | 50 |

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

**INSTRUCTIONS TO COMPLETE SITE PLAN DRAWING
FORM 2**

Attach a map of the facility using the standard grid. As a minimum, the map should show the following:

1. Site Layout

- Scale of map (if any)
- Site orientation (North arrow)
- Loading areas
- Parking lots
- Internal roads
- Storm and sewer drains
- Adjacent property use
- Locations and names of adjacent streets and alleys
- Access and egress points and roads

2. Facility

- Location of each hazardous material (shown by placing on attached map).
- If hazardous material is not listed, use a square box (ex. Cl chlorine) and label as needed.
- Place a letter in the box, from the map symbol legend that best describes the material; i.e., w = waste oil.
- Location of emergency response equipment. For example, equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.

NOTE: When you fill out Haz-Mat Form 3 (Chemical Information Form), you will use the matrix coordinates on this map to show where each hazardous material is stored or handled (i.e., acetone is at A-3, waste oil is stored at C-4, etc.). This will help Firefighters in the event of a fire or hazardous materials spill at your facility.

ALTERNATE METHOD

If you already have a good site diagram, and if it can be reduced to an 8-1/2 inch by 11 inch page and still be legible, then you can submit that map instead of this form. Just draw the matrix over the map, and make sure it shows all the information listed above.

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

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE
FORM 3**

You must complete a separate Hazardous Materials Inventory Form for **each** hazardous material or hazardous waste that you handle at your facility in amount equal to or greater than:

- 500 pounds of a solid; 55 gallons of a liquid; 200 cubic feet of compressed gas
 - Any amount of Extremely Hazardous Substance (EHS) or Acutely Hazardous Materials (AHM)
1. Type or print legibly in black ink only.
 2. Photocopy the blank form and save if needed later.
 3. Fill in your business name (Box 3).
 4. Photocopy the number of forms you'll need for completing an inventory for **each** of your reportable chemicals.
 5. Complete the Chemical Information (Box 1 through 39). Material Safety Data Sheets contain necessary information to complete this form.
 6. Supply MSDS for each reportable chemical.

| INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3 | | |
|--|---------------------------|--|
| NO. | DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
| 1. | Add, Delete, Revise | Check the appropriate box to identify if the chemical is being added to the inventory, deleted from the inventory or if the information previously submitted is being revised. |
| 2. | Page Number, Total Pages | The number of the page and the number of total pages in the inventory, including the business information form. |
| 3. | Business Name | Enter full business name of facility. |
| 4. | Chemical Location | Enter the area, building, address, etc. where the hazardous material/waste is handled. Example: Northwest wall of shop inside the building. South of chiller plant outside the building. Note: This information is not subject to public disclosure. |

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE
FORM 3**

| NO. | DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
|-----|---|--|
| 5. | Confidential Location EPCRA <input type="checkbox"/> Y <input type="checkbox"/> N | All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location confidential. Otherwise check "No." |
| 6. | Map Number | If more than one map is included, enter the number of the map on which the location of the hazardous material is shown. |
| 7. | Grid Number | Enter the grid coordinates of the map, showing the location of the hazardous material is shown. |
| 8. | Chemical Name | Enter the proper chemical name of the hazardous material. If a waste check <input type="checkbox"/> Yes. |
| 9. | Common Name | Enter the common name or trade name of the hazardous material/waste. |
| 10. | CAS Number | Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture, if it has been assigned a number distinct from its components. If it has no CAS number, leave this column blank and report the CAS number of the individual hazardous components in the appropriate section below. |
| 11. | Trade Secret | Check "Yes" to declare this chemical a trade secret. As a state requirement, if "Yes" and the business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC Sec. 25511. If "Yes" and the business is subject to EPCRA, the information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (CFR 350.72) to USEPA. |
| 12. | EHS (AHM) | Is this hazardous material an Extremely Hazardous Substance (EHS), as defined in section 25532 of the Health and Safety Code? NOTE: If the material is an Extremely Hazardous Substance, all amounts must be reported in pounds. |

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE
FORM 3**

| NO. | DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
|------------|------------------------------|--|
| 13. | Fire Code Hazard Class | Uniform Fire Code hazard classes from Article 80, MSDS and other references. Used only if required by the local Fire Chief. Lists will be provided when required. |
| 14. | Type of Material | Check the box that appropriately describes the type of hazardous material: pure, mixture, or waste. |
| 15. | Radioactive | Check if radioactive. _____ |
| 16. | Curies | If hazardous material/waste is radioactive, use this area to report concentration in μ Curies. |
| 17. | Physical State | Check the box that appropriately describes the state of the hazardous material: solid, liquid, or gas. |
| 18. | Federal Hazardous Categories | Check all categories that describe the physical and health hazards associated with the hazardous material/waste. The Environmental Protection Agency's Hazards Categories are: |

| PHYSICAL HAZARDS | |
|--------------------------|---|
| Fire | Flammable, Combustible liquids, Pyrophorics, Oxidizers |
| Reactive | Unstable Reactive, Organic Peroxides, Water Reactives |
| Pressure Release | Explosives, Compressed Gases |
| HEALTH HAZARDS | |
| Acute Health (Immediate) | Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives |
| Chronic Health (Delayed) | Carcinogens |

**INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE
FORM 3**

| | DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
|-----|---------------------------|--|
| 19. | Avg. Daily Amount | For each building calculate the average daily amount on hand of the hazardous material/waste or mixture containing hazardous materials. |
| 20. | Max. Daily Amount | For each building provide the maximum daily amounts on hand of the hazardous material/waste or mixture containing hazardous materials. |
| 21. | Annual Waste Amount | If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled. |
| 22. | State Waste Code | If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest. |
| 23. | Units of Measure | Check the unit of measure that is most appropriate for the material being inventoried: gallons, pounds, cubic feet or tons. NOTE: If material is an Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. |
| 24. | Days on-site | List the total number of days during the year that the material is on site (i.e., "365 days"). |
| 25. | Largest Container | List largest vessel (i.e., 55 gallon drum, 12,000 gallon tank) |
| 26. | Storage Container | Check the boxes that best describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one. |
| 27. | Storage Pressure | Check the box that best describes the pressure at which the hazardous material is stored. |
| 28. | Storage Temperature | Check the box that best describes the pressure at which the hazardous material is stored. |
| 29. | Percent (%) Weight | Enter the percentage weight of the hazardous components in a mixture. If the MSDS describes the percentage as a range, enter the highest number in the range. |

| INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3 | | |
|--|---------------------------|---|
| | DATA ELEMENT BOXES | INFORMATION DESCRIPTION |
| 30. | Hazardous Component | List the three most hazardous ingredients (refer to MSDS or, in the case of trade secrets, refer to manufacturer). When reporting waste mixtures, mineral and chemical composition of the waste should be listed. |
| 31. | EHS / AHM | Is the component of the mixture considered an Extremely Hazardous Substance (EHS) or Acutely Hazardous Material (AHM), as defined in Section 25532 of the Health and Safety Code. |
| 32. | CAS Numbers | List all Chemical Abstract Service (CAS) number of the hazardous components you listed in the mixture. |
| 33. | UNDOT # | 4 digit ID number, used for shipping purposes, found in MSDS. |
| 34. | DOT HAZARD CLASS | DOT hazard classification or division number as listed in MSDS or shipping documentation. |
| 35. | EPCRA | If an EPCRA regulated chemical check "Yes." |
| 36. | Signature | Signature required for all EPCRA chemicals. |
| 37. | NFPA 704 Placard | Hazard classification using NFPA categories. Refer to Pages 15-16. |
| 38. | Facility ID Number | Generated by GGFD. Leave this blank. |

FILL OUT A COMPLETE "HAZARDOUS MATERIALS INVENTORY" FORM FOR EVERY REPORTABLE HAZARDOUS AND EXTREMELY HAZARDOUS MATERIAL HANDLED BY YOUR FACILITY. MAKE AS MANY COPIES OF THE CHEMICAL INFORMATION PAGES AS NEEDED.



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 | Progressive Machining | 3 |
|--------------|-----------|----|---------------|-----------------------|---|

I. FACILITY INFORMATION

| | | | | | | | |
|-----------------------------|---|---|-------|---|---|--------|---|
| CHEMICAL LOCATION | North West Wall | | | | | 4 | |
| CONFIDENTIAL LOCATION EPCRA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5 | MAP # | 1 | 6 | GRID # | 7 |

II. CHEMICAL INFORMATION

| | | | | | | | | |
|---------------|---------------|---|---------|---|----|-----------------------------|---|----|
| CHEMICAL NAME | cooling water | | WASTE | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 8 | TRADE SECRET | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11 |
| COMMON NAME | | | | | 9 | An EHS Chemical | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 12 |
| CAS # | 10 | FIRE CODE HAZARD CLASSES (supplied by GGFD) | Class 3 | | 13 | * If EPCRA see instructions | | |

| | | | | | | | | | | | |
|--------------------------------------|-----------------------------------|--|-----------------------------------|-----|-----------------------|---|---|--|------------------|-----|----|
| TYPE (Check one item only) | <input type="checkbox"/> a. PURE | <input checked="" type="checkbox"/> b. MIXTURE | <input type="checkbox"/> c. WASTE | 14 | RADIOACTIVE | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 15 | CURIES | 16 | | |
| PHYSICAL STATE (Check one item only) | <input type="checkbox"/> a. SOLID | <input checked="" type="checkbox"/> b. LIQUID | <input type="checkbox"/> c. GAS | 17 | FED HAZARD CATEGORIES | <input type="checkbox"/> a. FIRE | <input type="checkbox"/> b. REACTIVE | <input type="checkbox"/> c. PRESSURE RELEASE | 18 | | |
| | | | | | | <input checked="" type="checkbox"/> d. ACUTE HEALTH | <input checked="" type="checkbox"/> e. CHRONIC HEALTH | | | | |
| AVERAGE DAILY AMOUNT | N/A | 19 | MAXIMUM DAILY AMOUNT | N/A | 20 | ANNUAL WASTE AMOUNT | N/A | 21 | STATE WASTE CODE | N/A | 22 |

| | | | | | | | | | | | |
|-------|--|--|------------------------------------|----------------------------------|----|--------------|-----|----|---------------|-----|----|
| UNITS | <input checked="" type="checkbox"/> a. GALLONS | <input type="checkbox"/> b. CUBIC FEET | <input type="checkbox"/> c. POUNDS | <input type="checkbox"/> d. TONS | 23 | DAYS ON SITE | N/A | 24 | LARGEST CONT. | N/A | 25 |
|-------|--|--|------------------------------------|----------------------------------|----|--------------|-----|----|---------------|-----|----|

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

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

| | | | | | |
|---------------------|--|---|---|---------------------------------------|----|
| STORAGE TEMPERATURE | <input checked="" type="checkbox"/> a. AMBIENT | <input type="checkbox"/> b. ABOVE AMBIENT | <input type="checkbox"/> c. BELOW AMBIENT | <input type="checkbox"/> d. CRYOGENIC | 28 |
|---------------------|--|---|---|---------------------------------------|----|

| %WT | HAZARDOUS COMPONENT (For mixture or waste only) | EHS | CAS # |
|-----|---|--|----------|
| 1 | 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 | |
| DOT HAZARD CLASS | _____ | 34 | |
| EPCRA | <input type="checkbox"/> YES <input type="checkbox"/> NO | 35 | |
| X | _____ | 36 | <p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p> |

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

REQUIREMENT FOR HAZARDOUS MATERIALS IDENTIFICATION SIGNS

To meet the requirements of the newly revised Uniform Fire Code, all businesses that have more than a certain amount of hazardous materials at their business site must identify each location where hazardous materials are stored, dispensed, used, or handled. These locations must be identified with specialized signs. The information presented below will help you understand if this sign program applies to you, the purpose for these signs, and how to comply with the new regulations.

DOES MY BUSINESS HANDLE HAZARDOUS MATERIALS?

According to the California Health and Safety Code (H&SC) Section 25501(j), a "hazardous material" is "any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant hazard to human health and safety or to the environment if released." In other words, if there is any kind of hazard associated with a material, it is a "hazardous material." This includes items such as gasoline, most solvents, many cleaning products, pesticides, etc.

HOW MUCH "HAZARDOUS MATERIAL" MUST MY BUSINESS HANDLE BEFORE I AM REQUIRED TO INSTALL HAZARDOUS MATERIALS SIGNS?

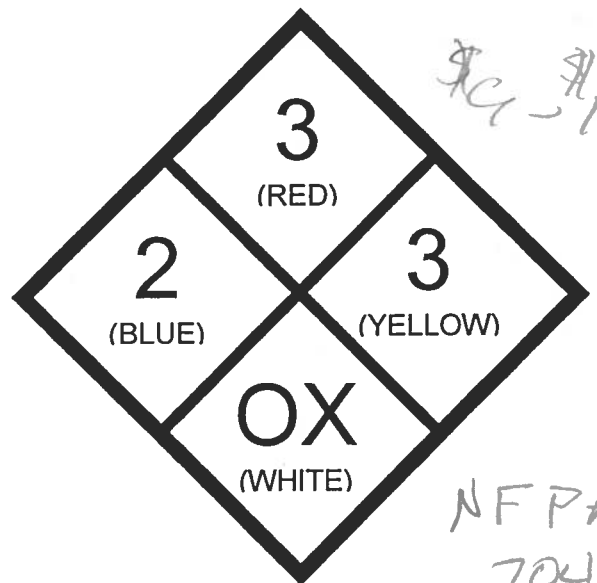
If your business handles any kind of hazardous material that requires a permit from the Fire Department, or if your business handles AT ANY ONE TIME a hazardous material equal to or greater than 55 gallons for a liquid, 500 pounds for a solid, or 200 cubic feet for a gas, then you are REQUIRED to have hazardous materials signs installed. These signs are required by Sections 80.104(e), 80.301(d), and 80.40(a) of the Uniform Fire Code (UFC).

WHAT ARE THESE SIGNS AND WHAT DO THEY TELL THE FIRE DEPARTMENT?

These signs are based on the National Fire Protection Association (NFPA) Standard No. 704, which is used throughout the United States to help identify the hazards associated with hazardous materials. The sign is diamond shaped, and divided into four sections (see illustration, right). The left quadrant is colored blue, and stands for health hazard. The top quadrant is red in color, and represents fire hazard. The right quadrant is yellow, and shows likelihood of reactivity with other chemicals. The bottom quadrant is white, and is reserved for special hazards (i.e., oxidizer, water reactive, radioactive). A number is placed in each quadrant, ranging from 0 to 4. "0" represents no hazard, while "4" represents the words hazard.

If you have more than one hazardous material at your site, the worst hazard level for each category is listed on the sign for all your hazardous materials. For example, if you have a material that has a health rating of 1, a fire rating of 3, and a reactivity rating of 0 (1-3-0), and if you have another material with a health rating of 2, a fire rating of 2, and a reactivity rating of 3 (2-2-3), your sign would show a health rating of 2, a fire rating of 3, and a reactivity rating of 3 (2-3-3).

Through this system, Fire Fighters can tell at a glance the worst case hazard levels that can be found within the building. This can be of great assistance in an emergency!



1800

421-6710

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

HOW DO I FIND OUT WHAT NUMBERS TO PUT ON THE SIGNS?

The NFPA has determined the ratings for over 1,400 hazardous materials commonly used in business. If you prepare a list of what hazardous materials you handle, the Fire Department will tell you what numbers you need to use. If your list is short, tell the Fire Fighters as they are inspecting your business or call the Fire Department at (714) 741-5600, and we can give you the information over the phone. If your list is long, please bring your list to the Fire Administration office at 11301 Acacia Parkway, Garden Grove, and we will be happy to assist you.

WHERE DO THE SIGNS GO?

The signs must be located at the entrance where hazardous materials are located. Entrances may be to the rear or side as well as the front of a building or structure. The number of and location of signs will be determined by Fire Department personnel inspecting your business.

WHO WILL HANG AND MAINTAIN MY SIGNS?

Each business will hang and maintain their signs in the predetermined locations, and must maintain these signs as long as they handle hazardous materials. When hanging your sign, please remember it is a diamond shaped sign. The red quadrant is the top, while the white quadrant is the bottom (please see the illustration).

QUESTIONS??????

If you have any questions regarding the Hazardous Materials Identification Program, please call the Garden Grove Fire Department at (714) 741-5636.



BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID# **30035** 1. EPA ID # (Hazardous Waste Only) 2.

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.
Progresense Machining, Co

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 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <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 <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 ...) <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 checked="" type="checkbox"/> YES <input 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.).

| |
|--|
| |
|--|

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:

| |
|--|
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|--|

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.)

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

Garden Grove Fire Department, Police, Paramedics
Office of Emergency Services (OES)

National Response Center

Phone Numbers

911
(800) 852-7550 or
(916) 427-4341
(800) 424-8802

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

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

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

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

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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


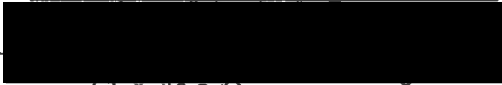
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency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

| |
|--|
| |
| |

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

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

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

Signature: 
Name: 
Title: owner
Date: 08/18/08



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: 10402 'B' TRASK AVE
Occupant or DBA: PROGRESSIVE MACHINING
Owner/Manager: [REDACTED]

Date: 8/18/08
File No: _____
Phone: [REDACTED]

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

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

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

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

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

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

Additional Violations and/or Notes:

Responsible Party: *[Signature]* Re-inspection Date: 9/3/08

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

Fire Dept. Inspector: *[Signature]* ID #: 4212

Condition Upon Re-inspection: _____ Date: _____