



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

September 21, 2020

Request # 6116

Requester: Andrew Gwin

Company: Partner Engineering

Re: 12512 Knott St.

Dear Mr. Gwin,

Enclosed are the records found concerning the history of the above-mentioned site(s), especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the installation or removal of underground flammable or combustible liquid storage tanks.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Pollock', written in a cursive style.

Amanda Pollock
City of Garden Grove
City Clerk's Office

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>61</u>
BUSINESS NAME	<u>Convenience Retailer LLC</u>
BUSINESS ADDRESS	<u>12512 Knott Ave</u>
APPROVED BY	<u>G</u> DATE <u>5/9/11</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

Facility # 30035, Beginning Date 06/30/2008, Ending Date 06/30/2009, Business Name Kayo Oil #2705217, Business Phone 714-898-4075, Business Site Address 12512 Knott Avenue, City GARDEN GROVE, State CA, ZIP 92645, Dun & Bradstreet 00-136-8265, SIC Code 5541, Fire Distric, County ORANGE, Business Operator Name, Operator's Phone

BUSINESS OWNER

Owner Name, Owner Phone 714-898-4075, Owner Mailing Address 12512 Knott Avenue, City Garden Grove, State CA, ZIP 92645-9284

ENVIRONMENTAL CONTACT

Contact Name Leia Eckert, Contact Phone 714-428-7735, Contact Mailing Address 3611 Harbor Blvd. Suite 200, City Santa Ana, State CA, ZIP 92704

PRIMARY

EMERGENCY CONTACTS

SECONDARY

Name SolvOne Help Desk, Title 24 Hours, Business Phone 866-215-0965 866 566 6631, 24-Hr. Phone 866-215-0965, Name Trevine Fernando ALLEN FAASS, Title District Manager CAL COM MAN, Business Phone 714-276-5938 925 884 0800, 24-Hr. Phone 714-276-5938 (949) 289 5286, Pager #

ADDITIONAL LOCALLY COLLECTED INFORMATION

Describe the type of business operation: GASOLINE FUELING STATION, Total # of employees 8, Billing Address ConocoPhillips 600 N. Dairy Ashford TR1032A Houston, TX 77079, Attention Licensing Dept., Property Owner Name ConocoPhillips, Address 600 N. Dairy Ashford TR1032A Houston, TX 77079, Phone (281) 293-1000

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, Date 5/20/08, Name of Signer, Title of Signer STORE MANAGER, Name of Document Preparer RHL Design Group, Inc., Title of Document Preparer Project Manager



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

FACILITY INFORMATION

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3 0 0 3 5	EPA ID # (Hazardous Waste Only)	CAL000277213
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	Kayo Oil #2705217		2705217

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 (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input 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) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<input checked="" type="checkbox"/> EPA ID NUMBER---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 Form 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"/> REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq. --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISED 1

Page 3 of 8 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Kayo Oil #2705217 2705217
--------------	-----------	---------------	---------------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	NORTH CENTER OF SITE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # E3

II. CHEMICAL INFORMATION

CHEMICAL NAME	GASOLINE		WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	REGULAR UNLEADED GASOLINE		* If EPCRA see instructions		An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS #	8006-61-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)		* If EHS is "Yes", all amounts must be LBS		
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	<input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	5000	MAXIMUM DAILY AMOUNT	10000	ANNUAL WASTE AMOUNT	STATE WASTE CODE	
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER		
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT					
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					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100	Gasoline	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2 1-9	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3 1-14	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
4 1-5	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5 1-5	Ethyl Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

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

PLACARDING INFORMATION

UNDOT # 1203

Refer to shipping papers or MSDS

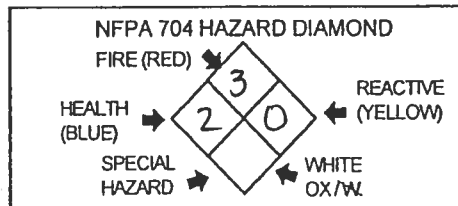
DOT HAZARD CLASS FL

Refer to shipping papers or MSDS

EPCRA YES NO

X _____

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

ADD

DELETE

REVISED 1

Page 4 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Kayo Oil #2705217 2705217
--------------	-----------	----	---------------	---------------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION			NORTH CENTER OF SITE		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	GRID #	E3

II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE		TRADE SECRET	
GASOLINE		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME		FED HAZARD CATEGORIES		An EHS Chemical	
PLUS UNLEADED GASOLINE		<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)		*If EHS is "Yes", all amounts must be LBS	
8006-61-9					
TYPE (Check one item only)		RADIOACTIVE		CURIES	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PHYSICAL STATE (Check one item only)					
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		<input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT		MAXIMUM DAILY AMOUNT		ANNUAL WASTE AMOUNT	
5000		10000			
UNITS		DAYS ON SITE		LARGEST CONTAINER	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365		10000	
STORAGE CONTAINER (Check all that apply)		e. PLASTIC DRUM		i. VAT	
<input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY		<input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	
		<input type="checkbox"/> m. CYLINDER		<input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	
		<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER			
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
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			

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2 1-9	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3 1-14	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
4 1-5	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5 1-5	Ethyl Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

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

PLACARDING INFORMATION

UNDOT # 1203

Refer to shipping papers or MSDS

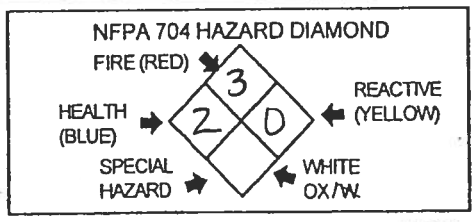
DOT HAZARD CLASS FL

Refer to shipping papers or MSDS

EPCRA YES NO

X

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

ADD
 DELETE
 REVISED 1

Page 5 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME Kayo Oil #2705217 2705217
--------------	-----------	----	--

I. FACILITY INFORMATION

CHEMICAL LOCATION NORTH CENTER OF SITE		
CONFIDENTIAL LOCATION EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # E3

II. CHEMICAL INFORMATION

CHEMICAL NAME GASOLINE	WASTE <input type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>* If EPCRA see instructions</small>
COMMON NAME PREMIUM UNLEADED GASOLINE		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>*If EHS is "Yes", all amounts must be LBS</small>
CAS # 8006-61-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)	
TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT 5000	MAXIMUM DAILY AMOUNT 10000	ANNUAL WASTE AMOUNT
UNITS <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE 365	LARGEST CONTAINER 10000
STORAGE CONTAINER (Check all that apply) <input type="checkbox"/> a. ABOVEGROUND TANK <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> l. FIBER DRUM <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
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
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	

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	100	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2	1-9	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3	1-14	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
4	1-5	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5	1-5	Ethyl Benzene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

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

PLACARDING INFORMATION

UNDOT # 1203

Refer to shipping papers or MSDS

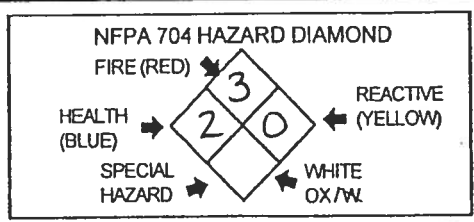
DOT HAZARD CLASS FL

Refer to shipping papers or MSDS

EPCRA YES NO

X _____

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISED 1

Page 6 of 8 2

FACILITY ID#	3 0 0 3 5	38 BUSINESS NAME	Kayo Oil #2705217 2705217
--------------	-----------	------------------	---------------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	IN STORE ROOM AND DISPLAY		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5	MAP # 1 6	GRID # E4 7

II. CHEMICAL INFORMATION

CHEMICAL NAME	PETROLEUM HYDROCARBON	WASTE <input type="checkbox"/> Yes 8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11
COMMON NAME	MOTOR OIL (All Grades)	* If EPCRA see instructions	
CAS #	64742-65-0 10	FIRE CODE HAZARD CLASSES (supplied by GGFD) 13	
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 18	
		<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	
		<input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	25 19	MAXIMUM DAILY AMOUNT	55 20
		ANNUAL WASTE AMOUNT	21
		STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 23	DAYS ON SITE	365 24
		LARGEST CONTAINER	.25 25
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> l. 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"/> o. BAG(S) <input checked="" type="checkbox"/> p. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> t. OTHER _____ 26		
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 27		
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 28		

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 80-85 29	LUBRICATING BASE OIL 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	Various 32
2 1 29	Zinc Compound 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	Proprietary 32
3 15-20 29	Additives 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	Proprietary 32
4 29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	32
5 29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	32

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

PLACARDING INFORMATION

UNDOT #	1270 33	
DOT HAZARD CLASS	CL 34	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 35	
X	_____ 36	

Refer to shipping papers or MSDS

Refer to shipping papers or MSDS

If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISED 1

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Kayo Oil #2705217 2705217	3
--------------	-----------	----	---------------	---------------------------	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	STORE ROOM				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6
			GRID #	E4	7

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	
COMMON NAME	CO2 - LIQUIFIED GAS	* If EPCRA see instructions		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	
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	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18			
AVERAGE DAILY AMOUNT	1080	19	MAXIMUM DAILY AMOUNT	2610	20	ANNUAL WASTE AMOUNT	21	
			STATE WASTE CODE		22			
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	25	
	*If EHS, amount must be in pounds.							
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input checked="" type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY		<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER _____	26
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" 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 #
1 100%	29 CARBON DIOXIDE	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 124-38-9
2	29	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
3	29	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
4	29	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
5	29	30 <input type="checkbox"/> Yes <input checked="" 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.

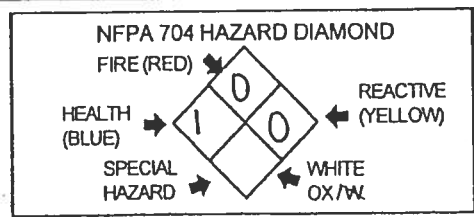
PLACARDING INFORMATION

UNDOT # 2187 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS NFG 34
 Refer to shipping papers or MSDS

EPCRA YES NO

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

ADD

DELETE

REVISED 1

Page 8 of 8 2

FACILITY ID#	3 0 0 3 5	38 BUSINESS NAME	Kayo Oil #2705217 2705217	3
--------------	-----------	------------------	---------------------------	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	STORE ROOM & TRASH AREA			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1	GRID # F5	5 6 7

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input checked="" type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	USED GASOLINE FILTERS		9
CAS #	8006-61-9		10 13
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14 15 16
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	17 18
AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
3	5	200	213
UNITS <input checked="" type="checkbox"/> a. POUNDS <input type="checkbox"/> b. GALLONS <input type="checkbox"/> c. CUBIC FEET <input type="checkbox"/> d. TONS	DAYS ON SITE	LARGEST CONTAINER	23 24 25
365	45		
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input checked="" type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)
	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 5	29 GASOLINE	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31 8006-61-9
2	29 FUEL FILTER	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
3	29	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
4	29	30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
5	29	30 <input type="checkbox"/> Yes <input checked="" 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.

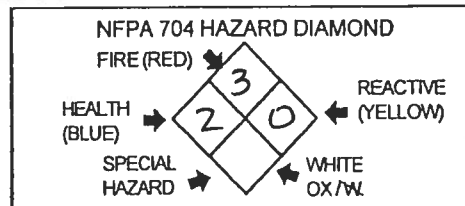
PLACARDING INFORMATION

UNDOT # 1203 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS FL 34
 Refer to shipping papers or MSDS

EPCRA YES NO

X _____ 36
 If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

BUSINESS EMERGENCY PROGRAM

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 area 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 map.

NORTH OF LAMPSON AVENUE

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 units.
6. Activate any emergency mitigation procedures that are available at your business.
(List any emergency mitigation procedures that are specific to your business, if any.)

SEE ATTACHED

2705217

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

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 to 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 and Paramedics
Office of Emergency Services (OES)
National Response Center

Phone Numbers

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

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

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Prevention

All material 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 preventative actions which have been initiated by your business to abate the hazards relating to hazardous materials 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 Cylinders stored upright and secured
 - b _____ Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)

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

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

BUSINESS EMERGENCY PROGRAM

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

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

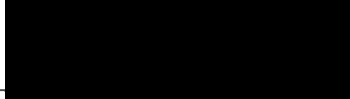
Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.


IN STORAGE AREA

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

Note: A fee is charged for 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: SIDING MANAGER

DATE: 5/15/07

CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

2705217

MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 12512 Knott Avenue
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

EMERGENCY PHONE NUMBERS

EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

CONOCOPHILLIPS STORE PERSONNEL

District Manager: Trevine Fernando 714-276-5938
Marketing HSE Specialist: Leia Eckert 714-428-7735

FACILITY CONTACTS

Primary: SolvOne Help Desk 24 Hours Day: 866-215-0965
24-hour: 866-215-0965
Secondary: Trevine Fernando District Manager Day: 714-276-5938
24-hour: 714-276-5938

ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

- a) **LOCAL AGENCY:** Garden Grove Fire Department
PHONE NUMBER: 714-741-5636
- b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911
- c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1
- d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

Spill/Release Response Procedures for Carbon Dioxide (CO2)

The refrigerated liquid CO2 used at many locations to produce carbonated beverages can be hazardous in the event of a spill or release, or if there is a fire at the station. Although CO2 is not flammable, in the event of a fire, the container could explode due to the high heat of the fire.

Releases and spills of the CO2 may cause dizziness or suffocation without warning. When released, the vapors are initially heavier than air and spread along the ground. Contact with the refrigerated liquid may cause burns, sever injury and/or frostbite.

Spill or Release:

In the event of a spill or leak from the CO2 container, do the following:

1. Dial 911 - inform emergency personnel that there is a release from the refrigerated liquid CO2 tank and the location of the tank.
2. Evacuate employees and customers from the site and deny entry to unauthorized people.
3. Stay upwind of the spill and out of low-lying areas.
4. Do not touch or walk through spilled material.
5. Avoid breathing gases.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

UTILITY SHUT-OFFS

- * **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.
Location: 1-FRONT OF STORE, 2-IN CASHIER AREA
- * **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.
Location: IN CASHIER AREA
- * **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.
Location: 1-IN HALLWAY, 1-REAR OF STORE
- * **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.
Location: ALONG LAMPSON AVE
- * **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.
Location: NONE
- * **PROPANE/LPG SHUT-OFF:**
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

EMERGENCY EQUIPMENT

- * **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.
Location: 1-CASHIER AREA, 1-OUTSIDE OF OFFICE, 1-EMERGENCY EXIT
- * **SPILL/ CLEAN UP KIT:**
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.
Location: STORAGE AREA
- * **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials
Broom: STORAGE AREA
Shovel: STORAGE AREA
Gloves: STORAGE AREA
Goggles: STORAGE AREA
- * **FIRST AID KIT:** Use for minor incidents and treatment.
Location: 1-CASHIER AREA
- * **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.
Location: NORTH OF LAMPSON AVENUE
- * **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**
Location: IN STORAGE AREA

EMPLOYEE TRAINING PLAN (con't)

MEDICAL FACILITIES:

PRIMARY FACILITY:

GATEWAY MEDICAL CENTER
12171 BROOKHURST STREET GARDEN GROVE
718-638-1300

ALTERNATE FACILITY:

UCI MEDICAL CENTER
101 CITY DRIVE SOUTH ORANGE
714-456-7890

FIRST AID PROCEDURES (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets.

EYE CONTACT:

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

SKIN CONTACT:

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

INHALATION (Breathing):

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

INGESTION (Swallowing):

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS:

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following:

- * A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- * The Hazardous Materials Management Plan (Chemical Inventory, also known as the CA Business Emergency Plan)
- * An Emergency Response Plan
- * An Underground Storage Tank Monitoring and Response Plan
- * A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

- * Training for the Hazard Communication Plan must include the following elements:
 - * An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
 - * Locations of any operations in the work area where hazardous substances are present.
 - * Location where a copy of the written Hazard Communication programs is made available to them.
 - * How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
 - * How to detect the presence of or the release of hazardous substances in the work place.
 - * How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
 - * Emergency and first aid procedures to follow if employees are exposed to hazardous substances.

CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

2705217

MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 12512 Knott Avenue
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

EMERGENCY PHONE NUMBERS

EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

CONOCOPHILLIPS STORE PERSONNEL

District Manager: Trevine Fernando 714-484-3893
Marketing HSE Specialist: Leia Eckert 714-428-7735

FACILITY CONTACTS

Primary: SolvOne Help Desk 24 Hours Day: 866-215-0965
24-hour: 866-215-0965
Secondary: Trevine Fernando District Manager Day: 714-276-5938
24-hour: 714-276-5938

ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

- a) **LOCAL AGENCY:** Garden Grove Fire Department
PHONE NUMBER: 714-741-5636
- b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911
- c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1
- d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

Spill/Release Response Procedures for Carbon Dioxide (CO2)

The CO2 used at many locations to produce carbonated beverages can be hazardous in the event of a spill or release, or if there is a fire at the station. Although CO2 is not flammable, in the event of a fire, the container could explode due to the high heat of the fire.

Releases and spills of the CO2 may cause dizziness or suffocation without warning. When released, the vapors are initially heavier than air and spread along the ground. Contact with the gas as it escapes the tank may cause burns, sever injury and/or frostbite.

Spill or Release:

In the event of a spill or leak from the CO2 container, do the following:

1. Dial 911 - inform emergency personnel that there is a release from the CO2 tank and the location of the tank.
2. Evacuate employees and customers from the site and deny entry to unauthorized people.
3. Stay upwind of the spill and out of low-lying areas.
4. Do not touch or walk through spilled material.
5. Avoid breathing gases.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

Training:

1. Employees shall be trained on the above hazards associated with carbon dioxide gas and the preventative measures to prevent a release.
2. Training shall include evacuation procedures in the event of a release.
3. If compressed gas cylinders are present, employees shall be training on the handling of the cylinders and the use of the valve caps to prevent accidental damage to the valve.

EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

UTILITY SHUT-OFFS

- * **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.
Location: 1-FRONT OF STORE, 2-IN CASHIER AREA
- * **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.
Location: IN CASHIER AREA
- * **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.
Location: 1-IN HALLWAY, 1-REAR OF STORE
- * **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.
Location: ALONG LAMPSON AVE
- * **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.
Location: NONE
- * **PROPANE/LPG SHUT-OFF:**
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

EMERGENCY EQUIPMENT

- * **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.
Location: 1-CASHIER AREA, 1-OUTSIDE OF OFFICE, 1-EMERGENCY EXIT
- * **SPILL/ CLEAN UP KIT:**
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.
Location: STORAGE AREA
- * **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials
Broom: STORAGE AREA
Shovel: STORAGE AREA
Gloves: STORAGE AREA
Goggles: STORAGE AREA
- * **FIRST AID KIT:** Use for minor incidents and treatment.
Location: 1-OFFICE
- * **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.
Location: NORTH OF LAMPSON AVENUE
- * **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**
Location: IN STORAGE AREA

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2008**

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: Kayo Oil #2705217
 Facility Street Address 12512 Knott Avenue City: Garden Grove Zip: 92645

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 5/10/2007 and certify that: (Check one.)

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* (See below for details); or
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:
- ____ Business Activities form
 ____ Business Owner/Operator Identification form
 ____ Hazardous Materials Inventory form(s)
 ____ Site Map form
 ____ Emergency Response Plans and Procedures
 ____ Employee Training Program

*By checking the top box on this form, you are certifying that:

- a) The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; and
- b) There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; and
- c) No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; and
- d) There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; and
- e) The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Signature of Owner/Operator: _____ Title: STORE MANAGER
 Name of Owner/Operator (print) _____ Date: 5/20/08

Return all forms to:

Garden Grove Fire Department
 11301 Acacia Parkway
 Garden Grove CA 92640
 714-741-5636

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2008

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: Key Oil #2705217 ^{RW} Convenience Retailers LLC #2705217
Facility Street Address 12512 Knott Avenue City: Garden Grove Zip: 92645

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 5/10/2007 and certify that: (Check one.)

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* (See below for details); or
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:

- Business Activities form
- Business Owner/Operator Identification form
- Hazardous Materials Inventory form(s)
- Site Map form
- Emergency Response Plans and Procedures
- Employee Training Program

*By checking the top box on this form, you are certifying that:

- a) The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; and
- b) There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; and
- c) No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; and
- d) There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; and
- e) The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Signature of Owner/Operator: X [Redacted] Title: X STORE MANAGER
Name of Owner/Operator (print) X [Redacted] Date: X 5/20/08

Return all forms to:

Garden Grove Fire Department
11301 Acacia Parkway
Garden Grove CA 92640
714-741-5636



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

FACILITY INFORMATION

CUPA

REVISED
5-27-2008

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3 0 0 3 5	EPA ID # (Hazardous Waste Only)	CAL000277213
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	Kayo Oil #2705217 → Convenience Retailers LLC # 2705217		

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1 Own or operate underground storage tanks? 2 Intend to upgrade existing or install new USTs? 3 Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) ✓ 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 capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1 Generate hazardous waste? 2 Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3 Treat hazardous waste on site? 4 Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5 Consolidate hazardous waste generated at a remote site? 6 Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	✓ EPA ID NUMBER---provide at the top of this page ✓ RECYCLABLE MATERIALS REPORT (one per recycler) ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D, and L) ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) ✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1195) ✓ 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 Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		06/30/2008		06/30/2009	
BUSINESS NAME	Kays Oil #2705217 <i>Convenience Retailers LLC #2705217</i>			BUSINESS PHONE	5
		714-898-4075			
BUSINESS SITE ADDRESS	12512 Knott Avenue				6
CITY	GARDEN GROVE	STATE	8	ZIP	9
		CA		92645	
DUN & BRADSTREET	00-136-8265	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
		5541		2414	
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	[REDACTED]			OPERATOR'S PHONE	15
		714-898-4075			

BUSINESS OWNER

OWNER NAME	[REDACTED]			OWNER PHONE	17
		714-898-4075			
OWNER MAILING ADDRESS	12512 Knott Avenue				18
CITY	Garden Grove	STATE	20	ZIP	21
		CA		92645	

ENVIRONMENTAL CONTACT

CONTACT NAME	Leia Eckert			CONTACT PHONE	23
		714-428-7735			
CONTACT MAILING ADDRESS	3611 Harbor Blvd. Suite 200				24
CITY	Santa Ana	STATE	2	ZIP	27
		CA	6	92704	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	SolvOne Help Desk	28	NAME	Trevine Fernando	33
TITLE	24 Hours	29	TITLE	District Manager	34
BUSINESS PHONE	866-215-0965	30	BUSINESS PHONE	714-276-5938	35
24-HR. PHONE	866-215-0965	31	24-HR. PHONE	714-276-5938	36
PAGER #		32	PAGER #		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	GASOLINE FUELING STATION			38	TOTAL # OF EMPLOYEES	39
		8				
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	ConocoPhillips 600 N. Dairy Ashford TR1032A Houston, TX 77079			40	ATTENTION	41
		Licensing Dept.				
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44	
ConocoPhillips		600 N. Dairy Ashford TR1032A Houston, TX 77079		(281) 293-1000		

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	[REDACTED]			45	DATE	46
		5/20/08				
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	RHL Design Group, Inc			49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	Project Manager			50
STORE MANAGER						

CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

2705217

MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 12512 Knott Avenue
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

EMERGENCY PHONE NUMBERS

EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

CONOCOPHILLIPS STORE PERSONNEL

District Manager: Trevine Fernando 714-484-3893

Marketing HSE Specialist: Leia Eckert 714-428-7735

FACILITY CONTACTS

Primary: SolvOne Help Desk 24 Hours Day: 866-215-0965

24-hour: 866-215-0965

Secondary: Trevine Fernando District Manager Day: 714-276-5938

24-hour: 714-276-5938

ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

a) **LOCAL AGENCY:** Garden Grove Fire Department
PHONE NUMBER: 714-741-5636

b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911

c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1

d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

Spill/Release Response Procedures for Carbon Dioxide (CO2)

The CO2 used at many locations to produce carbonated beverages can be hazardous in the event of a spill or release, or if there is a fire at the station. Although CO2 is not flammable, in the event of a fire, the container could explode due to the high heat of the fire.

Releases and spills of the CO2 may cause dizziness or suffocation without warning. When released, the vapors are initially heavier than air and spread along the ground. Contact with the gas as it escapes the tank may cause burns, sever injury and/or frostbite.

Spill or Release:

In the event of a spill or leak from the CO2 container, do the following:

1. Dial 911 - inform emergency personnel that there is a release from the CO2 tank and the location of the tank.
2. Evacuate employees and customers from the site and deny entry to unauthorized people.
3. Stay upwind of the spill and out of low-lying areas.
4. Do not touch or walk through spilled material.
5. Avoid breathing gases.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

Training:

1. Employees shall be trained on the above hazards associated with carbon dioxide gas and the preventative measures to prevent a release.
2. Training shall include evacuation procedures in the event of a release.
3. If compressed gas cylinders are present, employees shall be training on the handling of the cylinders and the use of the valve caps to prevent accidental damage to the valve.

EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

UTILITY SHUT-OFFS

- * **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.
Location: 1-FRONT OF STORE, 2-IN CASHIER AREA
- * **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.
Location: IN CASHIER AREA
- * **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.
Location: 1-IN HALLWAY, 1-REAR OF STORE
- * **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.
Location: ALONG LAMPSON AVE
- * **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.
Location: NONE
- * **PROPANE/LPG SHUT-OFF:**
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

EMERGENCY EQUIPMENT

- * **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.
Location: 1-CASHIER AREA, 1-OUTSIDE OF OFFICE, 1-EMERGENCY EXIT
- * **SPILL/ CLEAN UP KIT:**
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.
Location: STORAGE AREA
- * **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials
Broom: STORAGE AREA
Shovel: STORAGE AREA
Gloves: STORAGE AREA
Goggles: STORAGE AREA
- * **FIRST AID KIT:** Use for minor incidents and treatment.
Location: 1-OFFICE
- * **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.
Location: NORTH OF LAMPSON AVENUE
- * **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**
Location: IN STORAGE AREA



June 23, 2006

John W. Johnson
Co-President
Architect

Garden Grove Fire Department
Hazardous Materials Coordinator
P.O. Box 3070
Garden Grove, CA 92642-3070

Brian F. Zita
Co-President
Architect

John B. Hicks
Vice President

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR
CONOCOPHILLIPS / KAYO OIL**

Regional Managers

Dear Hazardous Materials Coor

Brad A. Gubser

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the **ConocoPhillips/Kayo Oil** station(s) as listed on the attached sheet.

Jesse E. Macias

Roy W. Pedro

Alan K. Shimabukuro

These inventories and HMMP(s) are being submitted for your review and approval.

John W. Strobel

If there are any further correspondence or invoices related to these submissions, please direct them to the local Marketing HSE Specialist in your region.

Northern California
Marketing HSE Specialist
ConocoPhillips
1380 San Pablo Avenue
Rodeo, CA 94572

Southern California
Marketing HSE Specialist
ConocoPhillips
3611 Harbor Blvd.
Santa Ana, CA 92704

Established 1966

Sincerely,

RHL DESIGN GROUP, INC.

Environmental Department

Offices

ANAHEIM, CA

BELLEVUE, WA

CAMAS, WA

DENVER, CO

MARTINEZ, CA

PETALUMA, CA

ROSEVILLE, CA

SCOTTSDALE, AZ

Enclosure

255013



Valley Chap 76 #255013
12001 Valley View
Garden Grove, CA 92645

2705217



Kayo Oil #2705217
12512 Knott Avenue
Garden Grove, CA 92645

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2006**

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: Kayo Oil #2705217

Facility Street Address 12512 Knott Avenue City: Garden Grove Zip: 92645

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 6/1/2004 and certify that: (Check one.)

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* (See below for details); or
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:

- Business Activities form
- X Business Owner/Operator Identification form
- Hazardous Materials Inventory form(s)
- Site Map form
- Emergency Response Plans and Procedures
- Employee Training Program

*By checking the top box on this form, you are certifying that:

- The information contained in the annual inventory forms most recently submitted to the administering agency is complete, accurate, and up-to-date; and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory forms; and
- No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; and
- The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Signature of Owner/Operator: X [Signature] Title: X MANAGER

Name of Owner/Operator (print) X IRVIN BLOMBERG Date: X 6-19-06

Return all forms to:

Garden Grove Fire Department
P.O. Box 3070
Garden Grove CA 92642-3070
714-741-5636



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

Facility # 30035, Beginning Date 06/30/2006, Ending Date 06/30/2007, Business Name Kayo Oil #2705217, Business Site Address 12512 Knott Avenue, City GARDEN GROVE, State CA, ZIP 92645-92845, Dun & Bradstreet 00-136-8265, SIC Code 5541, Fire Distric 2414, County ORANGE, Business Operator Name Manager-Long, Operator's Phone 714-898-4075

BUSINESS OWNER

Owner Name [Redacted], Owner Phone [Redacted], Owner Mailing Address [Redacted], City [Redacted], State [Redacted], ZIP [Redacted]

ENVIRONMENTAL CONTACT

Contact Name Leia Eckert, Contact Phone 714-428-7735, Contact Mailing Address 3611 Harbor Blvd. Suite 200, City Santa Ana, State CA, ZIP 92704

PRIMARY EMERGENCY CONTACTS SECONDARY

Primary: NAME SolvOne Help Desk, TITLE 24 Hours, BUSINESS PHONE 866-215-0965, 24-HR. PHONE 866-215-0965, PAGER # [Redacted]. Secondary: NAME [Redacted], TITLE District Manager, BUSINESS PHONE [Redacted], 24-HR. PHONE [Redacted], PAGER # [Redacted]

ADDITIONAL LOCALLY COLLECTED INFORMATION

Describe the type of business operation: GASOLINE FUELING STATION, Total # of employees 8, Billing Address ConocoPhillips 600 N. Dairy Ashford TR1032A Houston, TX 77079, Attention Licensing Dept., Property Owner Name ConocoPhillips, Address 600 N. Dairy Ashford TR1032A Houston, TX 77079, Phone (281) 293-1000

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

Signature of Owner/Operator or Designated Representative [Redacted], Date 6-19-06, Name of Signer (print) [Redacted], Title of Signer [Redacted], Name of Document Preparer (print) RHL Design Group, Inc., Title of Document Preparer [Redacted]

CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

2705217

MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 12512 Knott Avenue
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

EMERGENCY PHONE NUMBERS

EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

CONOCOPHILLIPS STORE PERSONNEL

District Manager: Suzanne Park 949-310-2602
Marketing HSE Specialist: Leia Eckert 714-428-7735

FACILITY CONTACTS

Primary: SolvOne Help Desk 24 Hours Day: 866-215-0965
24-hour: 866-215-0965
Secondary: Suzanne Park District Manager Day: 949-310-2602
24-hour: 929-310-2602

ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

- a) **LOCAL AGENCY:** Garden Grove Fire Department
PHONE NUMBER: 714-741-5636
- b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911
- c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1
- d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

UTILITY SHUT-OFFS

- * **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.
Location: 1-FRONT OF STORE, 2-IN CASHIER AREA
- * **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.
Location: IN CASHIER AREA
- * **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.
Location: 1-IN HALLWAY, 1-REAR OF STORE
- * **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.
Location: ALONG LAMPSON AVE
- * **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.
Location: NONE
- * **PROPANE/LPG SHUT-OFF:**
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

EMERGENCY EQUIPMENT

- * **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.
Location: 1-CASHIER AREA, 1-OUTSIDE OF OFFICE, 1-EMERGENCY EXIT
- * **SPILL/ CLEAN UP KIT:**
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.
Location: STORAGE AREA
- * **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials
Broom: STORAGE AREA
Shovel: STORAGE AREA
Gloves: STORAGE AREA
Goggles: STORAGE AREA
- * **FIRST AID KIT:** Use for minor incidents and treatment.
Location: 1-CASHIER AREA
- * **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.
Location: NORTH OF LAMPSON AVENUE
- * **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**
Location: IN STORAGE AREA

Spill/Release Response Procedures for Carbon Dioxide (CO2)

The refrigerated liquid CO2 used at many locations to produce carbonated beverages can be hazardous in the event of a spill or release, or if there is a fire at the station. Although CO2 is not flammable, in the event of a fire, the container could explode due to the high heat of the fire.

Releases and spills of the CO2 may cause dizziness or suffocation without warning. When released, the vapors are initially heavier than air and spread along the ground. Contact with the refrigerated liquid may cause burns, severe injury and/or frostbite.

Spill or Release:

In the event of a spill or leak from the CO2 container, do the following:

1. Dial 911 - inform emergency personnel that there is a release from the refrigerated liquid CO2 tank and the location of the tank.
2. Evacuate employees and customers from the site and deny entry to unauthorized people.
3. Stay upwind of the spill and out of low-lying areas.
4. Do not touch or walk through spilled material.
5. Avoid breathing gases.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

EMPLOYEE TRAINING PLAN (con't)

MEDICAL FACILITIES:

PRIMARY FACILITY:

GATEWAY MEDICAL CENTER
12171 BROOKHURST STREET GARDEN GROVE
718-638-1300

ALTERNATE FACILITY:

UCI MEDICAL CENTER
101 CITY DRIVE SOUTH ORANGE
714-456-7890

FIRST AID PROCEDURES (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets.

EYE CONTACT:

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

SKIN CONTACT:

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

INHALATION (Breathing):

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

INGESTION (Swallowing):

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS:

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following:

- * A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- * The Hazardous Materials Management Plan - Chemical Inventory, also known as the CA Business Emergency Plan)
- * An Emergency Response Plan
- * An Underground Storage Tank Monitoring and Response Plan
- * A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

- * Training for the Hazard Communication Plan must include the following elements:
- * An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
- * Locations of any operations in the work area where hazardous substances are present.
- * Location where a copy of the written Hazard Communication programs is made available to them.
- * How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
- * How to detect the presence of or the release of hazardous substances in the work place.
- * How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
- * Emergency and first aid procedures to follow if employees are exposed to hazardous substances.



CONOCOPHILLIPS
P. O. Box 52085 (DC40)
Phoenix, AZ 85072-2085
(602) 728-8000



June 29, 2003

AGENCY

Circle K Stores, Inc.
Circle K 76 #2705217
12512 Knott Avenue
Garden Grove, CA 92645

RE: HAZARDOUS MATERIALS MANAGEMENT PLANS

Dear Subhash Chander:

Attached is the new Hazardous Materials Inventory and Business Plan for your station. This new HMMP is intended to **replace** the current HMMP. The "SITE COPY" should be kept in your Environmental Record Box, Tab 13 and available to all employees and agency personnel at all times.

THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP AS SOON AS POSSIBLE. FAILURE TO RETURN THIS PLAN WITHIN 30 DAYS WILL RESULT IN A \$25.00 LATE FEE CHARGED TO YOUR ACCOUNT.

FAILURE TO RETURN THIS PLAN MAY ALSO RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.

Instructions for signing and returning the packet:

1. Please sign all 3 copies of the HMMP where flagged and indicated with a "X".
2. Please return the 2 copies marked "AGENCY" and "RHL FILE" to RHL Design in the pre-stamped envelope provided **AS SOON AS POSSIBLE.**
3. Keep the "SITE COPY" of the HMMP in your Environmental Record Box, and available for inspection. Use your Site Copy for employee training and have employees sign the training log. Keep training records at your station.

A copy of the HMMP will be sent to Garden Grove Fire Department

If you have any questions regarding the content of this HMMP, please contact RHL Design Group, Ms. Jennifer Carey or Mr. Steve Skanderson at (707) 765-1660. If you have any additional questions, including invoicing questions, please contact Pam Ruesga, ConocoPhillips, Hazardous Materials Coordinator at (602) 728-4970.

Sincerely,

ConocoPhillips

cc: RHL Design Group, Inc.

Enclosure

2705217

Garden Grove Fire Department

P.O. Box 3070
Garden Grove CA 92642-3070
714-741-5636

AGENCY USE ONLY
File #: _____
Reviewed by: _____
Date: _____

**HAZARDOUS MATERIALS BUSINESS PLAN / INVENTORY
2003 CERTIFICATION FORM**

Business Name: Circle K 76 #2705217

Owner/Operator Name: Circle K Stores, Inc. **Phone:** 714-898-4075

Business Address: 12512 Knott Avenue

City: Garden Grove **State:** CA **Zip:** 92645

Environmental Contact: [REDACTED] **Phone:** [REDACTED]

Mailing Address: [REDACTED]

City: [REDACTED] **State:** CA **Zip:** _____

BIENNIAL REVIEW AND RECERTIFICATION:

I certify that the complete Business Plan filed on 6/11/03 has been reviewed and the information contained in it is accurate and complete as of the date below.

A complete HMBP was submitted within the last three (3) years.

_____ I certify that I have reviewed the previously submitted Business Plan and have updated the following items on the attached pages.

_____ Emergency contacts names and/or phone numbers

_____ Site/Facility map.

_____ Other Updates: _____

ANNUAL INVENTORY UPDATE:

Inventory Forms are correct for the upcoming reporting year. NO changes are necessary

_____ Inventory Forms require updating. ATTACHED are only the revised pages.

_____ Inventory Forms required updating. Replace previous inventory with attached inventory.

As the Business Owner or its official designated representative, I can sign and attest to all statements in this certification and that we are not using the certification statement to comply with the annual federal reporting requirements under the Emergency Planning and Community Right-to-Know Act (EPCRA). Based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name: X SUBHASH Signature: X Subhash
(Type or Print)

Title: X Manager Date: X 07-03-03



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

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3 0 0 3 5	EPA ID # (Hazardous Waste Only)	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	Circle K 76 #2705217		2705217

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 (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input 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) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous 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 NUMBER---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 Form 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"/> REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq. --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<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

Hazardous Materials Business Information Form

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		06/30/2003		06/30/2004	
BUSINESS NAME	Circle K 76 #2705217			BUSINESS PHONE	5
				714-898-4075	
BUSINESS SITE ADDRESS	12512 Knott Avenue				6
CITY	GARDEN GROVE	7	STATE	CA	8
			ZIP	92645	
DUN & BRADSTREET	04-8564975	10	SIC CODE (4 DIGIT #)	5541	11
			FIRE DISTRICT	12	
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	Subhash Chander			14	OPERATOR'S PHONE
				714-898-4075	

BUSINESS OWNER

OWNER NAME	Circle K Stores, Inc.			16	OWNER PHONE	17
				602-728-4970		
OWNER MAILING ADDRESS	P.O. Box 52085				18	
CITY	Phoenix	19	STATE	AZ	20	
			ZIP	85072		

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]			22	CONTACT PHONE	23
				[REDACTED]		
CONTACT MAILING ADDRESS	[REDACTED]				24	
CITY	[REDACTED]	25	STATE	CA	26	
			ZIP	[REDACTED]		

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	Service Contact Center	28	NAME	Sandra Mejorado	33
TITLE	24 Hours	29	TITLE	Retail Terr. Supv.	34
BUSINESS PHONE	866-805-4357	30	BUSINESS PHONE	909-270-5178	35
24-HR. PHONE	866-805-4357	31	24-HR. PHONE	714-448-5244	36
PAGER #		32	PAGER #		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	GASOLINE FUELING STATION		38	TOTAL # OF EMPLOYEES	39
				7	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	ConocoPhillips P.O. Box 52085 Phoenix, AZ 85072-2085			40	ATTENTION
				Licensing Dept.	
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44
ConocoPhillips		P.O. Box 52085 Phoenix, AZ 85072		(602) 728-8000	
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
				07-03-03	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49		
Subhash		RHL Design Group, Inc.			
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50		
MGR		Agent for ConocoPhillips/ Circle K Stores, Inc.			

Spill/Release Response Procedures for Carbon Dioxide (CO2)

The refrigerated liquid CO2 used at many locations to produce carbonated beverages can be hazardous in the event of a spill or release, or if there is a fire at the station. Although CO2 is not flammable, in the event of a fire, the container could explode due to the high heat of the fire.

Releases and spills of the CO2 may cause dizziness or suffocation without warning. When released, the vapors are initially heavier than air and spread along the ground. Contact with the refrigerated liquid may cause burns, sever injury and/or frostbite.

Spill or Release:

In the event of a spill or leak from the CO2 container, do the following:

1. Dial 911 - inform emergency personnel that there is a release from the refrigerated liquid CO2 tank and the location of the tank.
2. Evacuate employees and customers from the site and deny entry to unauthorized people.
3. Stay upwind of the spill and out of low-lying areas.
4. Do not touch or walk through spilled material.
5. Avoid breathing gases.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

Fire:

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

Prevention Procedures:

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

EMERGENCY RESPONSE PROCEDURES
MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

2705217

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: Verbally ANNOUNCE to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1: Give the following information:
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/Circle K service station at: 12512 Knott Avenue
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. ATTEMPT to contain the spill if you can do it safely.
5. LOOK AROUND to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured.
6. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
7. CONTACT the station operator if he/she is not already at the station. Use the list below for emergency contacts:

Emergency Coordinator: Service Contact Center Title: 24 Hours
Address: _____
Bus#/Home#/Alt#: 866-805-4357 / 866-805-4357 /
Alternate Emergency Coordinator: Sandra Mejorado Title: Retail Terr. Supv.
Address: 495 East Rincon #150 Corona
Bus#/Home#/Alt#: 909-270-5178 / 714-448-5244 /

8. NOTIFY the following IMMEDIATELY to assist in the emergency and agency notification process:

Service Contact Center: 1-866-805-4357

Wholesale Territory Supervisor or Retail Territory Supervisor.

Environmental Compliance Coordinator: North: Janette Thompson (925)277-2404

South: Stephen Boyd (714)428-6572 or (714)454-8334

ConocoPhillips/Circle K Stores, Inc. will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the Operator should notify these agencies.

a) LOCAL AGENCY: Garden Grove Fire Department

PHONE NUMBER: 714-741-5636

b) CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800)852-7550(24 HOURS)

c) LOCAL POLICE AND FIRE DEPARTMENTS, 911

d) NATIONAL RESPONSE CENTER 1-800-424-8802 (24 HOURS).

MINOR INCIDENT: Any incident that can be contained and cleaned up as part of the routine operations. Whenever in doubt, consider the incident a major release and use the above procedures.

1. FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See Training Plan item #H for additional direction.
3. MEDICAL: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. RECORD: Record the event in the daily monitoring log.
5. NOTIFY: the dealer of the event.

EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

I. FIRST THINGS TO KNOW:

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.
Location: 1-FRONT OF STORE, 2-IN CASHIER AREA
- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.
Location: 1-IN HALLWAY, 1-REAR OF STORE
- C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.
Location: IN CASHIER AREA
- D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.
Location: ALONG LAMPSON AVE
- E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.
Location: NONE
- F. PROPANE/LPG: If your station has propane or liquefied petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
- G. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.
Location: 1-CASHIER AREA, 1-IN OFFICE, 1-STORE ROOM
- H. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it, a vacuum truck should be used to clean up any large spill
Location: STORAGE AREA
- I. PERSONAL PROTECTIVE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.
1. Broom: STORAGE AREA
 2. Shovel: STORAGE AREA
 3. Gloves: STORAGE AREA
 4. Goggles: STORAGE AREA
- J. FIRST AID KIT:
Location: 1-CASHIER AREA
- K. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.
Location: NORTH OF LAMPSON AVENUE

HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) MATERIAL SAFETY DATA SHEET (MSDS):
Location: IN STORAGE AREA

II. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: GATEWAY MEDICAL CENTER
ADDRESS: 12171 BROOKHURST STREET GARDEN GROVE
PHONE NUMBER: 718-638-1300

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: UC IRVINE MEDICAL CENTER
ADDRESS: 101 CITY DRIVE SOUTH ORANGE
PHONE NUMBER: 714-456-7890

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

- A. **EYE CONTACT:** Flush with water for 15 minutes while holding eyelids open. Get medical attention.
- B. **SKIN CONTACT:** Flush with water while removing contaminated clothing and shoes. Followed by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.
- C. **INHALATION (Breathing):** Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.
- D. **INGESTION (Swallowing):**

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

- F. **NOTE TO PHYSICIAN:** If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions, or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

Document prepared by: Environmental Staff, RHL Design Group, Inc., 800-765-1025 Last updated: Dec. 3, 2002



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 # 61
Fire District 2414
Inspector E5 Shift A
Next Insp 2 / 2014

Occupant or DBA	CONVENIENCE RETAILERS LLC #2705217		Business Tel	714 898-4075
Address	12512 KNOTT St	Suite	Zip	92845
Business Owner	LONG NGUYEN		Tel	714 898-4075
Emergency Contact			Tel	
Group	S3	Load	Sprinklers F/P/N	5 yr. Cert. / Haz Mat <input checked="" type="checkbox"/>

Fire Permits 821021 LIQUEFIED PETROLEUM GASES - more than 120 gallons, 801031 HAZARDOUS MATERIALS - use, handling or storage. 791201 FLAMMABLE / COMBUSTIBLE LIQUID - more than 120 gallons storage / transport.

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

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustibile 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
- The Emergency Response Plan is inadequate and/or does not adequately address Notification, Mitigation, Evacuation and/or Employee Training
- Site Map is incomplete or insufficient
- Failure to report a change in business or chemical inventory within 30 days of the following :
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change of business name and owner
- Failure to report a release or threatened release
- Failure to submit annual certification
- NO VIOLATIONS
- MINOR VIOLATION
- CLASS II VIOLATION
- CLASS I VIOLATION

Business representative signature Date
 Inspector Name/ ID # Buranga 3962 Date 6/12/14
 Cleared 6/12/14 Mailback card due / / Re-inspection date / / Final Notice / /