

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>141</u>
BUSINESS NAME	<u>Value Plus Food Warehouse</u>
BUSINESS ADDRESS	<u>12891 Harbor Blvd</u>
APPROVED BY	<u>G</u> DATE <u>4/28/11</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<input type="checkbox"/> 4D <input type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Kvmartco dba Valu Plus 33 Food Warehouse			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	12891 Harbor Blvd.				
CITY	7	STATE	8	ZIP	9
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17
OWNER MAILING ADDRESS	18		
CITY	19	STATE	20
		CA	21

ENVIRONMENTAL CONTACT

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

PRIMARY

EMERGENCY CONTACTS

SECONDARY

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	ADDRESS	43
Lakeview Village Corp.		12901 Harbor bl. Garden Grove	44
		PHONE	44
		(714) 539-1500	

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
		4-8-08	
NAME OF SIGNER	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of ___

I. FACILITY IDENTIFICATION

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

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.

Valu + Food Warehouse

II. ACTIVITIES DECLARATION

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

Does your facility... If Yes, please complete these pages of the UPCF...

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



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Valu + Food Warehouse	3
--------------	-----------	----	---------------	-----------------------	---

I. FACILITY INFORMATION

CHEMICAL LOCATION	Throughout Store in refrigeration System				4
-------------------	--	--	--	--	---

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	1	6	GRID #	A11	7
-----------------------------	---	---	-------	---	---	--------	-----	---

II. CHEMICAL INFORMATION

CHEMICAL NAME	Methane Chlorodifluoro	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	Freon R-22	9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
-------------	------------	---	-----------------	---	----

CAS #	75-45-6	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Class 2	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	18
--------------------------------------	-----------------------------------	------------------------------------	--	----	-----------------------	----------------------------------	--------------------------------------	---	----

AVERAGE DAILY AMOUNT	10000	19	MAXIMUM DAILY AMOUNT	10000	20	ANNUAL WASTE AMOUNT	0	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
-------	-------------------------------------	---	------------------------------------	----------------------------------	----	--------------	-----	----	-------------------	----

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> c. TANK INSIDE BLDG	<input 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 checked="" 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 type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input checked="" type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28
---------------------	-------------------------------------	---	--	---------------------------------------	----

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30

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

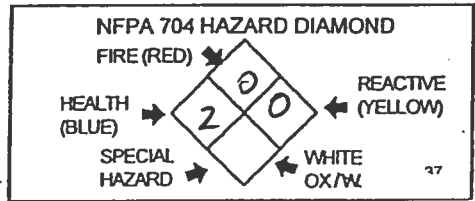
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

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

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

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

Vocal, paging system

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

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

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

Parking Lot / Northside

Employee Responsibilities:

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

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

Required Notifications

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

Agency

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

National Response Center

Phone Numbers

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

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

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

Consideration shall include:

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

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

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

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

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

In office of Store Director

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

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

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

Signature: 

Name: 

Title: facilities.

Date: 7-9-8



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 12891 Harbor Blvd
 Occupant or DBA: Valu +
 Owner/Manager: [REDACTED]

Date: 4/2/08
 File No: 10141
 Phone: (714) 636-1603

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

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

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

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

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

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

Additional Violations and/or Notes:

Responsible Party: * [Signature] Re-inspection Date: 4/23/08

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

Fire Dept. Inspector: R. Walden ID #: 3703

Condition Upon Re-inspection: _____ Date: _____



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 12571 Harbor Blvd
 Occupant or DBA: Valu +
 Owner/Manager: [REDACTED]

Date: 4/2/08
 File No: 103141
 Phone: (714) 636-1633

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

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

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

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

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

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

Additional Violations and/or Notes:

Responsible Party: *[Signature]* Re-inspection Date: 4/23/08

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

Fire Dept. Inspector: R. Wilcken ID #: 3703

Condition Upon Re-inspection: _____ Date: _____



**GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION**

11301 Acacia Parkway
Garden Grove, CA 92840
Business: 714 741-5600 Haz Mat: 714 741-5636

**Hazardous Materials Business Emergency Plan And
Inventory Certification Statement**

Business Name: K.V. MART Co (dba VALU PLUS # 33) Telephone: (714) 636-1603
Site Address: 12891 HARBOR BLVD. GARDEN GROVE 92640 Zip Code: 92640

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
(Please check applicable boxes):

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name [REDACTED]

Signature Robert McDonalds

Job Title QA & FOOD SAFETY MANAGER

Date 3/30/2001

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of _____

I. FACILITY IDENTIFICATION										
FACILITY ID#										
1. EPA ID # (Hazardous Waste Only) 2.										

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) KV MART CO (DBA VALV PLUS # 33) 12891 HARBOR BLVD. GARDEN GROVE, CA 92640	3.
--	----

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730)**

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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A)
2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. <input checked="" type="checkbox"/> UST FACILITY
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> UST TANK (one per tank)
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page
4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler)
5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)
E. LOCAL REQUIREMENTS		

(You may also be required to provide additional information by your CUPA or local agency.)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 1

VALU + FOOD WARE
12891 HARBOR BL.

FOR OFFICIAL USE ONLY	
APPROVED BY: <u>SHIRLEY</u>	DATE: <u>9-21-00</u>
NEW BUSINESS <input type="checkbox"/>	EXISTING <input type="checkbox"/> UPDATE <input checked="" type="checkbox"/>
FEE: 1 2 3 4 5 6	
OWNERSHIP CHANGE <input checked="" type="checkbox"/>	
ADDRESS CHANGE: _____	
TIER II <input type="checkbox"/>	FAC: <input type="checkbox"/> CON. <input type="checkbox"/> BUS LIST: <input type="checkbox"/> PICK: <input checked="" type="checkbox"/>



CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

BUSINESS INFORMATION

CALENDAR YEAR BEGINNING (1)	1-1-2000	ENDING (2)	12-31-2001	(3) PAGE 1 OF	
BUSINESS NAME (4)	VALV + FOOD WARE.		BUSINESS PHONE: (5)	636-1603	
SITE ADDRESS (6)	12891 Harbor Blvd				
CITY (7)	GARDEN GROVE	STATE (8)	CA	ZIP (9)	92840
DUN & BRADSTREET (OPTIONAL) (10)		SIC CODE (4 DIGIT #) (11)	5411		
OPERATOR NAME (12)	K-V. MANT CO.		OPERATOR PHONE (13)	310 816-0200	

OWNER INFORMATION

OWNER NAME (14)	K-V. MANT CO.	OWNER PHONE (15)	310 816-0200
OWNER MAILING ADDRESS (16)	1245 E. WATSON CENTER DRIVE		
CITY (17)	Canson	STATE (18)	CA
		ZIP (19)	90745

ENVIRONMENTAL CONTACT

CONTACT NAME (20)		CONTACT PHONE (21)	
MAILING ADDRESS (22)			
CITY (23)		STATE (24)	
		ZIP (25)	

Primary

EMERGENCY CONTACTS

Secondary

NAME: (26)	[Redacted]	NAME: (31)	[Redacted]
TITLE: (27)	Store Director	TITLE: (32)	Vice President
BUSINESS PHONE: (28)	714-636-1603	BUSINESS PHONE: (33)	
24-HOUR PHONE: (29)	562-429-3169	24-HOUR PHONE: (34)	310-710-4692
PAGER #: (30)		PAGER #: (35)	

ACUTELY HAZARDOUS MATERIALS (AHM) / EXTREMELY HAZARDOUS SUBSTANCE (EHS)

ON SITE AHM/EHS (36) Yes No If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

ADDITIONAL LOCALLY COLLECTED INFORMATION

A. Type of Business Operation	Retail Grocery	G. Underground Storage Tanks	<input type="checkbox"/> Y <input type="checkbox"/> N
B. Hours of Business Operation	6am - 11pm	H. Above ground Tank over 660 gal.	<input type="checkbox"/> Y <input type="checkbox"/> N
C. Total Number of Employees	52		
D. Property Owner Name		Address	
E. Schools, hospitals within 1,000 ft. of business property	Y <input type="checkbox"/> N <input type="checkbox"/>		
F. EPA I.D. Number			

Certification: I certify under penalty of law that I have personally examined and that I am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

Print Name of Document Preparer (38)	[Redacted]
Signature of Owner/Operator (39)	[Signature]
Date (40)	9/13/00

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) **3** OF 3) **3**

BUSINESS NAME (4) **VALU +**
 CHEMICAL LOCATION (5) **12891 HARBOR BLVD., THROUGHOUT STORE IN REFRIGERATION SYSTEM.**
 MAP # (if more than one) (6) **—** GRID # (7) **—**

CHEMICAL NAME (8) **METHANE CHLORODIFLUORO**
 COMMON NAME (9) **FREON R-22**
 CAS # (10) **75-45-6**
 FIRE CODE HAZARD CLASSES* (13) **NON-FLAMMABLE COMPRESSED GAS**

TRADE SECRET (11) Y N
 AHM / *EHS (12) Y N
 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS

***COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) _____ UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) **10,000**
 DAYS ON SITE (20) **365** *If EHS, amounts must be in lbs. AVG DAILY AMT (24) **10,000**
 LARGEST CONTAINER (21) _____ ANNUAL WASTE AMT (25) _____
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____
 UN/DOT # _____ Refer to shipping papers or MSDS
 DOT HAZARD CLASS **NON-FLAMMABLE COMPRESSED GAS** HEALTH BLUE →
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____

NFPA 704 HAZARD DIAMOND
 FIRE RED

 SPECIAL HAZARD ↗ WHITE OX/W. ↘

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

BUSINESS EMERGENCY PLAN

Business Name Albertson's #1930 (Max Foods)

Business Address 12891 Harbor Blvd City Garden Grove State CA Zip 92640

Mailing Address P O Box 20 City Boise State ID Zip 83726

Business Phone (714) 636-1603

Fax Number (714) 636-8113

Owner/Operator: Name Albertson's Inc Phone Number (208) 395-6200

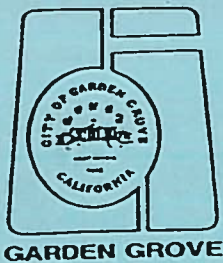
Address 250 Parkcenter Blvd City Boise State ID Zip 83726

Primary Contact : Name [REDACTED] Store Director

Address 12891 Harbor Blvd City Garden Grove State CA Zip 92640

24 Hour Phone Number [REDACTED] Phone Number (714) 636-1603

Type of Business Operation Retail Grocery



CITY OF GARDEN GROVE, CALIFORNIA
 MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92842
 714-741-5600

"MAX FOODS #1930"

BUSINESS EMERGENCY PLAN

Business Name (Albertson's #1930 (Max Foods))
 Business Address 12891 Harbor Blvd City Garden Grove State CA Zip 92640
 Mailing Address P O Box 20 City Boise State ID Zip 83726
 Business Phone (714) 636-1603 Business License # 112676
 Fax Number (714) 636-8113

Owner/Operator: Name Albertson's Inc. Phone Number (208) 395-6200
 Address 250 Parkcenter Blvd City Boise State ID Zip 83726

Type of Business Operation Retail Grocery
 EPA # n/a SIC Code 5411

Emergency Contacts: Name [REDACTED]
 Address 12891 Harbor Blvd City Garden Grove State CA Zip 92640
 24 Hour Phone Number [REDACTED] Phone Number (714) 636-1603

Property Owner: Name Albertson's Inc. Phone Number (208) 395-6200
 Address 250 Parkcenter Blvd City Boise State ID Zip 83726

Total Number of Employees 82 Dun and Brad Street Numbers _____

Office Use Only
 REC'D/APPRV'D. SHIRLEY DATE: 2-26-98
 FEE: 1 2 3 4 NEW BUS: EXISTG: _____ UPDATE: _____
 MISC: _____
 TIER II: _____ FAC: _____ CON: _____ BUS LIST: 4/15/98 PICK: 2/27/98

BUSINESS NAME: ALBERTSON'S # 1930 (MAX FOODS)
 ADDRESS: 12821 Harbor BL.
 MLI # 0 (office use only)

HAZARDOUS MATERIALS DISCLOSURE FORM

THIS FORM IS TO BE TYPEWRITTEN.

DATE: 2-26-98
 PAGE # 1 of 1



1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	3. CAS NO.	4. SARA Hazard Class Table 1	5. Physical State Table 2	6. MAX. DAILY AMOUNT Table 3	7. AVG. DAILY AMOUNT Table 3	8. DAYS ON SITE	9. CONTAINER TYPE Table 4	10. STORAGE CODE (PRESSURE/TEMP.) Table 5	11. LOCATION (NOTE BY QUANT AND DESCRIBE AREA)	12. STATE WASTE NUMBER (3 DIGIT CODE)	13. DOT/UN/NA NUMBER	14. HAZARD CLASS Table 6
1. Refrigerant Gas	METHANE, CHLORODIFLUORO	75-45-6	2 4	P	04	04	365	H	3 2	throughout refrigeration equipment			15
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													

Table#1 SARA Hazard

Physical	Health
1-Fire	4-Immediate (Acute)
2-Sudden Release of Pressure	5-Delayed (Chronic)
3-Reactivity	

Table#2

Physical State
P-Pure
M-Mixture
S-Solid (Report pounds)
L-Liquid (Report gallons)
G-Gas (Report cubic feet)

TABLE # 3 Amount Chart

Value	Amount	Range
00	0	99
01	100	299
02	300	599
03	600	999
04	1000	5999
05	6000	9999
06	10000	19999
07	20000	49999+

Table#4 Container Type

A- Aboveground Tank
B- Bag(s)
C- Box(s)
D- Carboy(s)
E- Drum(s) or Barrel(s)
F- Fixed Pressurized Cylinders
G- Glass Containers
H- In Machinery or Equip.
I- Insulated Tank(Cryogenics)
J- Metal Containers
K- Movable Pressurized Cylinders
L- Plastic Containers
M- Rail Car
N- Silo
O- Tank inside building
P- Underground Tank
Q- Other

Table#5 Storage Code

Pressure	Temperature
1- Ambient	1- Ambient
2- Less than ambient	2 - Less than ambient, but not cryogenic
3- Greater than ambient	3 - Greater than ambient
	4 - Cryogenic
	Ambient = room pressure or temperature

Table#6 Hazard Class (see MSDS sheets for info)

1- Blasting Agent	9- Explosive C	17- Oxidizer
2- Carcinogen	10- Flammable Compressed Gas	18- Pesticide
3- Combustible Liquids	11- Flammable Liquid	19- Poison A
4- Corrosive	12- Flammable Solid	(Compressed Poisonous Gas)
5- Cryogenics	13- Hypergolic	20- Poison B (Solid/Liquid)
6- Etiologic Agents	14- Irritant	21- Pyrophoric or Spontaneously Combustible
7- Explosive A	15- Non Flammable Compressed Gas	22- Radioactive
8- Explosive B	16- Organic Peroxide	

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 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.
5. Use of a previously undisclosed hazardous material.
6. A 100% increase in the quantity of a previously disclosed material.

	YES	NO
1. Are there any underground storage containers located on the business property?	_____	X _____
2. Is trade secret protection requested for any of the information included in this disclosure?	_____	X _____
3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property?	_____	X _____
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?	_____	X _____

I certify, under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name of Owner: _____

Print Name of Document Preparer: _____

Signature of Owner/Operator: _____ Date: 2/20/98



NOTE: Keep a copy of entire disclosure packet for your records.

RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND MSDS SHEETS TO THE GARDEN GROVE FIRE DEPARTMENT



February 19, 1998

Captain Shirley
Fire Safety Survey
Garden Grove Fire Department
P O Box 3070
Garden Grove, CA 92842

RE: Business Emergency Plan
Albertson's #1686 and #1930

Dear Captain Shirley:

Enclosed please find the completed and signed City of Garden Grove Business
Emergency Plan for:

Albertson's #1686 located at 9822 Katella Ave., Anaheim CA

Albertson's #1930 (Max Foods) located at 12891 Harbor Blvd, Garden Grove, CA

If you should have any questions, or require further information, please do not hesitate to
contact this office at (208) 395-6339.

Sincerely,

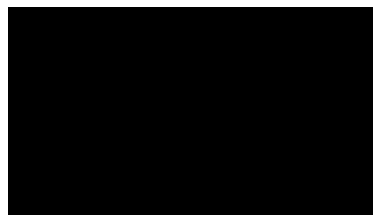
ALBERTSON'S INC.

A handwritten signature in cursive script, appearing to read 'C. L. Ford', written over a black rectangular redaction box.

CF/lak

f:\cynthia\envir\all\GGBEP.doc

cc:





file

August 13, 1998

Captain Steve Shirley
City of Garden Grove Fire Department
11301 Acacia Parkway
P O Box 3070
Garden Grove CA 92842

Max Foods #1930

Dear Captain Shirley:

Enclosed, please find check #552298, in the amount of \$500.00, as payment for invoice 200199 - Annual Hazardous Materials Fee, for Albertson's Store #1930 located at 12891 Harbor Boulevard, Garden Grove CA.

If you should have any questions, or require further information, please do not hesitate to contact me at (208) 395-6339.

Sincerely,

ALBERTSON'S INC.

Environmental Affairs Manager

CF/lak

f:\cynthia\envir\all\1930haz.doc

cc:

PART V

A) SITE LAYOUT MAP

B) Site Plan

Use the symbols below to indicate on the attached sheet specific areas on the Site Plan. The Site Plan should be neat, clean, and drawn to scale if possible.



HAZARDOUS MATERIAL LISTED BY SYMBOL AND NUMBER.

NOTE: THIS NUMBER SHOULD CORRESPOND WITH NUMBERS LISTED ON DISCLOSURE FORM.



ELECTRICAL MAIN



GAS MAIN



WATER MAIN



EVACUATION AREA



NORTH DIRECTIONAL ARROW



INDICATE KNOX BOX LOCATIONS (lock box for keys)



AUTOMATED SPRINKLERED BUILDING **NEEDED ON ALL SPRINKLERED BUILDINGS.**



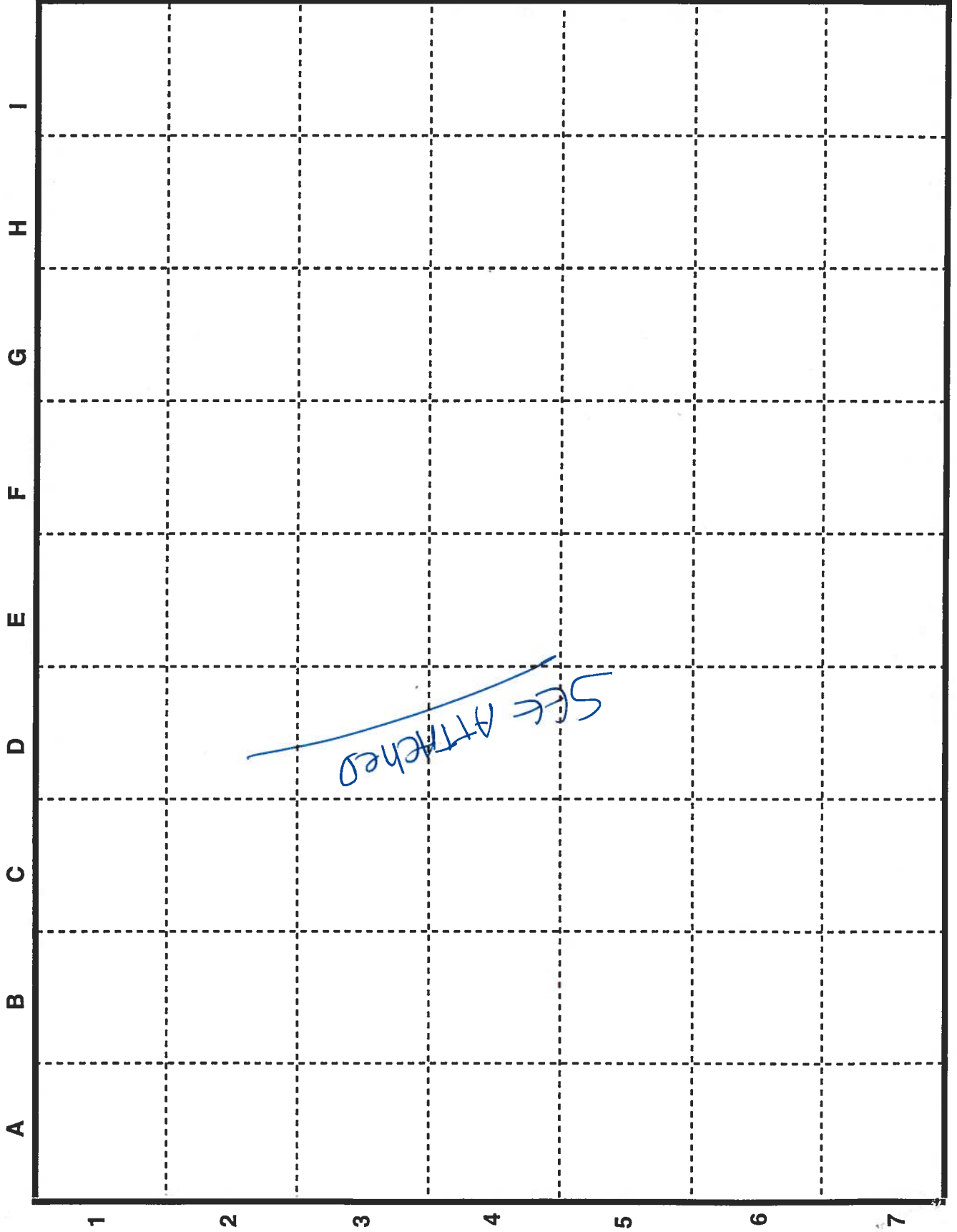
FIRE DEPARTMENT SPRINKLER CONNECTION



FIRE HYDRANT

Part V Business Site Plan

Facility Address Albertson's #1930 - 12891 Harbor Blvd., Garden Grove CA - PLEASE SEE ATTACHED SITE & STORE SCHEMATICS



For Site Map:

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Records
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points And Roads

For Sub-Site Map:

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment





**GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION**
11301 Acacia Parkway
Garden Grove, CA 92840
Business: 714 741-5600 Haz Mat: 714 741-5636

**Hazardous Materials Business Emergency Plan And
Inventory Certification Statement**

Business Name: RED LOBSTER
Site Address: 1289Z HARBOR BLVD.

Telephone: (714) 638-9500
Zip Code: 92840

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
(Please check applicable boxes.)

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name [REDACTED]
Job Title REST. MANAGER

Signature [Signature]
Date 1-13-09

Darden Restaurants, Inc.

Annual Re-certification Requirement

HAZARDOUS MATERIALS INVENTORY CERTIFICATION STATEMENT

I, the business owner, operator, or officially designated representative, attest to all of the following according to California Code of Regulations Title 19, Section 2729.5:

1. The information submitted on my last annual inventory form dated 12/12/05 (*date of last inventory submission*) to the Stanislaus County Department of Environmental Resources is complete, accurate and up to date.
2. There has been no change in the quantity of any hazardous material that was reported in the most recently submitted annual inventory form.
3. No hazardous materials subject to the inventory requirements of California Health & Safety Code Chapter 6.95 are being handled that are not listed on the most recently submitted annual inventory form.
4. The most recently submitted annual inventory form contains the information required by Section 11022 of Title 42 of the United States Code.

*Submission of this certification does not meet the annual inventory submission requirements of the Federal Community Right to Know Law (USC 42, Section 11022). If your facility is regulated under Federal law, then an annual inventory submission is required.

I certify that there are no changes to my Hazardous Materials Business Plan, including contact information, phone numbers, addresses, emergency response plan, employee training plan, site map or chemical inventory.
Certification: I certify under penalty of law that I have read, understand, and certify to be true the information contained in this document.

Facility Name: GMRI, Inc. DBA Red Lobster # 0518
 Facility Physical Address: 12892 Harbor Blvd., Garden Grove, CA. 92840-5807
 Facility Daytime phone number : 714 638-9500
 Contact Name & Title: [REDACTED] Director – Risk Management;
 Contact Phone Number: [REDACTED]

Signature & Date:  2-22-07

RECEIVED HCA/RH

MAR 01 2007

ENVIRONMENTAL HLTH



**GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION**
11301 Acacia Parkway
Garden Grove, CA 92840
Business: 714 741-5600 Haz Mat: 714 741-5636

**Hazardous Materials Business Emergency Plan And
Inventory Certification Statement**

Business Name: RED LOBSTER #518
Site Address: 12892 HARBOR BLVD.

Telephone: (714) 638-9500
Zip Code: 92840

The California Health & Safety Code, Division 20, Chapter 6.95, Section 25505(c) and Section 25503.3(c) provide the following:

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
(Please check applicable boxes.)

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name [REDACTED]
Job Title Culinary Manager

Signature [Handwritten Signature]
Date 3-1-07

M. KORDICH #3307

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION**

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>		1.	BEGINNING DATE December 12, 2005	100.	ENDING DATE December 12, 2006	101.
BUSINESS NAME <i>(Same as FACILITY NAME or DBA - Doing Business As)</i>			3.		BUSINESS PHONE	
GMRI, Inc. DBA Red Lobster # 518			7146389500		102.	
BUSINESS SITE ADDRESS 12892 Harbor Blvd. 103.						
CITY Garden Grove			104.	CA	ZIP CODE 92840-5807 105.	
DUN & BRADSTREET N/A			106.		SIC CODE (4 digit #) 5812 107.	
COUNTY Orange 108.						
BUSINESS OPERATOR NAME GMRI, Inc.			109.		BUSINESS OPERATOR PHONE [REDACTED] 110.	

II. BUSINESS OWNER

OWNER NAME Darden Restaurants, Inc. Attention: Risk Management			111.		OWNER PHONE [REDACTED] 112.	
OWNER MAILING ADDRESS P.O. Box 593330 113.						
CITY Orlando			114.	FL	STATE 115. ZIP CODE 32859-3330 116.	

III. ENVIRONMENTAL CONTACT

CONTACT NAME [REDACTED]			117.		CONTACT PHONE [REDACTED] 118.	
CONTACT MAILING ADDRESS P.O. Box 593330 119.						
CITY Orlando			120.	FL	STATE 121. ZIP CODE 32859-3330 122.	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME [REDACTED]	NA ---	NAME [REDACTED]	128.
TITLE Executive Vice President	TIT ---	TITLE Director Risk Management	129.
BUSINESS PHONE 407-245-5611	BUS ---	BUSINESS PHONE 407-245-5198	130.
24-HOUR PHONE* [REDACTED]	24- ---	24-HOUR PHONE* [REDACTED]	131.
PAGER # N/A	127.	PAGER # N/A	132.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 133.

Property Owner: N/A Phone No.: _____

Billing Address: _____

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 <i>Thomas F. Cipollone</i>	DATE 12/12/06	134.	NAME OF DOCUMENT PREPARER [REDACTED]	135.
NAME OF SIGNER (print) Thomas Cipollone	136.	TITLE OF SIGNER Director Risk Management 137.		

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD DELETE REVISE 200. Page 3 of 10

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3.									
GMRI, Inc. DBA Red Lobster # 518									
CHEMICAL LOCATION 201.						CHEMICAL LOCATION CONFIDENTIAL EPCRA 202.			
Need to call restaurant						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FACILITY ID # <small>(Agency Use Only)</small>				MAP # 203.		GRID # 204.			
				1		?			

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.				TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206.			
Carbon Dioxide Refrigerated Liquid				If Subject to EPCRA, refer to instructions			
COMMON NAME 207.				EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.			
Carbon Dioxide							
CAS# 209.				*If EHS is "Yes," all amounts below must be in lbs.			
124-38-9							
FIRE CODE HAZARD CLASSES (Complete if required by local agency) 210.							
HAZARDOUS MATERIAL TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211.		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.		CURIES 213.	
PHYSICAL STATE (Check one item only)		<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 214.		LARGEST CONTAINER 215.			
FED HAZARD CATEGORIES (Check all that apply)		<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 216.					
AVERAGE DAILY AMOUNT 217.		MAXIMUM DAILY AMOUNT 218.		ANNUAL WASTE AMOUNT 219.		STATE WASTE CODE 220.	
200		400		N/A		N/A	
UNITS* (Check one item only)				DAYS ON SITE 221.			
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS * If EHS, amount must be in pounds.				365 days per year 222.			
STORAGE CONTAINER							
<input type="checkbox"/> a. ABOVEGROUND TANK		<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM		<input type="checkbox"/> i. FIBER DRUM		<input type="checkbox"/> m. GLASS BOTTLE	
<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. CAN		<input type="checkbox"/> j. BAG		<input type="checkbox"/> n. PLASTIC BOTTLE	
<input type="checkbox"/> c. TANK INSIDE BUILDING		<input type="checkbox"/> g. CARBOY		<input type="checkbox"/> k. BOX		<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. SILO		<input checked="" type="checkbox"/> l. CYLINDER		<input type="checkbox"/> p. TANK WAGON 223.	
STORAGE PRESSURE				<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224.			
STORAGE TEMPERATURE				<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input checked="" type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC 225.			

%	WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1.	226.	227.	<input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2.	230.	231.	<input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3.	234.	235.	<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4.	238.	239.	<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5.	242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

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

ADDITIONAL LOCALLY COLLECTED INFORMATION 246.
DOT Hazard Class: _____

If EPCRA, Please Sign Here.

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 6 of 10

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

Bells; Horns/Sirens; Verbal (i.e. shouting); Other (specify) _____

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/Ambulance Phone No. **911**
State Office of Emergency Services Phone No. **(800) 852-7550**

b. Post-Incident Contacts*:

Fire Department Hazardous Materials Program Phone No.: **(714) 744-6699**
Local HazMat Regulatory Agency Phone No. **(714) 667-3600**
California EPA Department of Toxic Substances Control Phone No. **(916) 445-3846**
Cal-OSHA Division of Occupational Safety and Health Phone No. **(916) 263-2800**
Air Quality Management District Phone No. **(909) 396-2000**
Regional Water Quality Control Board Phone No. **(951) 782-4130**

* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

c. Emergency Resources:

Poison Control Center Phone No. **(800) 876-4766**
Nearest Hospital: Name: **Garden Grove Hospital** Phone No.: (____) _____
Address: **12601 Garden Grove Blvd.** City: **Garden Grove**

3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

4. Emergency Procedures:Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (*i.e. call 911*).
 - v. Notify the State Office of Emergency Services at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
 - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: {19 CCR §2731(e)}

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)	1 location	Backdoor Office
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e. bottle type</i>)		
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other (<i>describe</i>)			
Fire Extinguishing Systems	<input checked="" type="checkbox"/> Automatic Fire Sprinkler Systems	1 Location	Dining Room
	<input checked="" type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)	5 locations	
	<input type="checkbox"/> Other (<i>describe</i>)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (<i>describe</i>)	Kitchen	
	<input type="checkbox"/> Berms/Dikes (<i>describe</i>)		
	<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)		
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)		
	<input checked="" type="checkbox"/> Exhaust Hoods	Kitchen	
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (<i>describe</i>)		
	<input type="checkbox"/> Neutralizers (<i>describe</i>)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (<i>describe</i>)		
<input type="checkbox"/> Other (<i>describe</i>)			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	4 Locations	
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
	<input type="checkbox"/> Other (<i>describe</i>)		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 9 of 10

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/> Facility evacuation drills, that are conducted at least (specify) _____ (e.g. "Quarterly", etc.)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input checked="" type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. Emergency Response Team Members are capable of and engaged in the following:

<input type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input type="checkbox"/> Emergency response drills, which are conducted at least (specify) _____ (e.g. "Quarterly", etc.)

Record Keeping
(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials recordkeeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

<input checked="" type="checkbox"/>	Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/>	Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)

Check the appropriate box:

<input type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION

FACILITY ID # (Agency Use Only)	32035	1209	EPA ID # (Hazardous Waste Only)	2.
------------------------------------	-------	------	---------------------------------	----

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.
GMRI, Inc. DBA Red Lobster # 518

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	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 H&SC §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.	EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
---	---	--

E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)	15.
--	-----

RECEIVED HCA/RH

JAN 30 2006