



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

December 15, 2020

Requester: Dan Weerasekera
Company: Orange County Health Care Agency

Re: 8196 Garden Grove Blvd.

Dear Mr. Weerasekera,

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

File # 8481
 Fire District 2516
 Inspector FPB Shift N
 Next Insp 5 / 2013

Occupant or DBA JAPANESE AUTO REPAIR Business Tel 714 530-3426
 Address 8196 GARDEN GROVE Blvd Suite _____ Zip 92841
 Business Owner _____ Tel _____
 Emergency Contact _____ Tel _____
 Group H4 Load _____ Sprinklers F/P/N _____ 5 yr. Cert. / _____ Haz Mat

Fire Permits 491011 HOT WORK - welding and cutting / open flame, 291021 MOTOR VEHICLE REPAIR / SERVICING, 801031 HAZARDOUS MATERIALS - use, handling or storage.

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

ASSEMBLY OCCUPANCIES

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

SIGNS

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

EXITS

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

ACCESS

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

FIRE PROTECTION EQUIPMENT AND SYSTEMS

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

MISCELLANEOUS

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

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES House Keeping
CLEAN UP OIL OUTSIDE REAR

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) THIN
- 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 USEB NAME REQUEST 7/25/14
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 NITROGEN comp.
- Failure to report a release or threatened release
- Failure to submit annual certification 393 FT X 7 = 2751#
- NO VIOLATIONS 385 MINOR VIOLATION 2751#
- CLASS II VIOLATION
- CLASS I VIOLATION

Business representative signature _____ Date 7.25.14

Inspector Name/ ID # 2867 Date 7/25/14

Cleared / / Mailback card due / / Re-inspection date / / Final Notice / /



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: JAPANESE AUTO REPAIRS Telephone: (714) 530-3426
Site Address: 8196 GARDEN GROVE BLVD Zip Code: 92844

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 [REDACTED]

Job Title Manager

Date 4.1.09

Copy

REVISED 3-2002

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY

FACILITY ID NO. _____

BUSINESS NAME _____

APPROVED BY: _____ DATE: _____

NEW BUSINESS _____ UPDATE _____

FEE 1 2 3 4 5 6

PICK ___ 4D ___ BUSLIST ___ CALARP: ___ CUPA: ___ GIS ___



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 ___

BUSINESS INFORMATION

FACILITY # (Supplied by GCFD)		3	0	0	3	5	BEGINNING DATE		1	ENDING DATE		
BUSINESS NAME		JAPANESE AUTO REPAIRS							4		BUSINESS PHONE	
BUSINESS SITE ADDRESS		8196 GARDEN GROVE Blvd							7		STATE	
CITY		GARDEN GROVE					7		8		ZIP	
DUN & BRADSTREET		10		SIC CODE (4 DIGIT #)		11		FIRE DISTRICT		92844		
COUNTY		ORANGE										
BUSINESS OPERATOR NAME		[REDACTED]							14		OPERATOR'S PHONE	
											(714) 530-3426	

BUSINESS OWNER

OWNER NAME		[REDACTED]							16		OWNER PHONE	
OWNER MAILING ADDRESS		8196 GARDEN GROVE Blvd										
CITY		GARDEN GROVE					19		20		ZIP	
									CA		92844	

ENVIRONMENTAL CONTACT

CONTACT NAME		[REDACTED]							22		CONTACT PHONE	
CONTACT MAIL		8196 Garden Grove Blvd										
CITY		Garden Grove					25		26		ZIP	
							CA				92844	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME		28		NAME		30	
TITLE		29		TITLE		31	
BUSINESS PHONE		30		BUSINESS PHONE		32	
(714) 530-3426				(714) 530-3426			
24-HR. PHONE		31		24-HR. PHONE		33	
[REDACTED]				[REDACTED]			
PAGER #		32		PAGER #		34	
[REDACTED]				[REDACTED]			

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:		38		TOTAL # OF EMPLOYEES		39	
AUTO REPAIR							
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40		ATTENTION		41	
Same							
PROPERTY OWNER NAME		42		ADDRESS		43	
Same				Same		PHONE	
						(714) 530-3426	

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	
[REDACTED]				4/06/07			
NAME OF SIGNER (print)		47		NAME OF DOCUMENT PREPARER (print)		49	
[REDACTED]				[REDACTED]			
TITLE OF SIGNER		48		TITLE OF DOCUMENT PREPARER		50	
Owner				[REDACTED]			



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	JAPANESE AUTO REPAIRS
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I. FACILITY INFORMATION

CHEMICAL LOCATION: 8196 Garden Grove Blvd Garden Grove CA 92844

CONFIDENTIAL LOCATION EPCRA: Yes No 5 MAP # 1 6 GRID # E-5 7

II. CHEMICAL INFORMATION

CHEMICAL NAME: Motor oil 8 WASTE Yes TRADE SECRET Yes No 11

COMMON NAME: Motor oil 9 An'EHS Chemical Yes No 12

CAS # 647-4254-7 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13

TYPE: a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE: a. SOLID b. LIQUID c. GAS 17 a. FIRE b. REACTIVE c. PRESSURE RELEASE 18

AVERAGE DAILY AMOUNT: 80 gal 19 MAXIMUM DAILY AMOUNT: 8 gal 20 ANNUAL WASTE AMOUNT: 250 gal 21 STATE WASTE CODE: CA 221 22

UNITS: a. GALLONS b. CUBIC FEET 23 DAYS ON SITE: 90 days 24 LARGEST CONTAINER: 1qt 25

STORAGE CONTAINER: a. ABOVEGROUND TANK e. PLASTIC DRUM VAT m. CYLINDER q. TANK WAGON 26

STORAGE PRESSURE: a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE: a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHs	CAS #
95	petroleum distillates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742547
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Refer to shipping papers or MSDS

DOT HAZARD CLASS 9 34 Refer to shipping papers or MSDS

EPCRA YES NO 35

X 36 If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND
FIRE (RED) 1
HEALTH (BLUE) 1
SPECIAL HAZARD (WHITE) 0
REACTIVE (YELLOW) 0

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page of 2

FACILITY ID# 30035 38 BUSINESS NAME Japanese Auto Repairs 3

I. FACILITY INFORMATION

CHEMICAL LOCATION 8196 Garden Grove Blvd Garden Grove CA 92844 4
 CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 6 GRID # 7

II. CHEMICAL INFORMATION

CHEMICAL NAME OIL FILTER WASTE Yes 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME 9 An EHS Chemical Yes No 12
* If EHS is "Yes" all amounts must be LBS

CAS # 647-4254 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13

TYPE (Check one item only) a PURE b MIXTURE c WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE (Check one item only) a SOLID b LIQUID c GAS 17 FED HAZARD CATEGORIES a FIRE b REACTIVE c PRESSURE RELEASE 18
 d ACUTE HEALTH e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 110 19 MAXIMUM DAILY AMOUNT 110 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 221 22

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 55 gal 25
 c POUNDS d TONS
* If EHS amount must be in pounds

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

STORAGE PRESSURE a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT 27

STORAGE TEMPERATURE a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31	<u>6474254</u> 32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	

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

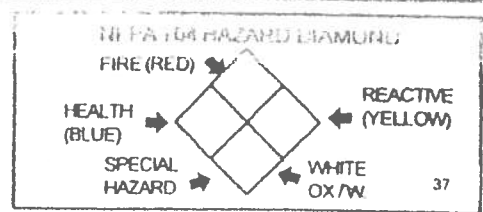
PLACARDING INFORMATION

UNDOT# 1270
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 9 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



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID# **30035** BUSINESS NAME **JAPANESE AUTO REPAIRS**

I. FACILITY INFORMATION

CHEMICAL LOCATION **8196 GARDEN GROVE Blvd GARDEN GROVE CA 92844**

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 6 GRID # **L-3** 7

II. CHEMICAL INFORMATION

CHEMICAL NAME **ARGON / CO2** WASTE Yes 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME **Welding gas** 9 An EHS Chemical Yes No 12
* If EHS is "Yes" all amounts must be LBS

CAS # **7440-37-1** 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13

TYPE (Check one item only) a PURE b MIXTURE c WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE (Check one item only) a SOLID b LIQUID c GAS 17 FED HAZARD CATEGORIES a FIRE b REACTIVE c PRESSURE RELEASE 18
 d ACUTE HEALTH e CHRONIC HEALTH

AVERAGE DAILY AMOUNT **260** 19 MAXIMUM DAILY AMOUNT **260** 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 22

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE **180 Days** 24 LARGEST CONTAINER **130 CF** 25
 c POUNDS d TONS
* If EHS amount must be in pounds

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

STORAGE PRESSURE a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT 27

STORAGE TEMPERATURE a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
75%	AR	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7440-37
25%	CO ₂	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

FIRE (RED) HEALTH (BLUE) REACTIVE (YELLOW) SPECIAL HAZARD WHITE OX/WL

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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Page _____ of _____ 2

FACILITY ID#	30035	BUSINESS NAME	Japanese Auto Repairs
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I. FACILITY INFORMATION

CHEMICAL LOCATION	8196 Garden Grove Blvd Garden Grove CA 92844		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID # L-4

II. CHEMICAL INFORMATION

CHEMICAL NAME	Coolant	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	antifreeze / Ethylene glycol	* If EPCRA see instructions			
CAS #	107-21-1	An EHS Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No			
FIRE CODE HAZARD CLASSES (supplied by GGF)		* 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 type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	10	MAXIMUM DAILY AMOUNT	10	ANNUAL WASTE AMOUNT	100 gal
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	55 gal
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a ABOVEGROUND TANK <input type="checkbox"/> b UNDERGROUND TANK <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
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 #
50	Ethylene glycol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
50	water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

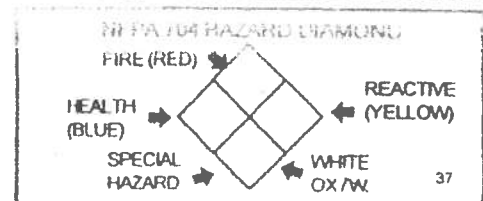
PLACARDING INFORMATION

UNDP# 1986
Refer to shipping papers or MSDS

DOT HAZARD CLASS 9
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

FORM 3

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FACILITY ID#	30035	38 BUSINESS NAME	HENRY AUTO Sales & Repairs
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I. FACILITY INFORMATION

CHEMICAL LOCATION	3196 GARDEN GROVE BLVD GARDEN GROVE CA 92844		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5 MAP #	6 GRID # K4

II. CHEMICAL INFORMATION

CHEMICAL NAME	PETROLEUM NAPHTHA		WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11														
COMMON NAME	Mineral Spirits (Solvent)		* If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12														
CAS #	80 32324	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13	* If EHS is 'Yes' all amounts must be LBS																
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 type="checkbox"/> No	15	CURIES	16													
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a SOLID	<input checked="" type="checkbox"/> b LIQUID	<input type="checkbox"/> c GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a FIRE	<input type="checkbox"/> b REACTIVE	<input type="checkbox"/> c PRFSSURE RELEASE	18													
						<input type="checkbox"/> d ACUTE HEALTH	<input type="checkbox"/> e CHRONIC HEALTH															
AVERAGE DAILY AMOUNT	20	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	50	21	STATE WASTE CODE	213	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	20	25											
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 checked="" type="checkbox"/> d STEEL DRUM	26	<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 #
	Solvent Naphtha	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8032324
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

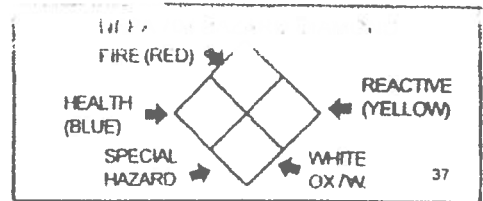
PLACARDING INFORMATION

1255
Refer to shipping papers or MSDS

DOT HAZARD CLASS 9
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



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

CUPA

FACILITY INFORMATIK

BUSINESS ACTIVITIES

Page 1 of 1

FACILITY IDENTIFICATION

FACILITY ID# **30035** 1. EPA ID # (Hazardous Waste Only) **CAL 000 302827**

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)
JAPANESE AUTO REPAIRS

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

Japanese Auto Reps
05

GARDEN GROVE

Copy



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN SHORT VERSION

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

FILL THESE FORMS OUT COMPLETELY AND BE READY TO
HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN
THEY ARRIVE AT THE EMERGENCY SCENE.

IN THE EVENT OF AN EMERGENCY,

CALL 911

**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

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.

Front of and left side of building

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 are 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

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. 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

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 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 cabinet file in front desk

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

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

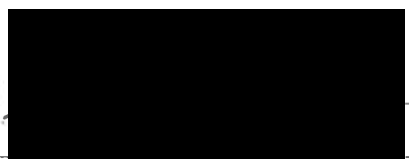
I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____



Secretary
3/12/06



**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: JAPANESE AUTO REPAIR

Telephone: 714.530.3426

Site Address: 8196 GARDEN GROVE BLVD

Zip Code: 92841

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 [REDACTED]

Job Title manager

Date 4/20/06



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

Date: 4-6-06

Address: 8196 GARDEN GROVE BLVD

File No: 70

Occupant or DBA: JAPANESE AUTO REPAIR

Owner/Manager: [REDACTED] Phone: (714) 530-3426

- 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):

Violations(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)]

Violations(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:

- COMPLETE / REVISE FORM 1

- PROVIDE HMDP COPY

Responsible party: [REDACTED] Re-inspection date: 4-20-06

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

Fire Dept. Inspector: J. GOETZ ID#: 0001

Condition upon re-inspection: _____ Date: _____

70

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

Japanese Engines & Repairs
 Imported directly from Japan




SALES • SERVICES • REPAIRS

Tel. (714) 638-1116
 Fax: (714) 638-1350

8196 Garden Grove Blvd.
 Garden Grove, CA 92841

FOR OFFICIAL USE ONLY

APPROVED BY: [Signature] DATE: 12/4/01

NEW BUSINESS EXISTING UPDATE

FEE: 1 2 3 4 5 6

OWNERSHIP CHANGE _____

ADDRESS CHANGE: _____

TIER II FAC: CON: BUS LIST: PICK:

paid



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 CGFD)		3	0	0	3	5	BEGINNING DATE		1	ENDING DATE	2
BUSINESS NAME		JAPANESE AUTO REPAIRS				4		BUSINESS PHONE		5	
BUSINESS SITE ADDRESS		8196 GARDEN GROVE Blvd				6		STATE		8	
CITY		GARDEN GROVE		7		CA		ZIP		9	
DUN & BRADSTREET		10		SIC CODE (4 DIGIT #)		11		FIRE DISTRICT		12	
COUNTY		ORANGE				13		7538		2516	
BUSINESS OPERATOR NAME		[REDACTED]				14		OPERATOR'S PHONE		15	
								(714) 530-3426			

BUSINESS OWNER

OWNER NAME		16		OWNER PHONE		17					
OWNER MAILING ADDRESS		8196 GARDEN GROVE Blvd				18					
CITY		GARDEN GROVE		19		STATE		20		21	
						CA		ZIP		21	
								92844			

ENVIRONMENTAL CONTACT

CONTACT NAME		22		CONTACT PHONE		23					
CONTACT MAILING ADDRESS		8196 Garden Grove Blvd				24					
CITY		Garden Grove		25		STATE		26		27	
		CA		ZIP		92844					

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
[REDACTED]		[REDACTED]	
TITLE	29	TITLE	34
BUSINESS PHONE	30	BUSINESS PHONE	35
(714) 530-3426		(714) 530-3426	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37
[REDACTED]		[REDACTED]	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:		38		TOTAL # OF EMPLOYEES		39	
AUTO REPAIR				3			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40		ATTENTION		41	
Same							
PROPERTY OWNER NAME		42		ADDRESS		43	
Acacia Capital Investment Same				14506 S Crenshaw Blvd		44	
				GARDEN GROVE CA 92849		(714) 683-9905	
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	
[REDACTED]				4/20/06			
NAME OF SIGNER (print)		47		NAME OF DOCUMENT		49	
[REDACTED]				[REDACTED]			
TITLE OF SIGNER		48		TITLE OF DOCUMENT		50	
owner				Spec			



CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

(2) PAGE ____ OF ____

BUSINESS NAME (3) Japanese Engine & Repairs

CHEMICAL LOCATION (4) South-West corner of lot

MAP # (if more than one) (6) 1 GRID# (FROM MAP) (7) B 9

(5) CONFIDENTIAL LOCATION EPCRA YES NO

CHEMICAL NAME (8) Waste Oil

COMMON NAME (9) Wasted motor oil

CAS# (10) 64742-54-7

FIRE CODE (11) YES NO

HAZARD CLASSES (13) irritant C111-B (36) FACILITY ID# 30035000070

TRADE SECRET (11) YES NO

*IF EPCRA SEE INSTRUCTIONS

AN EHS CHEMICAL (12) YES NO

*IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

TYPE (14) PURE MIXTURE WASTE

PHYSICAL STATE (17) SOLID LIQUID GAS

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) 221 UNITS (22) GAL CUFT LBS TONS

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs.

RADIOACTIVE (15) YES NO CURIES

LARGEST CONTAINER (21) 55 gallons

MAX DAILY AMT (23) 55 gal

AVG DAILY AMT (24) 40

ANNUAL WASTE AMT (25) 660 gal

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON

UNDER GROUND TANK CARBOY CYLINDER RAIL CAR

TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN

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

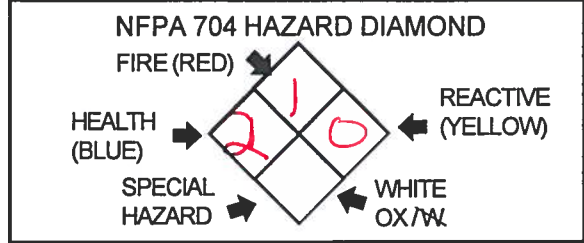
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>95</u>	<u>Petroleum distillates</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>64742-54-7</u>
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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.

(33) NFPA CLASSIFICATION

UN/ DOT# 1270
Refer to shipping papers or MSDS

DOT HAZARD CLASS P3 combustible liq
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____
(35) If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



CALIFORNIA CHEMICAL INVENTORY FORM DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE

(2) PAGE ____ OF ____

BUSINESS NAME (3) JAPANESE ENGINES & REPAIRS

CHEMICAL LOCATION (4) Middle garage

MAP # (if more than one) (6) 1

GRID # (FROM MAP) (7) 8-E-3

(5) CONFIDENTIAL LOCATION EPCRA YES NO

CHEMICAL NAME (8) Ethylene Glycol

COMMON NAME (9) ANTIFREEZE - WASTE

CAS# (10) 107-21-1

FIRE CODE HAZARD CLASSES (13) irritant

TRADE SECRET (11) YES NO
*IF EPCRA SEE INSTRUCTIONS

AN EHS CHEMICAL (12) YES NO
*IF EHS BOX IS "YES" ALL AMOUNTS MUST BE LBS

FACILITY ID# (36) 3003500070

TYPE (14) PURE MIXTURE WASTE

PHYSICAL STATE (17) SOLID LIQUID GAS

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) 221 UNITS (22) GAL CU FT LBS TONS

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs.

RADIOACTIVE (15) YES NO CURIES

LARGEST CONTAINER (21) 55 gal

MAX DAILY AMT (23) 55

AVG DAILY AMT (24) 5

ANNUAL WASTE AMT (25)

STORAGE CONTAINER (26) ABOVE GROUND TANK CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER TOTE BIN
 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

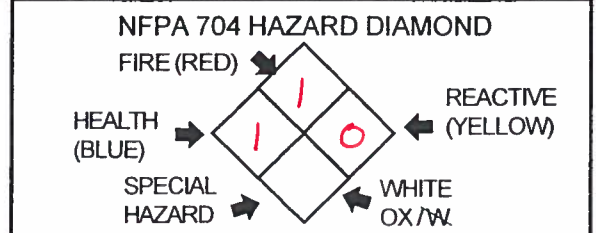
(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS	(32) CAS #
(1) <u>90</u>	<u>Ethylene Glycol</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>107-21-1</u>
(2)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(3)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(4)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
(5)		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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.

(33) NFPA CLASSIFICATION

UN/DOT# 1986
Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.6 (P2)
Refer to shipping papers or MSDS



(34) EPCRA YES NO

X _____
(35) If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

70
GGFD Copy

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN SHORT VERSION

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

**FILL THESE FORMS OUT COMPLETELY AND BE READY TO
HAND THEM TO THE FIRE DEPARTMENT PERSONNEL WHEN
THEY ARRIVE AT THE EMERGENCY SCENE.**

IN THE EVENT OF AN EMERGENCY,

CALL 911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

Vocal

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

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

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

Garden Grove Blvd

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 are available at your business. (List below any mitigation procedures specific to your business, if any.)

911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications 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 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

Phone Numbers

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

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

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___ 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

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 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.

Office

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

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

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

NAME: _____

TITLE: owner

DATE: 12-04-01