



GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, P. O. Box 3070
Garden Grove, CA 92842 (714) 741-5600

FINAL NOTICE AND ORDER OF THE FIRE CHIEF

Address of violation(s): 7525 Park Date 3/6/14
Occupant or DBA: JM Auto Repair Insp. No 5657

Business Owner Information:

Owner: [REDACTED]
Address: _____
City: _____
Phone: _____ Zip: _____

Building Owner Information:

Owner: _____
Address: _____
City: _____
Phone: _____ Zip: _____

A fire safety inspection at the above-named occupancy revealed violation(s) of the California Fire Code. You were provided written notification of the violation(s) and a reinspection was scheduled for 9/20/13, 10/17/13.

Upon reinspection, the following violation(s) was/were found to be uncorrected:

Failure to resubmit or resubmit system w/ deficiencies corrected.

Pursuant to Section 110.4 of the 2013 California Fire Code as adopted by Section 18.04.010 of the Garden Grove Municipal Code, you are hereby ordered to make all corrections as listed.

A FINAL reinspection will be made on March 27, 2014. Failure to comply with all items of this order listed above constitutes a criminal offense and may subject the violator to criminal prosecution, administrative fines in an amount up to \$1,000 per violation and/or other enforcement actions as available.

S. Soltir 3303
Inspector

Condition upon Final reinspection: _____

Cleared 3/26/14 sus

Inspector Signature: _____ Date: _____

Administrative Citation issued on _____



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 # 5657
 Fire District 2415
 Inspector FPB Shift N
 Next Insp 11 / 2013

Occupant or DBA J M AUTO REPAIR Business Tel 714 899-1094
 Address 7525 PARK Ave Suite _____ Zip 92841
 Business Owner [REDACTED] Tel [REDACTED]
 Emergency Contact [REDACTED] Tel 714 650-7963
 Group H4 Load _____ Sprinklers F/P/N N 5 yr. Cert. / Haz Mat

Fire Permits 801031 HAZARDOUS MATERIALS - use, handling or storage, 291021 MOTOR VEHICLE REPAIR / SERVICING,

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

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustible decorative material (CFC 807.1.2)
- Remove storage under stairway (CFC 315.2.4)

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 315.2.1)
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post Business License Fire Department permit (CFC 105.3.5)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

Submitted 9/17/13 to re-submit

Business representative signature [Signature] Date 8/30/13
 Inspector Name/ ID # G. Soltis 3303 Date 8/30/13

Cleared 3/26/14 Mailback card due 1/1 Re-inspection date 9/20/13 Final Notice 3/5/14

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 3404.3.4.3)
- Provide approved safety container(s) for flammable liquids (CFC 3404.3.1)

HAZARDOUS MATERIALS DISCLOSURE

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP www.esubmit.ocgov.com
- Chemical inventory is incomplete and/or requires updating
- The Emergency Response Plan is inadequate and/or does not adequately address Notification, Mitigation, Evacuation and/or Employee Training
- Site Map is incomplete or insufficient
- Failure to report a change in business or chemical inventory within 30 days of the following :
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change of business name or owner
- Failure to report a release or threatened release
- Failure to submit annual certification
- NO VIOLATIONS MINOR VIOLATION
- CLASS I VIOLATION
- CLASS II VIOLATION

ink



**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: JM AUTO **Telephone:** 714 899-1094
Site Address: 7525 PARK AVE **Zip Code:** _____

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 OWNER

Date 12-1-10



**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: JM Auto
Site Address: 7525 Park

Telephone: 714 899 1094
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).**

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 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
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- 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 MECHANIC

Date 7/25/07

Fire Department Inspector D. Garcia

ID # 3592



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	J.M. AUTO R.										4	BUSINESS PHONE	5	
BUSINESS SITE ADDRESS	7525 PARK AVE.												6	
CITY	GARDEN GROVE						7	STATE	CA	8	ZIP	9		
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)				11	FIRE DISTRICT	12		
COUNTY	ORANGE												13	
BUSINESS OPERATOR NAME											14	OPERATOR'S PHONE	15	
BUSINESS OWNER														
OWNER NAME	[REDACTED]										16			
OWNER MAILING ADDRESS	7525 PARK AVE												17	
CITY	GARDEN GROVE						19	STATE	CA	20	ZIP	92881		
ENVIRONMENTAL CONTACT														
CONTACT NAME	[REDACTED]										22	CONTACT PHONE	23	
CONTACT MAILING ADDRESS	3325 LARSON AVE.												24	
CITY	GARDEN GROVE, CA						25	STATE	CA	26	ZIP	92841		
PRIMARY			EMERGENCY CONTACTS				SECONDARY							
NAME	[REDACTED]				28	NAME	[REDACTED]				33			
TITLE	BLOTHER				29	TITLE	HELBEL.				34			
BUSINESS PHONE					30	BUSINESS PHONE					35			
24-HR P	[REDACTED]				31	2	[REDACTED]				36			
PAGER #	[REDACTED]				32	PAGER #	[REDACTED]				37			
ADDITIONAL LOCALLY COLLECTED INFORMATION														
DESCRIBE THE TYPE OF BUSINESS OPERATION:	REPAIR MECHANIC SHOP										38	TOTAL # OF EMPLOYEES	TWO (2)	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)											40	ATTENTION		41
PROPERTY OWNER NAME	EVELYN NAUMPER				42	ADDRESS					43	PHONE	44	
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.														
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE										45	DATE	46		
[REDACTED]												49		
OWNER				OWNER				48	TITLE OF DOCUMENT PREPARER	OWNER				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

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...		
A. HAZARDOUS MATERIALS			
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs)			
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" 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
<input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)			
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)			
Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE			
1. Generate hazardous waste?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9.	<input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page
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"/> RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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)			
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"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13.	<input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
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"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS			
Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15.	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	<u>5657</u>					
BUSINESS NAME	<u>JM AUTO REPAIR</u>					
APPROVED BY:	<u>JH</u>	DATE:	<u>01/15/04</u>			
NEW BUSINESS			UPDATE	<u>01/15/07</u>		
FEE	1	2	3	4	5	6
PICK	<u>4D</u>	<input checked="" type="checkbox"/> BUSLIST	<input type="checkbox"/> CALARP:	<input type="checkbox"/> CUPA:	<input type="checkbox"/> GIS	<input type="checkbox"/>



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	5 6 5 7	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	J.M. AUTO REPAIR			4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS	7525 PARK AVE					6
CITY	GARDEN GROVE	7	STATE	CA	8	ZIP
						92841
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12	
		7539		2415		
COUNTY	ORANGE					13
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE				15

BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17				
OWNER MAILING ADDRESS	7525 PARK AVE						
CITY	GARDEN GROVE	19	STATE	CA	20	ZIP	21
						92841	

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23				
CONTACT MAILING ADDRESS	7525 PARK AVE						
CITY	GARDEN GROVE	25	STATE	CA	26	ZIP	27
						92841	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
TITLE	29		34
BUSINESS ADDRESS	30		35
	31		36
PAGER #	32	PAGER #	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	38	TOTAL # OF EMPLOYEES	39
AUTO REPAIR		1	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
7525 PARK AVE			
PROPERTY OWNER NAME	42	ADDRESS	43
MUPPER TRUST.		SUIT 150. 5505 GARDEN, GARDEN BLVD.	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.		DATE	46
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		01/15/04.	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
		BENITO. MARES.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
OWNER		TAX MANAGER.	



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page ___ of ___ 2

FACILITY ID# 3 0 0 3 5 5657 38 BUSINESS NAME Jim AUTO

I. FACILITY INFORMATION

CHEMICAL LOCATION INTERSECTION SOUTH ~~WEST~~ CENTER WALL

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

II. CHEMICAL INFORMATION

CHEMICAL NAME waste oil filters WASTE Yes 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME 64742-54-7 9 An EHS Chemical Yes No 12
* If EHS is "Yes", all amounts must be LBS

CAS # MIXTURE 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible Lig 13

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

PHYSICAL STATE (Check one box 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 30 19 MAXIMUM DAILY AMOUNT 55 20 ANNUAL WASTE AMOUNT 165 21 STATE WASTE CODE 221 22

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 55 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 #
1 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

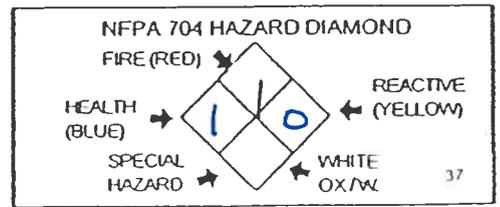
PLACARDING INFORMATION

UNDOT # _____ 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 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# 3 0 0 3 5 5657 BUSINESS NAME Jm AUTO

I. FACILITY INFORMATION

CHEMICAL LOCATION INTERIOR SOUTH CENTER WALL

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

II. CHEMICAL INFORMATION

CHEMICAL NAME Waste Antifreeze 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 # _____ 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible Liq. 13

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

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

AVERAGE DAILY AMOUNT 15 19 MAXIMUM DAILY AMOUNT 35 20 ANNUAL WASTE AMOUNT 120 21 STATE WASTE CODE _____ 22

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 35 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 #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

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

PLACARDING INFORMATION

UNDOT # _____ 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 34 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36 If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND
FIRE (RED) 2
HEALTH (BLUE) 1
SPECIAL HAZARD (WHITE) 0
REACTIVE (YELLOW) 0
WHITE OX/W. 37

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of 1

I FACILITY IDENTIFICATION

FACILITY ID:	3	0	0	3	5	5	6	5	7	EPA ID # (Hazardous Waste Only)
--------------	---	---	---	---	---	---	---	---	---	---------------------------------

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

J M AUTO

II ACTIVITIES DECLARATION

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

Does your facility...			If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B, or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	4 ✓ HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs)			
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	5 ✓ UST FACILITY (Formerly SWRCB Form A)
2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	6 ✓ UST TANK (one page per tank) (Formerly Form C) ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	7 ✓ 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 ✓ NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE			
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	9 ✓ EPA ID NUMBER - provide at the top of this
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	10 ✓ RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES	<input 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)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	12 ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	13 ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	14 ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 124)
E. LOCAL REQUIREMENTS			
Cal-ARP California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq -- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	15 ✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

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.

Parik Av.

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.)

Call 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

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

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.

front 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: 01/19/04



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 ID: <small>(Sponsored by C.C.D.)</small> 3 0 0 3 5 5 6 5 7	BEGINNING DATE	1	ENDING DATE	
BUSINESS NAME J.M. AUTO REPAIR.			4	BUSINESS PHONE (714) 899-109.
BUSINESS SITE ADDRESS 7525 PARK AVE.				
CITY GARDEN GROVE		7	STATE CA	8 ZIP 92841.
DUN & BRADSTREET		10	SIC CODE (4 DIGIT #) 7539	11 FIRE DISTRICT 2415.
COUNTY ORANGE				
BUSINESS OPERATOR NAME			14	OPERATOR'S PHONE

BUSINESS OWNER

OWNER NAME	16	OWNER PHONE	17
OWNER MAILING ADDRESS 7525 PARK AVE.			
CITY GARDEN GROVE CA.		19	STATE CA
		20	ZIP 92841.

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS 7525 PARK AVE.			
CITY GARDEN GROVE		25	STATE CA.
		26	ZIP 92841.

PRIMARY

EMERGENCY CONTACTS

SECONDARY

	28		33
	29		34
	30		35
	31		36
	32		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION: AUTO REPAIR & TINES.	38	TOTAL # OF EMPLOYEES 1	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 7525 PARK AVE.	40	ATTENTION	41
PROPERTY OWNER NAME MUPPER TRUST.	42	ADDRESS SUIT 150 5505 GARDEN GROVE BLVD.	43
		PHONE	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER OWNER.	48	TITLE OF DOCUMENT PREPARER TAX MANAGER.	50