



**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 # 7752  
 Fire District 2415  
 Inspector FPB Shift N  
 Next Insp 1 / 2014

Occupant or DBA LAM AUTOMOTIVE WORKS Business Tel 714 698-7668  
 Address 7529 PARK Ave Suite \_\_\_\_\_ Zip 92841  
 Business Owner [REDACTED] Tel [REDACTED]  
 Emergency Contact [REDACTED] Tel [REDACTED]  
 Group \_\_\_\_\_ 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 315.3.2)

**SIGNS**

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

**EXITS**

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

**ACCESS**

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

**FIRE PROTECTION EQUIPMENT AND SYSTEMS**

- Provide \_\_\_ extinguishers \_\_\_ 2A10BC \_\_\_ 40BC \_\_\_ K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (CFC 906.9)
- Clean filters, ducts, hood above cooking surface (CFC 904.1)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.2)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

**MISCELLANEOUS**

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

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

**ELECTRICAL SAFETY PRE-CAUTIONS**

- Discontinue use of extension cords (CFC 605.5)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical  Cover  Socket  Power Strip (CFC 605.1)

**HAZ-MAT SAFETY PRE-CAUTIONS**

- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 5704.3.4.4)
- Provide approved safety container(s) for flammable liquids (CFC 5704.3.1)

**HAZARDOUS MATERIALS DISCLOSURE**

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

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

Business representative signature x Phurolan Date x 5/28/2014  
 Inspector Name/ ID # S. Soltis 3303 Date 5/28/14  
 Cleared 6/25/14  Mailback card due 1/1  Re-inspection date 6/25/14  Final Notice 1/1



# 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): 7529 Park

Date 6/25/14

Insp. No 7752

Occupant or DBA: Lam Automotive Works

**Business Owner Information:**

**Building Owner Information:**

Owner: Thomas Lam

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

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 6/25/14.

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

Failure to electronically submit HMBP via www.esubmit.ocgov.com

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 July 23, 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. Soltis 3303

Inspector

Condition upon Final reinspection: Cleared on 6/25/14

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Citation issued on \_\_\_\_\_



# 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): 7529 Park Date 6/25/14  
Occupant or DBA: Lam Automotive Works Insp. No 7752

**Business Owner Information:**

Owner: [REDACTED]  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

**Building Owner Information:**

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Life Safety & Hazardous Materials Disclosure Program**  
 11301 Acacia Parkway, Garden Grove, CA 92842  
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File # 7752  
 Fire District 2415  
 Inspector FPB Shift N  
 Next Insp 1 / 2014

Occupant or DBA LAM AUTOMOTIVE WORKS Business Tel 714 698-7668  
 Address 7529 PARK Ave Suite \_\_\_\_\_ Zip 92841  
 Business Owner [REDACTED] Tel [REDACTED]  
 Emergency Contact [REDACTED] Tel [REDACTED]  
 Group \_\_\_\_\_ Load \_\_\_\_\_ Sprinklers F/P/N N 5 yr. Cert. / Haz Mat

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Business representative signature [Signature] Date 5/28/2014  
 Inspector Name/ ID # S. Soltis 3303 Date 5/28/14  
 Cleared 6/25/14  Mailback card due 1/1/14  Re-inspection date 6/25/14  Final Notice 1/1/14

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET

**SHORT VERSION**

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>7752</u>
BUSINESS NAME	<u>Jam Automotive Works</u>
BUSINESS ADDRESS	<u>7529 Park Ave</u>
APPROVED BY	<u>G</u> DATE <u>1.18.11</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
		12-14-07		12-31-07	
BUSINESS NAME	LAM AUTOMOTIVE WORKS			BUSINESS PHONE	5
BUSINESS SITE ADDRESS					
7529 PARK AVE.					
CITY	GARDEN GROVE		7	STATE CA	8
			ZIP	92841	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME	[REDACTED]			14	OPERATOR'S PHONE
				(714) 698-7668	

### BUSINESS OWNER

OWNER NAME	Automotive Works Inc.			16	OWNER PHONE	17
				(714) 698-7668		
OWNER MAILING ADDRESS						
7529 PARK AVE.						
CITY	GARDEN GROVE		19	STATE CA	20	
			ZIP	92841		

### ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]			22	CONTACT PHONE	23
				[REDACTED]		
CONTACT MAILING ADDRESS						
7529 PARK AVE.						
CITY	GARDEN GROVE		25	STATE CA	26	
			ZIP	92841		

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

NAME	[REDACTED]		28	NAME	[REDACTED]		33
TITLE	[REDACTED]		29	TITLE	[REDACTED]		34
BUSINESS PHONE	[REDACTED]		30	BUSINESS PHONE	[REDACTED]		35
24-HR. PHONE	[REDACTED]		31	24-HR. PHONE	[REDACTED]		36
PAGER #	NONE		32	PAGER #	[REDACTED]		37

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	Auto Repair		38	TOTAL # OF EMPLOYEES	39	
				2		
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)						
-						
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44	
Evelyn Mumper Trust		5505 GARDEN GROVE BLVD #150		[REDACTED]		
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]				12-14-07		
NAME OF SIGNER (print)	[REDACTED]			47	NAME OF DOCUMENT PREPARER (print)	49
				[REDACTED]		
TITLE OF SIGNER	CEO			48	TITLE OF DOCUMENT PREPARER	50

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

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

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

- 500 pounds of a solid; 55 gallons of a liquid; 200 cubic feet of compressed gas
- Any amount of Extremely Hazardous Substance (EHS) or Acutely Hazardous Materials (AHM)

1. Type or print legibly in black ink only.
2. Photocopy the blank form and save if needed later.
3. Fill in your business name (Box 3).
4. Photocopy the number of forms you'll need for completing an inventory for **each** of your reportable chemicals.
5. Complete the Chemical Information (Box 1 through 39). Material Safety Data Sheets contain necessary information to complete this form.
6. Supply MSDS for each reportable chemical.

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

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

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

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

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

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

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

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

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

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



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1    Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5							38	BUSINESS NAME	LAM AUTOMOTIVE WORKS
--------------	-----------	--	--	--	--	--	--	----	---------------	----------------------

## I. FACILITY INFORMATION

CHEMICAL LOCATION			4
7529 PARK AVE			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5	MAP #
			6
			GRID #
			7

## II. CHEMICAL INFORMATION

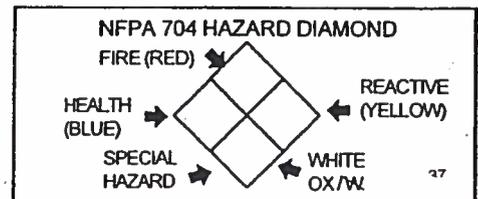
CHEMICAL NAME		WASTE		TRADE SECRET		8		9		11	
WASTE OIL		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No				* If EPCRA see instructions			
COMMON NAME				An EHS Chemical		9		<input type="checkbox"/> Yes <input type="checkbox"/> No		12	
				*If EHS is "Yes", all amounts must be LBS							
CAS #		10		FIRE CODE HAZARD CLASSES (supplied by GGFD)						13	
TYPE (Check one item only)		<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		14		RADIOACTIVE		<input type="checkbox"/> Yes <input type="checkbox"/> No		15	
										16	
PHYSICAL STATE (Check one item only)		<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		17		FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE		18	
								<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT		19		MAXIMUM DAILY AMOUNT		20		ANNUAL WASTE AMOUNT		21	
.5 gals				1 gal				200 gals		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		24		LARGEST CONTAINER	
		*If EHS, amount must be in pounds.									
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input checked="" type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY		<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)		<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP		<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER _____	
										26	
STORAGE PRESSURE		<input type="checkbox"/> a. AMBIENT <input 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 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 <input type="checkbox"/> YES <input type="checkbox"/> 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 IDENTIFICATION PROGRAM**

**REQUIREMENT FOR HAZARDOUS MATERIALS IDENTIFICATION SIGNS**

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

**DOES MY BUSINESS HANDLE HAZARDOUS MATERIALS?**

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

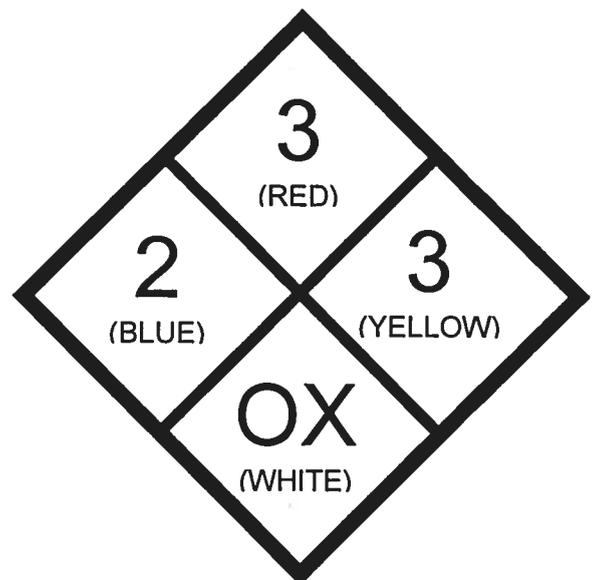
**HOW MUCH "HAZARDOUS MATERIAL" MUST MY BUSINESS HANDLE BEFORE I AM REQUIRED TO INSTALL HAZARDOUS MATERIALS SIGNS?**

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

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

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

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



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

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

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

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

**WHERE DO THE SIGNS GO?**

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

**WHO WILL HANG AND MAINTAIN MY SIGNS?**

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

**QUESTIONS??????**

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



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
														CAL000266755	

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	3
LAM AUTOMOTIVE WORKS	

### 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...	
<b>A. HAZARDOUS MATERIALS</b> 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>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> 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
<b>D. HAZARDOUS WASTE</b> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <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)? 5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler)
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	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)
<b>E. LOCAL REQUIREMENTS</b> 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	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) 15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

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

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

**BUSINESS EMERGENCY PLAN**

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

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

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

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

Exemptions

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

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

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

**BUSINESS EMERGENCY PLAN**

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

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:



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.)

None

**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.

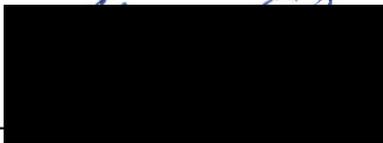
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency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

7529 PARK AVE

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: CEO  
Date: 12-14-07



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: LAM Automotive works Telephone: 714 698-7668  
Site Address: 7529 Park Ave 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 PHUOC HUU LAM Signature Phuc L  
Job Title Mechanic Date 1/23/08  
Fire Department Inspector D. Garcia ID # 3592



# 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

2415

Address: 9 7529 PARK AVE.  
Occupant or DBA: LAM AUTOMOTIVE WORKS  
Owner/Manager: PHUOC LAM

Date: 12-04-07  
File No: 7752  
Phone: (714) 698-7668

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 **UPDATE**
- 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 25504(b)&(c)]
- The Emergency Response Plan is inadequate and/or does not meet the requirements of [HSC 25504(b)&(c)]
  - Notification Procedures
  - Mitigation Procedures
  - Evacuation Procedures
  - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated
- Failure to provide name, title, and 24-hour number of emergency contact person
- 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):

READY FOR PICK UP.

shall be immediately revised and resubmitted:

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:  
- JUST UPDATE NEW HAZMAT PACKET + BEP.

Responsible Party: Phuoc Lam Re-inspection Date: 12-18-07

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

Fire Dept. Inspector: M. KORDICH ID #: 3307

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: LAM AUTOMOTIVE WORKS

Telephone: 714 698 7668

Site Address: 7529 PARK AVE

Zip Code: 92841

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

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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:
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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 PHUOC H LAM

Signature Phuoc

Job Title Mechanic

Date 1/24/06

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY

IDENTIFICATION ID NO. 7752

BUSINESS NAME LAM AUTOMOTIVE WORKS

APPROVED BY: JN DATE: 1-15-04

BY BUSINESS \_\_\_\_\_ UPDATE 1-15-07

1 2 3 4 5 6

X 4D X BUSLIST \_\_\_\_\_ CALARP: \_\_\_\_\_ CUPA: X GIS \_\_\_\_\_

**LAM AUTOMOTIVE WORKS**

Complete Tune Up and Engine Repair



**PHUOC LAM**

ASE Certified-Automotive Mechanic

7529 Park Ave., Garden Grove, CA 92841

Mon-Sat 8:00-6:00 • Sun 8:00-3:00

Tel: (714) 698-7668  
cell: (562) 397-1823

Quality Service  
Affordable Prices





# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

## Hazardous Materials Business Information Form

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	7 7 5 2	BEGINNING DATE	1	1-15-04	ENDING DATE	2	12-31-04		
BUSINESS NAME	LAM AUTOMOTIVE WORKS				BUSINESS PHONE	(714) 698-7668				
BUSINESS SITE ADDRESS	7529 PARK AVE									
CITY	GARDEN GROVE				STATE	8	CA	ZIP	9	92841
DUN & BRADSTREET	10	NONE	SIC CODE (4 DIGIT #)	11	7537	FIRE DISTRICT	12			2415
COUNTY	ORANGE									
BUSINESS OPERATOR NAME	[REDACTED]				OPERATOR'S PHONE	[REDACTED]				

### BUSINESS OWNER

OWNER NAME	[REDACTED]				OWNER PHONE	[REDACTED]						
OWNER MAILING ADDRESS	10213 ORR & DAY Rd											
CITY	SANTA FE SPRINGS				STATE	20	CA	ZIP	21			90670

### ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]				CONTACT PHONE	[REDACTED]						
CONTACT MAILING ADDRESS	10213 ORR & DAY Rd											
CITY	SANTA FE SPRINGS				STATE	26	CA	ZIP	27			90670

### PRIMARY EMERGENCY CONTACTS SECONDARY

NAME	28	NAME	33
[REDACTED]		[REDACTED]	
TITLE	29	TITLE	34
[REDACTED]		[REDACTED]	
BUSINESS	30	BUSINESS	35
[REDACTED]		[REDACTED]	
24-HR. PH	31	24-HR. PH	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37
[REDACTED]		[REDACTED]	

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	REPAIR GARAGES	TOTAL # OF EMPLOYEES	39	2
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40		ATTENTION	41	
PROPERTY OWNER NAME	42	evelyn Mumper Trust	ADDRESS	43	Westminster CA 92683
			5505 Garden Grove Blvd #150	44	[REDACTED]
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	[REDACTED]	DATE	46	1/15/04
NAME OF SIGNER (print)	47	[REDACTED]	NAME OF DOCUMENT PREPARER (print)	49	[REDACTED]
TITLE OF SIGNER	48	Owner	TITLE OF DOCUMENT PREPARER	50	OWNER

# SITE MAP # 1

Business Name	LAW AUTOMOTIVE WORKS		Date		FORM 2
Site Address	7529 PARK AVE	Zip Code	92841	NO SCALE TO DRAWING REQUIRED	



**SYMBOL LEGEND**

- (E) ELECTRICAL PANEL SHUT-OFF
- (G) NATURAL GAS SHUT-OFF
- (W) WATER SHUT-OFF
- (PSO) EMERGENCY PUMP SHUT-OFF
- (AS) AUTOMATIC SPRINKLERED BLDG CONNECTION
- △ TANK MONITORING ALARM
- ↑ NORTH ORIENTATION
- STORM DRAIN
- ▨ STAGING AREA EVACUATION
- MSDS MSDS LOCATION
- FIRE HYDRANT
- ... FENCE
- (ERE) EMERGENCY RESPONSE EQUIPMENT/ABSORBENTS
- UNDERGROUND STORAGE TANK
- (M) MOTOR OILS & LUBRICANTS COMBUSTIBLE LIQUIDS
- (B) BATTERY ELECTROLYTE CORROSIVE LIQUIDS
- (D) DIESEL FUEL
- (C) COMPRESSED GAS
- (P) PROPANE
- (A) ANTIFREEZE/COOLANTS
- (W) WASTE OIL
- (OF) OR USED FILTERS
- (F) FLAMMABLE LIQUID
- (S) SOLVENT
- (O) OTHER
- (KB) KNOX BOX LOCATION
- OTHER, LABELED AS NEEDED

**HELPFUL TO SHOW**

- LOADING AREAS
- PARKING LOTS/INTERNAL ROADS
- ADJACENT STREETS & ALLEYS
- FACILITY STORAGE AREA



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

MSDS

ADD

LIQUID

REVERSE

FACILITY ID# 300357752 BUSINESS NAME **LEAMS AUTOMOTIVE WORK**

## I. FACILITY INFORMATION

CHEMICAL LOCATION **Shop Area INTERIOR NORTHWEST WALL**

CONFIDENTIAL LOCATION EPCRA  Yes  No MAP # **1** GROUP # **C3**

## II. CHEMICAL INFORMATION

CHEMICAL NAME **Was Used Oil Filter** WASTE  Yes TRADE SECRET  Yes  No

COMMON NAME **Used Oil Filter** An EHS Chemical  Yes  No

CAS # **64742-54-7** FIRE CODE HAZARD CLASSES (supported by GHS) **Combustible Liquid**

TYPE (Check one item only)  PURE  MIXTURE  WASTE  REACTIVE  Yes  No

PHYSICAL STATE (Check one item only)  SOLID  LIQUID  GAS FED HAZARD CATEGORIES  FIRE  REACTIVE  PRESSURE RELEASE  ACUTE HEALTH  CHRONIC HEALTH

AVERAGE DAILY AMOUNT **25** MAXIMUM DAILY AMOUNT **55** ANNUAL WASTE AMOUNT **55** STATE WASTE CODE **221**

UNITS  GALLONS  CUBIC FEET  POUNDS  TONS DAYS ON SITE **365** LARGEST CONTAINER **55**

STORAGE CONTAINER (Check all that apply)  ABOVEGROUND TANK  UNDERGROUND TANK  STEEL DRUM  PLASTIC DRUM  NONMETALLIC DRUM  METAL CONTAINER  CARBOY  VAT  FIBER DRUM  BAG  BOX  CYLINDER  GLASS CONTAINER  PLASTIC CONTAINER  IN MACHINERY/EQUIP  AWK WAGON  RAIL CAR  TUB  OTHER

STORAGE PRESSURE  AMBIENT  ABOVE AMBIENT  BELOW AMBIENT

STORAGE TEMPERATURE  AMBIENT  ABOVE AMBIENT  BELOW AMBIENT  CRYOGENIC

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

## PLACARDING INFORMATION

UNDOT # Refer to shipping papers or MSDS

DOT HAZARD CLASS **3** Refer to shipping papers or MSDS

EPCRA  YES  NO



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

If EPCRA, Please Sign Here



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page      of      2

*MSDS*

FACILITY ID# 30035 7752 38 BUSINESS NAME (Am Automotive work) 3

## I. FACILITY INFORMATION

CHEMICAL LOCATION Shop Area Interior North West wall 4

CONFIDENTIAL LOCATION EPCRA  Yes  No 5 MAP # 1 6 GRID # C3 7

## II. CHEMICAL INFORMATION

CHEMICAL NAME Waste Motor Oil WASTE  Yes 8 TRADE SECRET  Yes  No 11  
\* If EPCRA see instructions

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

CAS # 647-59-7 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible Liquid 13

TYPE (Check one form 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 PED HAZARD CATEGORIES  a FIRE  b REACTIVE  c PRESSURE RELEASE 18  
 d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 55 19 MAXIMUM DAILY AMOUNT 110 20 ANNUAL WASTE AMOUNT 300 21 STATE WASTE CODE 300 221 27

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

STORAGE CONTAINER (Check all that apply)  a ABOVEGROUND TANK  e PLASTIC DRUM  j VAT  m CYLINDER  q TANK WAGON 26  
 b UNDERGROUND TANK  f NONMETALLIC DRUM  k FIBER DRUM  n GLASS CONTAINER  r RAIL CAR  
 c TANK INSIDE BLDG  g METAL CONTAINER  l BAG(S)  o PLASTIC CONTAINER  s TOTE BIN  
 d STEEL DRUM  h CARBOY  i 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 #
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
29		<input checked="" 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) 1  
HEALTH (BLUE) 1  
SPECIAL HAZARD  
REACTIVE (YELLOW) 1  
WHITE OX/W 37

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1 Page \_\_\_\_\_ of \_\_\_\_\_ 2

*MSDS*

FACILITY ID#	30035	7729	BUSINESS NAME	LAMS AUTOMOTIVE WORK
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Shop Area INTERIOR NORTH WEST WALL				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	GRID #	C3

## II. CHEMICAL INFORMATION

CHEMICAL NAME	Waste Anti-Freeze		WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Waste Anti-Freeze				An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS #	Mixture		FIRE CODE HAZARD CLASSES (supplied by GGFED)	Combustible Liquid		
TYPE (Check one item only)	<input type="checkbox"/> a PURE	<input checked="" type="checkbox"/> b MIXTURE	<input type="checkbox"/> c WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a SOLID	<input checked="" type="checkbox"/> b LIQUID	<input type="checkbox"/> c GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a FIRE	<input type="checkbox"/> b REACTIVE
AVERAGE DAILY AMOUNT	25	MAXIMUM DAILY AMOUNT	55	ANNUAL WASTE AMOUNT	55	STATE WASTE CODE
UNITS	<input checked="" type="checkbox"/> a GALLONS	<input type="checkbox"/> b CUBIC FEET	DAYS ON SITE	365	LARGEST CONTAINER	55
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a ABOVEGROUND TANK	<input type="checkbox"/> b UNDERGROUND TANK	<input checked="" type="checkbox"/> d SPILL DRUM	<input type="checkbox"/> e PLASTIC DRUM	<input type="checkbox"/> f FIBER DRUM	<input type="checkbox"/> g METAL CONTAINER
STORAGE PRESSURE	<input checked="" type="checkbox"/> a AMBIENT	<input type="checkbox"/> b ABOVE AMBIENT	<input type="checkbox"/> c BELOW AMBIENT	<input type="checkbox"/> h CARBOY	<input type="checkbox"/> i BAG(S)	<input type="checkbox"/> j BOX(S)
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a AMBIENT	<input type="checkbox"/> b ABOVE AMBIENT	<input type="checkbox"/> c BELOW AMBIENT	<input type="checkbox"/> k CYLINDER	<input type="checkbox"/> l IN MACH OR EQUIP	<input type="checkbox"/> m OTHER

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

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

## PLACARDING INFORMATION

UNDOT #	33	Refer to shipping papers or MSDS
DOT HAZARD CLASS	3	Refer to shipping papers or MSDS
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	X	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

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FACILITY ID# 30035752930 BUSINESS NAME Lam Automotive work

MSDS

## I. FACILITY INFORMATION

CHEMICAL LOCATION Shop Area INTERIOR Southwest wall

CONFIDENTIAL LOCATION EPCRA  Yes  No MAP # 1 GRID # C7

## II. CHEMICAL INFORMATION

CHEMICAL NAME Compress Air oxygen WASTE  Yes  No TRADE SECRET  Yes  No

COMMON NAME Compress Air OXYGEN An EHS Chemical  Yes  No

CAS # Mixture FIRE CODE HAZARD CLASSES (supplied by GGF) Compress gas

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

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

AVERAGE DAILY AMOUNT 175 MAXIMUM DAILY AMOUNT 365 ANNUAL WASTE AMOUNT STATE WASTE CODE

UNITS  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS DAYS ON SITE 365 LARGEST CONTAINER 325

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

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

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

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

UNDOT # Refer to shipping papers or MSDS

DOT HAZARD CLASS Refer to shipping papers or MSDS

EPCRA  YES  NO

X If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND  
 FIRE (RED) 0  
 HEALTH (BLUE) 3  
 SPECIAL HAZARD (WHITE) OX  
 REACTIVE (YELLOW) 0

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

8:45 (647-5740)



# **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.

Sidewalk on Western Ave.

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

#### 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.

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: \_\_\_\_\_

DATE: \_\_\_\_\_

[Redacted Signature]

[Redacted Name]

Owner

1-13-04