



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 <input checked="" type="checkbox"/>

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

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

ASSEMBLY OCCUPANCIES

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

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	<u>[Signature]</u>	Date	<u>8/30/13</u>
Inspector Name/ ID #	<u>G. Soltis 3303</u>	Date	<u>8/30/13</u>

<input checked="" type="checkbox"/> Cleared <u>3/26/14</u>	<input type="checkbox"/> Mailback card due <u>1/1</u>	<input checked="" type="checkbox"/> Re-inspection date <u>9/20/13</u>	<input checked="" type="checkbox"/> Final Notice <u>3/5/14</u>
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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



**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:

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Print Name

[Redacted]

Signature

[Redacted]

Job Title

MECHANIC

Date

7/25/07

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



Address: 7224 7525 Park
Occupant or DBA: TM Auto
Owner/Manager: [REDACTED]

Date: 6/13/07
File No: _____

Phone: 714 899-1094

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

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

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

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

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

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

Additional Violations and/or Notes:

Responsible Party: [REDACTED]

Re-inspection Date: 6/27/07

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

Dept. Inspector: M. Cordich / D. Garcia

ID #: 3307 / 3592

Condition Upon Re-inspection: _____

Date: _____



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	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	[REDACTED]		17
OWNER MAILING ADDRESS	7525 PARK AVE.									18	
CITY	GARDEN GROVE						19	STATE	20	ZIP	21
	CA								92841		

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]							22	CONTACT PHONE	23	
CONTACT MAILING ADDRESS	3325 LARSON AVE.									24	
CITY	GARDEN GROVE, CA						25	STATE	26	ZIP	27
	CA								92841		

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]							28	NAME	[REDACTED]							33
TITLE	BROTHER							29	TITLE	HELPER.							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 MECHANICS SHOP							38	TOTAL # OF EMPLOYEES	39						
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40							ATTENTION	41							
PROPERTY OWNER NAME	EVELYN MAMPEN							42	ADDRESS	43						
	44							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

[REDACTED SIGNATURE]

TITLE OF DOCUMENT PREPARER

Business Info Form 1 - 03/06/03



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					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?

☒ YES ☐ NO

4. ☒ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)

B. UNDERGROUND STORAGE TANKS (USTs)

1. Own or operate underground storage tanks?

☐ YES ☒ NO

5. ☒ UST FACILITY (Formerly SWRCB Form A)
☒ UST TANK (one page per tank) (Formerly Form B)

2. Intent to upgrade existing or install new USTs?

☐ YES ☒ NO

6. ☒ 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?

☐ YES ☒ 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?

☐ YES ☒ NO

8. ☒ NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

1. Generate hazardous waste?

☐ YES ☒ NO

9. ☒ EPA ID NUMBER - provide at the top of this page
10. ☒ RECYCLABLE MATERIALS REPORT (one per recycler)

2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?

☐ YES ☒ NO

3. Treat hazardous waste on site?

☐ YES ☒ 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)?

☐ YES ☒ NO

12. ☒ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

5. Consolidate hazardous waste generated at a remove site?

☐ YES ☒ 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?

☐ YES ☒ NO

14. ☒ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

Cal-ARP: California Accidental Release Prevention Program
H&SC Chapter 6.95, Article 2, §25531 et seq

--- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process

☐ YES ☒ NO

15. ☒ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

REVISED 3-2002

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY

FACILITY ID NO. 5657

BUSINESS NAME JM AUTO REPAIR

APPROVED BY: JH DATE: 01/15/04

NEW BUSINESS UPDATE 01/15/07

FEE 1 2 3 4 5 6

PICK 4D ☒ BUSLIST CALARP: CUPA: GIS



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

☒ ADD☐ DELETE☐ REVISED 1

Page ____ of ____ 2

FACILITY ID#	30035	5657	BUSINESS NAME	Sm AUTO
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I. FACILITY INFORMATION

CHEMICAL LOCATION	INTERSECTION SOUTH CENTER WALL				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	GRID #	G-7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Waste oil Filters		WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
COMMON NAME	64742-54-7		9		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGF)		13							
MIXTURES		Combustible Liq									
TYPE (Check all that apply)	<input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE		14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15					
PHYSICAL STATE (Check all that apply)	<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS		17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE						
				<input type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH		18					
AVERAGE DAILY AMOUNT	19	30	MAXIMUM DAILY AMOUNT	20	55	ANNUAL WASTE AMOUNT	21	165	STATE WASTE CODE	22	221
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	365	LARGEST CONTAINER	25	55		
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	
STORAGE PRESSURE		<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT								27	
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC								28	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30	31
2	29	30	31
3	29	30	31
4	29	30	31
5	29	30	31

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

PLACARDING INFORMATION

UNDOT #	33	
DOT HAZARD CLASS	34	
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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
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I. FACILITY INFORMATION

CHEMICAL LOCATION	INTERIOR SOUTH CENTER WALL.				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	GRID #	G-7

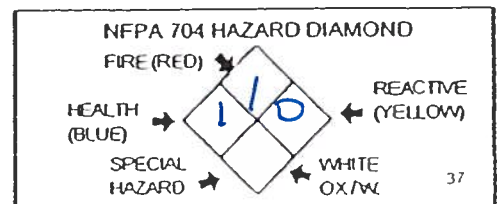
II. CHEMICAL INFORMATION

CHEMICAL NAME	Waste Antifreeze			WASTE	<input checked="" type="checkbox"/> Yes	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
COMMON NAME						An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
CAS #	mixture			FIRE CODE HAZARD CLASSES (supplied by GGFD)	Combustible Lig.																
TYPE (Check one box only)	<input type="checkbox"/> a PURE	<input checked="" type="checkbox"/> b MIXTURE	<input type="checkbox"/> c WASTE	RADIOACTIVE	<input type="checkbox"/> Yes <input type="checkbox"/> No	CURIES															
PHYSICAL STATE (Check one box only)	<input type="checkbox"/> a SOLID	<input checked="" type="checkbox"/> b LIQUID	<input type="checkbox"/> c GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> FIRE	<input type="checkbox"/> b REACTIVE	<input type="checkbox"/> c PRESSURE RELEASE														
					<input type="checkbox"/> d ACUTE HEALTH	<input checked="" type="checkbox"/> e CHRONIC HEALTH															
AVERAGE DAILY AMOUNT	15	MAXIMUM DAILY AMOUNT	35	ANNUAL WASTE AMOUNT	120	STATE WASTE CODE															
UNITS	<input checked="" type="checkbox"/> a GALLONS	<input type="checkbox"/> b CUBIC FEET	<input type="checkbox"/> c POUNDS	<input type="checkbox"/> d TONS	DAYS ON SITE	365	LARGEST CONTAINER	35													
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	
STORAGE PRESSURE	<input checked="" type="checkbox"/> a AMBIENT	<input type="checkbox"/> b ABOVE AMBIENT	<input type="checkbox"/> c BELOW AMBIENT																		
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a AMBIENT	<input type="checkbox"/> b ABOVE AMBIENT	<input type="checkbox"/> c BELOW AMBIENT	<input type="checkbox"/> d CRYOGENIC																	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30	31
2	29	30	31
3	29	30	31
4	29	30	31
5	29	30	31

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

PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDSDOT HAZARD CLASS 3 34
Refer to shipping papers or MSDSEPCRA ☐ YES ☒ NO 35X _____ 36
If EPCRA, Please Sign HereMAKE 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 J of _

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?

☒ YES ☐ NO

4

✓ HAZARDOUS MATERIALS INVENTORY
CHEMICAL DESCRIPTION (Form 3)

B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intent to upgrade existing or install new USTs?

☐ YES ☐ NO

5

✓ UST FACILITY (Formerly SWRCB Form A)

☐ YES ☐ NO

6

✓ UST TANK (one page per tank) (Formerly Form

✓ UST FACILITY

✓ UST TANK (one per tank)

✓ UST INSTALLATION - CERTIFICATE OF

COMPLIANCE (one page per tank) (Formerly

Form C)

✓ UST TANK (closure portion one page per tank)

- Need to report closing a UST?

☐ YES ☐ NO

7

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?

☐ YES ☐ NO

8

✓ NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

- Generate hazardous waste?
- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?
- Treat hazardous waste on site?

☒ YES ☐ NO

9

✓ EPA ID NUMBER - provide at the top of this

☒ YES ☐ NO

10

✓ RECYCLABLE MATERIALS REPORT
(one per recycler)

☐ YES ☐ 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)

- Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?
- Consolidate hazardous waste generated at a remote site?

☐ YES ☐ NO

12

✓ CERTIFICATION OF FINANCIAL
ASSURANCE (Formerly DTSC Form 1232)

☐ YES ☐ NO

13

✓ REMOTE WASTE/CONSOLIDATION SITE
ANNUAL NOTIFICATION (Formerly DTSC
Form 1196)

- Need to report the closure/removal of a tank that was classified waste and cleaned onsite?

☐ YES ☐ 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

☒ YES ☐ 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

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

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: _____

OWNER

01/19/04



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

FORM 1

Page ___ of ___

BUSINESS INFORMATION

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

BUSINESS OWNER

OWNER NAME	OWNER PHONE
OWNER MAILING ADDRESS 7525 PARK AVE.	
CITY GARDEN GROVE, CA	STATE CA ZIP 92841.

ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE
CONTACT MAILING ADDRESS 7525 PARK AVE.	
CITY GARDEN GROVE	STATE CA 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.	TOTAL # OF EMPLOYEES 1
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 7525 PARK AVE.	ATTENTION
PROPERTY OWNER NAME MUPPER TRUST.	ADDRESS SUIT 150 5505 GARDEN GROVE BLVD.
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE
NAME OF SIGNER (print)	NAME OF DOCUMENT PREPARER (print)
TITLE OF SIGNER OWNER.	TITLE OF DOCUMENT PREPARER TAX MANAGER.