



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 violations(s) :

ASSEMBLY OCCUPANCIES

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

SIGNS

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

EXITS

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

ACCESS

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

FIRE PROTECTION EQUIPMENT AND SYSTEMS

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

MISCELLANEOUS

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

☒ NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

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
- ☐ 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 Phuriam 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

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:

Owner: Thomas Lam

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 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

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

Tel

Emergency Contact

1

Tel

Group

Load

Sprinklers F/P/N

N

5 yr. Cert.

/

Haz Mat ☒

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Date 5/28/2014

Inspector Name/ ID # S. Soltis 3303

Date 5/28/14

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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							4	BUSINESS PHONE		5	
LAM AUTOMOTIVE WORKS											
BUSINESS SITE ADDRESS											6
7529 PARK AVE.											
CITY							7	STATE	8	ZIP	9
GARDEN GROVE								CA		92841	
DUN & BRADSTREET						10	SIC CODE (4 DIGIT #)		11	FIRE DISTRICT	12
COUNTY											13
ORANGE											
BUSINESS OPERATOR NAME							14	OPERATOR'S PHONE		15	
								(714) 698-7668			

BUSINESS OWNER

OWNER NAME							16	OWNER PHONE		17	
Automotive Works Inc.								(714) 698-7668			
OWNER MAILING ADDRESS											18
7529 PARK AVE.											
CITY							19	STATE	20	ZIP	21
GARDEN GROVE								CA		92841	

ENVIRONMENTAL CONTACT

CONTACT NAME							22	CONTACT PHONE		23	
CONTACT MAILING ADDRESS											24
7529 PARK AVE.											
CITY							25	STATE	26	ZIP	27
GARDEN GROVE								CA		92841	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:							38	TOTAL # OF EMPLOYEES		39		
Auto Repair								2				
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)							40	ATTENTION		41		
PROPERTY OWNER NAME							42	ADDRESS		43	PHONE	44
Evelyn Munger Trust								5505 GARDEN GROVE BLVD #150				
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		
								12-14-07				
NAME OF SIGNER (print)							47	NAME OF DOCUMENT PREPARER (print)		49		
TITLE OF SIGNER							48	TITLE OF DOCUMENT PREPARER		50		
CEO												

**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		
NO.	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
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**

NO.	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
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 μ 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:

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

INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3		
	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
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.

INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3		
	DATA ELEMENT BOXES	INFORMATION DESCRIPTION
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	3
--------------	---	---	---	---	---	--	--	--	--	--	--	--	----	---------------	----------------------	---

I. FACILITY INFORMATION

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

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE OIL	WASTE	<input checked="" type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes <input type="checkbox"/> No	11	
COMMON NAME				9	An EHS Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No	12	
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)			* If EHS is "Yes", all amounts must be LBS			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	CURIES	16	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			18	
AVERAGE DAILY AMOUNT	.5 gals	19	MAXIMUM DAILY AMOUNT	1 gal	20	ANNUAL WASTE AMOUNT	200 gals	21
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		25
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input 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	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

PLACARDING INFORMATION

UNDOT #	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.

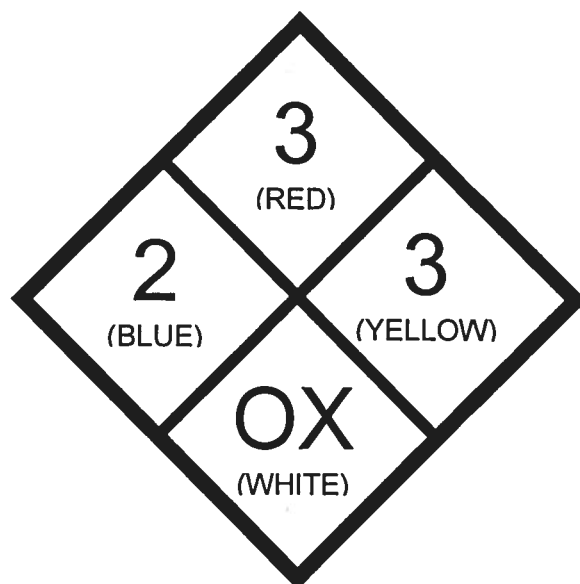
HOW MUCH "HAZARDOUS MATERIAL" MUST MY BUSINESS HANDLE BEFORE I AM REQUIRED TO INSTALL HAZARDOUS MATERIALS SIGNS?

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.

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
													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...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.	<input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <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) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15.	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

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

**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: _____

Date: _____

[Redacted Signature]

CEO

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: L AM 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 Phuoc

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: 91 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)(2)(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 following requirements: [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:

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 H LAM

Signature Phuoc

Job Title Mechanic

Date 1/24/06

REVISED 3-2002

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY

ILITY ID NO. 7752
INESS NAME LAM AUTOMOTIVE WORK
ROVED BY: JN DATE: 1-15-04
Y BUSINESS _____ UPDATE 1-15-07
1 2 3 4 5 6
4D ☒ BUSLIST ☐ CALARP: ☐ CUPA: ☒ 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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	7	7	5	2	BEGINNING DATE	1	ENDING DATE	2			
										1-15-04		12-31-04				
BUSINESS NAME										4	BUSINESS PHONE			5		
LAM AUTOMOTIVE WORKS											(714) 698-7668					
BUSINESS SITE ADDRESS														6		
7529 PARK AVE																
CITY							7	STATE		8	ZIP		9			
GARDEN GROVE								CA			92841					
DUN & BRADSTREET										10	SIC CODE (4 DIGIT #)		11	FIRE DISTRICT		12
NONE											7537			2415		
COUNTY														13		
ORANGE																
BUSINESS OPERATOR NAME										14	OPERATOR'S PHONE				15	

BUSINESS OWNER

OWNER NAME										16	OWNER PHONE			17
OWNER MAILING ADDRESS														18
10213 ORR & DAY Rd														
CITY							19	STATE		20	ZIP		21	
SANTA FE SPRINGS								CA			90670			

ENVIRONMENTAL CONTACT

CONTACT NAME										22	CONTACT PHONE			23
CONTACT MAILING ADDRESS														24
10213 ORR & DAY Rd														
CITY							25	STATE		26	ZIP		27	
SANTA FE SPRINGS								CA			90670			

PRIMARY

EMERGENCY CONTACTS

SECONDARY

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

ADDITIONAL LOCALLY COLLECTED INFORMATION

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

SITE MAP # 1

Business Name LAM AUTOMOTIVE WORKS		Date		FORM 2	
Site Address 7529 PARK AVE		Zip Code 92841		No Scale TO DRAWING REQUIRED	

1

2

3

4

5

6

7

8

9

FORM 2

SYMBOL LEGEND

(E) ELECTRICAL PANEL SHUT-OFF
 (G) NATURAL GAS SHUT-OFF
 (W) WATER SHUT-OFF
 (PSO) EMERGENCY PUMP SHUT-OFF
 (AS) AUTOMATIC SPRINKLER BLDG
 FIRE DEPARTMENT SPRINKLER CONNECTION
 TANK MONITORING ALARM
 ↑ NORTH ORIENTATION
 STORM DRAIN
 STAGING AREA EVACUATION
 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

☐ ADD☐ DELETE☐ REVISED

Page 1 of 1

2

FACILITY ID#	30035	7752	BUSINESS NAME	LBMS Automotive Work
--------------	-------	------	---------------	----------------------

I. FACILITY INFORMATION

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

II. CHEMICAL INFORMATION

CHEMICAL NAME	Used Oil Filter		WASTE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME	Used Oil Filter		An EPCRA Section 112 Chemical			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS #	64742-54-7	HAZARD CODE	COMBUSTIBLE LIQUID				
TYPE (Check one item only)	<input type="checkbox"/> PURE <input checked="" type="checkbox"/> MIXTURE	WASTE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REACTIVE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CURIOUS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> FIRE <input type="checkbox"/> REACTIVE <input type="checkbox"/> PRESSURE RELEASE <input type="checkbox"/> ACUTE HEALTH <input type="checkbox"/> CHRONIC HEALTH				
AVERAGE DAILY AMOUNT	25	MAXIMUM DAILY AMOUNT	55	ANNUAL WASTE AMOUNT	55	STATE WASTE CODE	221
UNITS	<input checked="" type="checkbox"/> GALLONS <input type="checkbox"/> CUBIC FEET <input type="checkbox"/> POUNDS <input type="checkbox"/> TONS	DAYS ON SITE	365	LARGEST CONTAINER	55		
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> ABOVEGROUND TANK <input type="checkbox"/> UNDERGROUND TANK <input type="checkbox"/> TANK INSIDE BLDG <input checked="" type="checkbox"/> STEEL DRUM <input type="checkbox"/> PLASTIC DRUM <input type="checkbox"/> NONMETALLIC DRUM <input type="checkbox"/> METAL CONTAINER <input type="checkbox"/> CARBOY <input type="checkbox"/> VAT <input type="checkbox"/> FIBER DRUM <input type="checkbox"/> BAG <input type="checkbox"/> BOX <input type="checkbox"/> CYLINDER <input type="checkbox"/> GLASS CONTAINER <input type="checkbox"/> PLASTIC CONTAINER <input type="checkbox"/> IN MACH OR EQUIP <input type="checkbox"/> BULK WAGON <input type="checkbox"/> RAIL CAR <input type="checkbox"/> TUBS <input type="checkbox"/> OTHER						
STORAGE PRESSURE	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT						
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> AMBIENT <input type="checkbox"/> ABOVE AMBIENT <input type="checkbox"/> BELOW AMBIENT <input type="checkbox"/> CRYOGENIC						

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	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	
DOT HAZARD CLASS	3	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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# 3003517752 38 BUSINESS NAME (Am Automotive work)

I. FACILITY INFORMATION

CHEMICAL LOCATION Shop Area Internal North West wall
CONFIDENTIAL LOCATION ☐ Yes ☒ No 5 MAP # 1 6 GRID # C3 7

II. CHEMICAL INFORMATION

CHEMICAL NAME Waste Motor Oil 8 WASTE ☒ Yes 9 TRADE SECRET ☐ Yes ☒ No 11
COMMON NAME Waste Motor Oil 9 An EHS Chemical ☐ Yes ☒ No 12
CAS # 647-54-7 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible Liquid 13
TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 14 RADIOACTIVE ☐ Yes ☒ No 15 CURIES 16
PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 17 PED HAZARD CATEGORIES ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE 18
AVERAGE DAILY AMOUNT 55 19 MAXIMUM DAILY AMOUNT 110 20 ANNUAL WASTE AMOUNT 300 21 STATE WASTE CODE 221 27
UNITS ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 23 DAYS ON SITE 365 24 LARGEST CONTAINER 55 25
STORAGE CONTAINER (Check all that apply) ☐ a. ABOVEGROUND TANK ☐ e. PLASTIC DRUM ☐ i. VAT ☐ m. CYLINDER ☐ o. TANK WAGON 26
☐ b. UNDERGROUND TANK ☐ f. NONMETALLIC DRUM ☐ j. FIBER DRUM ☐ n. GLASS CONTAINER ☐ p. RAIL CAR
☐ c. TANK INSIDE BLDG ☐ g. METAL CONTAINER ☐ k. BAG(S) ☐ o. PLASTIC CONTAINER ☐ s. TOTE BIN
☒ d. STEEL DRUM ☐ h. CARBOY ☐ l. BOX(S) ☐ p. IN MACH OR EQUIP ☐ t. OTHER
STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 27
STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
2 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5 29	30	<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 36
MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED





HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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☐ REVISED 1

Page 1 of 2

FACILITY ID: 30035 7729 BUSINESS NAME: LAMS AUTOMOTIVE WORK

I. FACILITY INFORMATION

CHEMICAL LOCATION: Shop Area INTERIOR NORTHWEST WALL

CONFIDENTIAL LOCATION (EPCRA) ☐ Yes ☒ No 5 MAP # 1 6 GRID # C3 7

II. CHEMICAL INFORMATION

CHEMICAL NAME: Waste Anti-Freeze WASTE ☒ Yes 8 TRADE SECRET ☐ Yes ☒ No 11

COMMON NAME: Waste Anti-Freeze 9 An EHS Chemical ☐ Yes ☒ No 12

CAS # MTA FIRE CODE HAZARD CLASSES (supplied by GGED): Combustible Liquid 13

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

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

AVERAGE DAILY AMOUNT: 25 19 MAXIMUM DAILY AMOUNT: 55 20 ANNUAL WASTE AMOUNT: 55 21 STATE WASTE CODE 22

UNITS ☒ a GALLONS ☐ b CUBIC FEET ☐ c POUNDS ☐ d TONS 23 DAYS ON SITE: 365 24 LARGEST CONTAINER: 55 25

STORAGE CONTAINER (Check all that apply) ☐ a ABOVEGROUND TANK ☐ e PLASTIC DRUM ☐ i VAT ☐ m CYLINDER ☐ o TANK WAGON 26

☐ b UNDERGROUND TANK ☐ f NONMETALLIC DRUM ☐ j FIBER DRUM ☐ n GLASS CONTAINER ☐ p RAIL CAR

☐ c TANK INSIDE BLDG ☐ g METAL CONTAINER ☐ k BAG(S) ☐ o PLASTIC CONTAINER ☐ s TOTE BIN

☒ d DRUM ☐ h CARBOY ☐ l BOX(S) ☐ p IN MACH OR EQUIP ☐ t OTHER

STORAGE PRESSURE ☒ a AMBIENT ☐ b ABOVE AMBIENT ☐ c BELOW AMBIENT 27

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
2 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5 29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

If more hazardous components are present (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

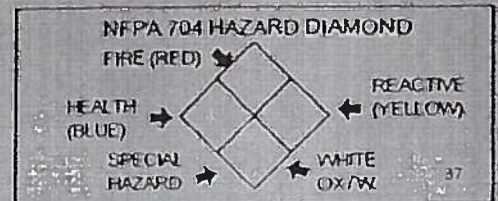
UNDOT # 3 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 34 Refer to shipping papers or MSDS

EPCRA ☐ YES ☒ NO 35

☒ X 36 If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED





HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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Page

2

FACILITY ID#	30035	7529	BUSINESS NAME	LAM AUTOMOTIVE WORK
--------------	-------	------	---------------	---------------------

I. FACILITY INFORMATION

CHEMICAL LOCATION	Shop Area INTERIOR SOUTHWEST WALL				
CONFIDENTIAL LOCATION (EPCRA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	GRID #	C7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Compress Air	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Compress Air	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CAS #	Mixture	FIRE CODE HAZARD CLASSES (supplied by GGFDP)			
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 type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	175	MAXIMUM DAILY AMOUNT	365	ANNUAL WASTE AMOUNT	
UNITS <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE		365	LARGEST CONTAINER	325
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input checked="" type="checkbox"/> i. CYLINDER <input type="checkbox"/> j. GLASS CONTAINER <input type="checkbox"/> k. PLASTIC CONTAINER <input type="checkbox"/> l. IN MACH OR EQUIP <input type="checkbox"/> m. TANK WAGON <input type="checkbox"/> n. RAIL CAR <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. OTHER				
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

PLACARDING INFORMATION

UNDOT #	33	
DOT HAZARD CLASS	34	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X	35	
If EPCRA, Please Sign Here		36

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

8:45 (647-5740)



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		7	7	5	2	1	EPA ID # (Hazardous Waste Only)	CAL 000266755					
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)																			
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...									
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs), or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B, or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4					✓ HAZARDOUS MATERIALS INVENTORY CHEMICAL DESCRIPTION (Form 3)				
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5					✓ UST FACILITY (Formerly SWRCB Form A)				
2. Intent to upgrade existing or install new USTs?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6					✓ UST TANK (one page per tank) (Formerly Form C) ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) ✓ UST TANK (closure portion one page per tank)				
3. Need to report closing a UST?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8					✓ NO FORM REQUIRED TO CUPAS				
D. HAZARDOUS WASTE 1. Generate hazardous waste?										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9					✓ EPA ID NUMBER - provide at the top of this				
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10					✓ RECYCLABLE MATERIALS REPORT (one per recycler)				
3. Treat hazardous waste on site?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11					✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D and L)				
4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12					✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)				
5. Consolidate hazardous waste generated at a remote site?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13					✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)				
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14					✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 124)				
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq -- Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15					✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)				

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN SHORT VERSION

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

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

IN THE EVENT OF AN EMERGENCY,

CALL 911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

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

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

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

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

Exemptions

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

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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

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

Vocal

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

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

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

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

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

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