



## CITY OF GARDEN GROVE OFFICE OF THE CITY CLERK

*Safeguard all official records of the City.  
Conduct municipal elections and oversee legislative administration.  
Provide reliable, accurate, and timely information to the  
City Council, staff, and the general public.*

**Steven R. Jones**  
Mayor

**John R. O'Neill**  
Mayor Pro Tem - District 2

**George S. Brietigam**  
Council Member - District 1

**Diedre Thu-Ha Nguyen**  
Council Member - District 3

**Patrick Phat Bui**  
Council Member - District 4

**Stephanie Klopfenstein**  
Council Member - District 5

**Kim B. Nguyen**  
Council Member - District 6

April 19, 2021

Request # 6709

Requester: Jacob Mullins

Company: Trileaf Corporation

Re: 11602 Anabel Ave.

Dear Mr. Mullins,

Enclosed are the records found concerning the history of the above-mentioned site(s), especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the installation or removal of underground flammable or combustible liquid storage tanks.

The City of Garden Grove Fire Department has utilized its best efforts to locate the records requested. The City does not provide records on spills, leaks and clean-up, as that information is provided through the County of Orange Health Department.

Sincerely,

Amanda Pollock  
City of Garden Grove  
City Clerk's Office

# GARDEN GROVE



## FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

**SHORT VERSION**

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>198</u>
BUSINESS NAME	<u>PBS Engineering</u>
BUSINESS ADDRESS	<u>11602 Anabel Ave</u>
APPROVED BY	<u>G</u> DATE <u>6/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</u> BUSLIST <u>   </u> CALARP: <u>   </u> CUPA: <u>   </u> GIS <u>   </u>
FEE	_____

Revised 2/2007

Rec'd.

04-11-08P01:14 FILE

cc.



# 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	PBS Engineering		4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS	11602 Anabel Ave				6
CITY	GARDEN GROVE	STATE	7	CA	8
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	[REDACTED]		14	OPERATOR'S PHONE	15

### BUSINESS OWNER

[REDACTED]					
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### ENVIRONMENTAL CONTACT

[REDACTED]					
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### 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

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	ADDRESS	43
PHONE	44		44

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50



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

# CUPA

FACILITY INFORMATION

## BUSINESS ACTIVITIES

Page 3 of 1

I. FACILITY IDENTIFICATION

FACILITY ID# 3 0 0 3 5 1. EPA ID # (Hazardous Waste Only) 2.  
CAD 9819853 77

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.  
PBS Engineering

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...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) 6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) 7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page 1 of 5 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	PBS Engineering	38
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Quadrant Z and W			4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	A	
			6	GRID #	W/Z

## II. CHEMICAL INFORMATION

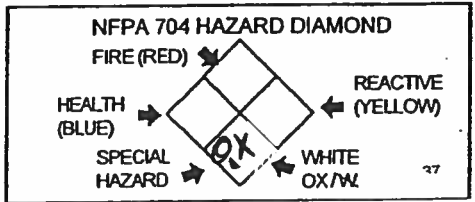
CHEMICAL NAME	Oxygen	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	Oxygen			9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGF)		13	* If EPCRA see instructions		
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	125 cuft	19	MAXIMUM DAILY AMOUNT	250. cuft	20	ANNUAL WASTE AMOUNT	21
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	125 cuft
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 type="checkbox"/> i. VAT <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> l. BAG(S) <input type="checkbox"/> l. BOX(S)	<input checked="" type="checkbox"/> m. CYLINDER	<input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27					
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input checked="" 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 #	Bun 1072	33
DOT HAZARD CLASS		34
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO	35
X		36



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page 2 of 5 2

FACILITY ID#	30035	BUSINESS NAME	PBS Engineering
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## I. FACILITY INFORMATION

CHEMICAL LOCATION

Quad W/Z

CONFIDENTIAL LOCATION EPCRA

Yes  No

MAP #

A

GRID #

W/Z

## II. CHEMICAL INFORMATION

CHEMICAL NAME

Argon

WASTE  Yes

TRADE SECRET  Yes  No

\* If EPCRA see instructions

COMMON NAME

Argon

An EHS Chemical  Yes  No

\* If EHS is "Yes", all amounts must be LBS

CAS #

FIRE CODE HAZARD CLASSES (supplied by GGFD)

TYPE (Check one item only)

a. PURE  b. MIXTURE  c. WASTE

RADIOACTIVE  Yes  No

CURIES

PHYSICAL STATE (Check one item only)

a. SOLID  b. LIQUID  c. GAS

FED HAZARD CATEGORIES

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE

d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

336 cu ft

MAXIMUM DAILY AMOUNT

672 cu ft

ANNUAL WASTE AMOUNT

0

STATE WASTE CODE

0

UNITS

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

DAYS ON SITE

365

LARGEST CONTAINER

336 cu ft

STORAGE CONTAINER (Check all that apply)

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

STORAGE PRESSURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE

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

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

un 1006

Refer to shipping papers or MSDS

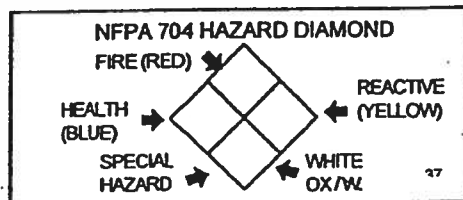
DOT HAZARD CLASS

Refer to shipping papers or MSDS

EPCRA  YES  NO

X

If EPCRA, Please Sign Here



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page 3 of 5 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	PBS Engineering
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## I. FACILITY INFORMATION

CHEMICAL LOCATION  
Quad W/E

CONFIDENTIAL LOCATION EPCRA  Yes  No 5 MAP# D 6 GRID# W/E 7

## II. CHEMICAL INFORMATION

CHEMICAL NAME Acetylene GAS WASTE  Yes 8 TRADE SECRET  Yes  No 11  
\* If EPCRA see instructions

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

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

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

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

AVERAGE DAILY AMOUNT 55 cu ft 19 MAXIMUM DAILY AMOUNT 110 cu ft 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 22

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

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

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

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

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

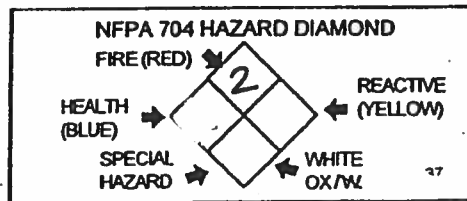
## PLACARDING INFORMATION

UNDOT # 407 1001 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



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# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

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FACILITY ID#	3 0 0 3 5	BUSINESS NAME	PBS Engineering
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## I. FACILITY INFORMATION

CHEMICAL LOCATION <u>Quard W/E</u>			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	A
GRID #	W/E		

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Argon</u>		* If EPCRA see instructions
COMMON NAME	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Argon</u>	*If EHS is "Yes", all amounts must be LBS	
CAS #	FIRE CODE HAZARD CLASSES (supplied by GGFD)	

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	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
<u>336 cu ft</u>	<u>336 cu ft</u>	<u>e</u>	<u>e</u>
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	LARGEST CONTAINER	
<u>365</u>	<u>365</u>	<u>336 cu ft</u>	

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input checked="" type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON
	<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR
	<input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN
	<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> p. IN MACH OR EQUIP <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
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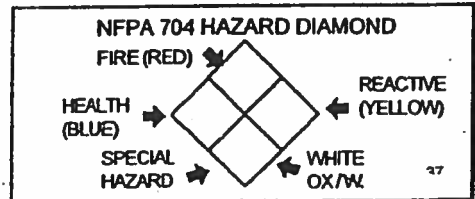
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC
---------------------	--

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <u>75%</u>	<u>Argon</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32
2 <u>25%</u>	<u>Carbon Dioxide</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32
3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32
5		<input type="checkbox"/> Yes <input checked="" 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 # <u>UN 1954</u>	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





# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

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FACILITY ID#	30035	BUSINESS NAME	PBS Engineering	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION

Quad Z

CONFIDENTIAL LOCATION EPCRA

Yes  No

MAP #

A

6

GRID #

Z

## II. CHEMICAL INFORMATION

CHEMICAL NAME

Gasoline

WASTE

Yes

8

TRADE SECRET

Yes

No

11

\* If EPCRA see instructions

COMMON NAME

Gasoline

An EHS Chemical

Yes

No

12

\*If EHS is "Yes", all amounts must be LBS

CAS #

10

FIRE CODE HAZARD CLASSES (supplied by GGFD)

13

TYPE (Check one item only)

a. PURE

b. MIXTURE

c. WASTE

14

RADIOACTIVE

Yes

No

CURIES

16

PHYSICAL STATE (Check one item only)

a. SOLID

b. LIQUID

c. GAS

17

FED HAZARD CATEGORIES

a. FIRE

b. REACTIVE

c. PRESSURE RELEASE

18

d. ACUTE HEALTH

e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

19

MAXIMUM DAILY AMOUNT

55

20

ANNUAL WASTE AMOUNT

21

STATE WASTE CODE

22

UNITS

a. GALLONS

b. CUBIC FEET

23

DAYS ON SITE

24

LARGEST CONTAINER

25

\*If EHS, amount must be in pounds.

STORAGE CONTAINER (Check all that apply)

a. ABOVEGROUND TANK

e. PLASTIC DRUM

i. VAT

m. CYLINDER

q. TANK WAGON

26

b. UNDERGROUND TANK

f. NONMETALLIC DRUM

l. FIBER DRUM

n. GLASS CONTAINER

r. RAIL CAR

c. TANK INSIDE BLDG

g. METAL CONTAINER

j. BAG(S)

o. PLASTIC CONTAINER

s. TOTE BIN

d. STEEL DRUM

h. CARBOY

k. BOX(S)

p. IN MACH OR EQUIP

t. OTHER

STORAGE PRESSURE

a. AMBIENT

b. ABOVE AMBIENT

c. BELOW AMBIENT

27

STORAGE TEMPERATURE

a. AMBIENT

b. ABOVE AMBIENT

c. BELOW AMBIENT

d. CRYOGENIC

28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input checked="" 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 # UN1203 33

Refer to shipping papers or MSDS

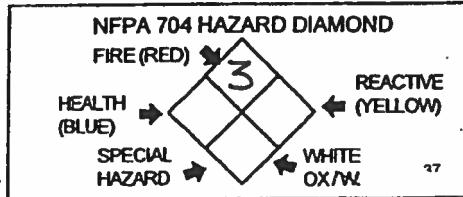
DOT HAZARD CLASS \_\_\_\_\_ 34

Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36

If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

**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, Paging System*

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:

*X-Quad*

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

<i>Run</i>

**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.

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Change of business address.</li><li>2. Change of business ownership.</li><li>3. Change of business name.</li><li>4. Cessation of business operation (quitting business).</li><li>5. Use or handling of a previously undisclosed hazardous material.</li><li>6. A 100% increase in the quantity of a previously disclosed hazardous material.</li></ol> |
|---|



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.

<i>OFFICE</i>

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: *General Manager*  
Date: *04/01/2006*

BUSINESS EMERGENCY PLAN

Business Name PBS Engineering, Inc.  
Business Address 11602 Anabel City Garden Grove State CA Zip 92643  
Mailing Address Same City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Business Phone (714) 534-6700  
FAX Number (714) 534-4975

Owner/Operator: Name [REDACTED] Phone Number (714) 534-6700  
Address Same as above City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Primary Contact : Name [REDACTED]  
Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]  
24 Hour Phone Number [REDACTED] Phone Number (714) 534-6700

Type of Business Operation Automotive Machine Shop

## TABLE OF CONTENTS

INTRODUCTION: Business Emergency Plan - Short Version

- A) Evacuation and Staging Areas
- B) Employee Responsibilities
- C) Training Requirements
- D) Emergency Notifications
- E) Prevention
- F) Site Plan



## Hazardous Materials Business Emergency Plan - Short Version

All businesses using, handling or storing hazardous materials that are required to disclose must complete an 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. B-1 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.

Personnel Emergency Notifications and Responsibilities

(A) Employee Evacuation and Staging Areas:

1. The type of (alarm) signal that will be used to initiate an evacuation at the facility:

PA, 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:

Street in front of building

(B) 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.)

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### (C) Training Requirements

State law requires training of employees where the business uses, handles or stores hazardous materials.

Employee training provided on:

1. Employee responsibility to report any release or threatened release of a hazardous material to:
  - Garden Grove Fire Department at 911
  - Office of Emergency Service 800-852-7550
2. Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
3. Procedures to follow during a release or threatened release of a hazardous material (evacuation to staging areas).
4. Information contained in material safety data sheets.
5. Warning labels/placards.
6. Safe work practices.
7. Use of on site emergency equipment and supplies.
8. Use and location of personal protective equipment.
9. Any chemical, hazardous material or substance that could be encountered in his/her work area.
10. On-site alarm system for evacuation.
11. Discuss possible release of hazardous materials scenario.

### (D) Emergency Notifications

A handler of hazardous materials is required to immediately report any release or threatened release of a hazardous material to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution. In addition you must notify the State Office of Emergency Services at (800) 852-7550 or (916) 427-4341.

(E) 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 aboveground 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 cyrogenic 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 Sheet (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, brush, etc.)
  - f  Posting of "No Smoking" signs where appropriate.

4. Other:

a\_\_\_

b\_\_\_

c\_\_\_

d\_\_\_

**F) Site Plan**

Use the symbols below to indicate, on the attached sheet, specific areas on the Site Plan. If the attached sheet is not sufficient, consult the instruction packet to prepare this plan. The Site Plan should be neat, clean, and drawn to scale, if possible.

 HAZARDOUS MATERIAL LISTED BY SYMBOL AND NUMBER.

**NOTE: THIS NUMBER SHOULD CORRESPOND WITH NUMBERS LISTED ON DISCLOSURE FORM.**

 ELECTRICAL MAIN

 GAS MAIN

 WATER MAIN

 EVACUATION AREA

 NORTH DIRECTIONAL ARROW

 INDICATE KNOX BOX LOCATIONS (lock box for keys)

 AUTOMATED SPRINKLERED BUILDING **NEEDED ON ALL SPRINKLERED BUILDINGS.**

 FIRE DEPARTMENT SPRINKLER CONNECTION

 FIRE HYDRANT

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	_____					
BUSINESS NAME	_____					
APPROVED BY:	_____	DATE:	_____			
NEW BUSINESS	_____	UPDATE	_____			
FEE	1	2	3	4	5	6
PICK	__ 4D	__	BUSLIST	__	CALARP:	__ CUPA: __ GIS



# Hazardous Materials Disclosure

## Program Description, Disclosure Forms, Placard Information

### This Program Affects Your Business

State and federal legislation requires EVERY BUSINESS that handles or stores hazardous materials and/or hazardous waste above a specified amount, to report their inventories to their local fire department. This disclosure information will assist the Fire Department in responding to emergencies involving hazardous materials along with meeting the "Community Right to Know Act" and safeguarding the environment.

### Does Your Business Handle Hazardous Materials?

Many materials you may not consider as a "hazardous material" are, in fact, hazardous. If it is flammable, combustible, corrosive, caustic, explosive, toxic, poisonous, an irritant, etc., then it is a hazardous material. Also, if the item has a warning label or the manufacturer supplies a Material Safety Data Sheet (MSDS), it is considered it a hazardous material.

Consider the materials that you use in your business operations. If there are any hazards associated with them, then you are handling a hazardous material. The question now becomes one of, "Is this hazardous material a reportable quantity?" Basically, if your business handles any single hazardous material at any one time, in an amount greater than or equal to

**55 gallons of a liquid, -  
500 pounds of a solid, or  
200 cubic feet of a gas, .**

then you have a reportable quantity and are required to report your inventory to the fire department.

### Other Circumstances

In addition, there are chemicals that state and federal governments have deemed to be "Extremely Hazardous Substances" (EHS) chemicals. These chemicals will be subject to SARA III or EPCRA reporting, as indicated on the MSDS. As a general rule, EHS items are required to be disclosed regardless of the amount.

Reportable amounts of waste materials must be disclosed. The fire department monitors the disclosure only, while Orange County Environmental Health regulates and tracks hazardous wastes for the city of Garden Grove.

### Cost Recovery

Fees are assessed to recoup the costs involved in operating the Hazardous Materials Disclosure Program. The fees are determined by the amount and number of reportable chemicals and/or the number of employees. Your business will be billed annually by the Orange County Certified Unified Program Agency (CUPA) for Garden Grove's Hazardous Material Disclosure Program fees. See Page 3 for Fee Schedule.



### Penalties

Failure to report disclosure information in a timely manor may result in fines and penalties of up to \$2,000 per day, and up to \$5,000 per day for knowingly refusing to disclose (California Health and Safety Code, Section 25514).

### How Do I Complete This Packet?

1. Determine if your business handles reportable quantities of a hazardous material. If you have not read the first page of this booklet, please do so now. Many items you may not consider as "hazardous," are indeed recognized as a "hazardous material" under state and/or federal law.
2. Complete the CUPA Business Activities Form, required by Orange County Health Care Agency.
3. Complete Form 1, the Business Information Form. Each box is numbered and has a corresponding explanation in the instructions preceding this form. Likewise, instructions precede Forms 2 and 3.
4. Complete Form 2. This is the site plan of your facility. Please use the legend symbols as needed. This information is important, as it will inform the fire department of the location of your hazardous materials, and will also provide vital information during emergency responses pertaining to the layout of your facility.
5. Complete Form 3, the Chemical Inventory Form. Fill in your business name and make as many copies as needed to disclose all your reportable hazardous materials. Please use one form per chemical and/or each waste item. Accompany each form with the respective MSDS.
6. Complete the Emergency Business Plan. This is a fill-in-the-blank safety workbook that will assist your business in maintaining safety, and also help to remain in compliance with hazardous materials laws and OSHA regulations. Since state law requires the fire department to review your business plan for sufficiency, you must return it along with the other forms. Please note that the Business Emergency Plan workbook has two versions. The version that applies to you will depend on the complexity of your business. Businesses are required to keep a separate copy of their Business Emergency Plan at their location. The original is kept on file at the Garden Grove Fire Department.

### Updates To Disclosure

You are required to notify the Hazardous Materials Coordinator at the Garden Grove Fire Department, of any changes in your business information, and/or chemical inventory information, within 30 days. The entire disclosure packet does not necessarily need to be resubmitted. You only will need to submit Forms 1, 2, or 3, whichever one(s) may be affected.

**MSDS Copies**

MSDS are requested for each chemical submitted. MSDS may be obtained from your supplier.

**Items To Be Returned To The Fire Department**

1. The Hazardous Materials Disclosure: Part 1
  - a. Business Information – Form 1
  - b. Site Plan - Form 2
  - c. Chemical Inventory – Form 3
2. The Business Emergency Plan: Part 2
3. Copies of the Material Safety Data Sheet
  - a. The law requires that the suppliers provide MSDS.
4. CUPA Business Information Form

**Assistance**

The Garden Grove Fire Department recognizes that completing the forms may be difficult and/or time consuming; therefore, any assistance you may need is offered to you. Also, if you prefer the form to be filled out for you, the department offers a Hazardous Materials Disclosure Reporting Assistance Program. Under this program, forms are completed upon payment of the appropriate fees. You may contact the Hazardous Materials Coordinator at (714) 741-5636 for an informational letter explaining the program and its limitations.

**Fee Schedule**

The schedule listed below shows the current fees adopted for the Garden Grove Fire Department Hazardous Materials Disclosure Program, Resolution No. 8101-98, under Hazardous Material Ordinance No. 1986.

<b>Hazardous Material Assist/Consulting Fee-----\$25.00 per half-hour (2 hour maximum)</b>	
1 –15 chemicals, <10,000 gallons <1000 lbs. <1000 cu ft of compressed gas, 1-10 Employees.....	\$ 200
1 –15 chemicals, <20,000 gallons <2000 lbs. <2000 cu ft of compressed gas, 11-20 Employees.....	\$ 300
1 –15 chemicals, <30,000 gallons <3000 lbs. <3000 cu ft of compressed gas, 21-30 Employees.....	\$ 400
>30,000 gallons, >3000 lbs., >3000 cu ft of compressed gas, +31 Employees.....	\$ 500
16 – 30 chemicals.....	\$ 750
31 or more chemicals.....	\$ 1,000

Note: Businesses that start operations within in the year will be prorated per each month of operation.



# 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	P.B.S. Engineering Inc			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	11602 Anabel Ave				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
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	PBS ENG INC	OWNER PHONE	17
OWNER MAILING ADDRESS	11602 ANABEL AVE		
CITY	G.G.	STATE	CA
	19	ZIP	92843

### ENVIRONMENTAL CONTACT

CONTACT NAME	UNKNOWN	CONTACT PHONE	23
CONTACT MAILING ADDRESS	24		
CITY	25	STATE	26
		ZIP	27

#### 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

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	38	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	PHONE	44
ADDRESS	43		

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50

**GUIDE FOR COMPLETING  
THE CALIFORNIA HAZARDOUS MATERIAL  
BUSINESS INFORMATION - FORM 1**

There are minimum hazardous material inventory report and data management requirements in Chapter 6.95 of Division 20 of the California Health and Safety Code and Section 11022 of Title 42 of the United States Code (1989). This inventory form is required to be used by businesses and administering agencies. It is designed to include inventory information mandated under both state and federal laws.

<b>BUSINESS OWNER &amp; OPERATOR IDENTIFICATION</b>	
<b>DATA ELEMENT BOXES</b>	<b>INFORMATION REQUIRED</b>
Facility ID Number	Number assigned by GGFD. Leave this blank.
1. Calendar year beginning	The current date you are filling out this report (e.g., 8/21/2001).
2. Calendar year ending	The ending date and current year of the report (e.g., 12/31/2001).
3. Page 1 of	The number of total pages in the inventory, including this page.
4. Business Name	Enter the full legal name of the business or facility.
5. Business Phone	Enter the business phone number.
6. Business Site Address	Enter the street address, including street, avenue, boulevard, etc., where the facility is located. No post office box numbers. This information must provide a means to geographically locate the facility.
7. City	Enter the city where the facility is located. Garden Grove filled in for you.
8. State	Enter the two-character state abbreviation. CA filled in for you.
9. Zip	Enter the zip code for the street address shown above.
10. Dun & Bradstreet (Optional)	Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number can be obtained by calling (610) 882-7748.
11. SIC Code	Enter the facility Standard Industrial Classification four digit code. NOTE: If code is more than four digits, report only the first four. If you don't know your SIC Code, leave blank and the Fire Department will fill it in for you.
12. Fire District	(Fire Dept. Use – Leave Blank)
13. County	Enter the county where facility is located. Orange is filled in for you.

BUSINESS OWNER & OPERATOR IDENTIFICATION	
DATA ELEMENT BOXES	INFORMATION REQUIRED
14. Business Operator/Manager's Name	Enter the name of the business operator/manager.
15. Operator Phone Number	Enter business operator phone number if different from business phone, area code first, and any extension.
16. Owner Name	Enter name of business owner.
17. Owner Phone Number	Enter the owner's phone number, if different from business phone.
18. Owner Mailing Address	Enter the owner's mailing address, if different from business address.
19. City	Owner's mailing address – City
20. State	Owner's mailing address – State
21. Zip	Enter the zip code for the above address
22. Environmental Contact Name	Enter the name of the person, if different from the Business Owner and Operator, that receives all environmental correspondence and will respond to enforcement activity.
23. Contact Phone Number	Enter the phone number at which the above person can be contacted—area code first, then any extension.
24. Mailing Address	Enter the mailing address, if different from the site address, where all environmental correspondence should be sent.
25. City	Enter the name of the city.
26. State	Enter the state abbreviation.
27. Zip	Enter the zip code for the above address.
28. Primary Contact Name	Enter the name of a facility representative that can be contacted in case of an emergency involving hazardous materials at the facility. The contact should have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
29. Primary Contact Title	Enter the title of the primary contact.
30. Primary Business Phone	Enter the business phone number for the primary contact, area code first and any extensions.
31. Primary 24-hour Phone	Enter the 24-hour phone number for the primary contact.
32. Primary Pager Number	Enter the pager telephone number for the primary contact, if available.

BUSINESS OWNER & OPERATOR IDENTIFICATION	
DATA ELEMENT BOXES	INFORMATION REQUIRED
33. Secondary Contact Name	Enter the name of facility official that can be contacted in the event that the primary contact is not available. The contact should have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
34. Secondary Contact Title	Enter the title of the secondary contact.
35. Secondary Business Phone	Enter the business number for the secondary contact.
36. Secondary 24-hour Phone	Enter the 24-hour phone number for the secondary contact.
37. Secondary Pager Number	Enter the pager number for the secondary contact, if available.
38. Business Operation	Description of main operations and/or processes at this site.
39. Total # of employees	Number of employees at this site.
40. Billing Address	Billing address, if different from site address.
41. Attention:	Responsible person or department for billing purposes.
42. Property Owner Name	
43. Property Owner Address	
44. Phone	Property Owner's phone
45. Owner/Operator Signature	The business owner/operator shall sign in the space provided. The signature certifies that all information contained in the inventory report (including subsequent chemical description information) is true, accurate, and complete.
46. Date	Enter the date that the document was signed (e.g., 03/01/98).
47. Name of Signer ( <i>Print</i> )	Print the full name of owner/operator on line 45.
48. Title of Signer ( <i>Print</i> )	Print the title of signer on line 48.
49. Name of Document Preparer	Print the full name of the document preparer.
50. Title of Document Preparer	Print the title of document preparer.

haz-mat disclosure prog doc

GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS DISCLOSURE FORM

INSTRUCTIONS TO COMPLETE SITE PLAN DRAWING  
FORM 2

Attach a map of the facility using the standard grid. As a minimum, the map should show the following:

1. Site Layout

- Scale of map (if any)
- Site orientation (North arrow)
- Loading areas
- Parking lots
- Internal roads
- Storm and sewer drains
- Adjacent property use
- Locations and names of adjacent streets and alleys
- Access and egress points and roads

2. Facility

- Location of each hazardous material (shown by placing  on attached map).
- If hazardous material is not listed, use a square box (ex.  Cl chlorine) and label as needed.
- Place a letter in the box, from the map symbol legend that best describes the material; i.e., w = waste oil.
- Location of emergency response equipment. For example, equipment for fire suppression, approach and mitigation, protective clothing, medical response, etc.

**NOTE:** When you fill out Haz-Mat Form 3 (Chemical Information Form), you will use the matrix coordinates on this map to show where each hazardous material is stored or handled (i.e., acetone is at A-3, waste oil is stored at C-4, etc.). This will help Fire Fighters in the event of a fire or hazardous materials spill at your facility.

**ALTERNATE METHOD**

If you already have a good site diagram, and if it can be reduced to an 8-1/2 inch by 11 inch page and still be legible, then you can submit that map instead of this form. Just draw the matrix over the map, and make sure it shows all the information listed above.



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
--------------	-----------	----	---------------	---

## I. FACILITY INFORMATION

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input type="checkbox"/> No	11		
			* If EPCRA see instructions			
COMMON NAME	9		An EHS Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No	12		
			* If EHS is "Yes", all amounts must be LBS			
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13		
TYPE (Check one from only)	<input type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	15		
			CURIES	16		
PHYSICAL STATE (Check one from only)	<input type="checkbox"/> a SOLID <input type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	17	FED HAZARD CATEGORIES	18		
			<input type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE			
			<input type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	
			STATE WASTE CODE	22		
UNITS <input 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	
			* If EHS, amount must be in pounds			
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a ABOVE GROUND 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 type="checkbox"/> i VAT <input type="checkbox"/> j FIBER DRUM <input type="checkbox"/> k BAG(S) <input type="checkbox"/> l BOX(S)	<input type="checkbox"/> m CYLINDER <input type="checkbox"/> n GLASS CONTAINER <input type="checkbox"/> o PLASTIC CONTAINER <input type="checkbox"/> p IN MACH OR EQUIP	<input type="checkbox"/> q TANK WAGON <input type="checkbox"/> r RAIL CAR <input type="checkbox"/> s TOTE BIN <input type="checkbox"/> t OTHER _____	26
STORAGE PRESSURE	<input type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT				27	
STORAGE TEMPERATURE	<input type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC				28	

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

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

## PLACARDING INFORMATION

UNDOT # _____	33	
Refer to shipping papers or MSDS		
DOT HAZARD CLASS _____	34	
Refer to shipping papers or MSDS		
EPCRA <input type="checkbox"/> YES <input type="checkbox"/> NO	35	
X _____	36	
If EPCRA, Please Sign Here		

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



**GARDEN GROVE FIRE DEPARTMENT  
HAZARDOUS MATERIALS 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	
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

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.
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. _____

INSTRUCTIONS FOR THE CHEMICAL INVENTORY DESCRIPTION PAGE FORM 3	
DATA ELEMENT BOXES	INFORMATION DESCRIPTION
16. Curies	If hazardous material/waste is radioactive, use this area to report concentration in $\mu$ Curies.
17. Physical State	Check the box that appropriately describes the state of the hazardous material: solid, liquid, or gas.
18. Federal Hazardous Categories	Check all categories that describe the physical and health hazards associated with the hazardous material/waste. The Environmental Protection Agency's Hazards Categories are:

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

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.

DATA ELEMENT BOXES	INFORMATION DESCRIPTION
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, 12000 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.
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.**

**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.

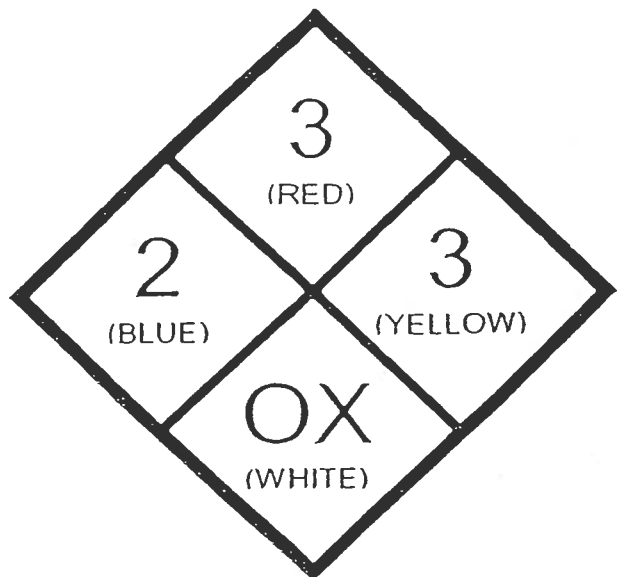
**HOW MUCH "HAZARDOUS MATERIAL" MUST MY BUSINESS HANDLE BEFORE I AM REQUIRED TO INSTALL HAZARDOUS MATERIALS SIGNS?**

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 worst 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.







# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1

Page 2 of 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION				4
<u>outside South - East side By Air Compressor</u>				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6
			GRID #	7

## II. CHEMICAL INFORMATION

CHEMICAL NAME		WASTE <input type="checkbox"/> Yes	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11		
<u>Gasoline</u>				* If EPCRA see instructions			
COMMON NAME		9		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12		
<u>RACE GAS</u>				* If EHS is "Yes", all amounts must be LBS			
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGF/D)		13			
TYPE (Check one item only)	<input checked="" type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE	18		
				<input type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
<u>70 GAL</u>		<u>110 GAL</u>		<u>0</u>		<u>N/A</u>	
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
		<u>always</u>		<u>55 Gallon Drum</u>			
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 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
2	29	30	31
		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
3	29	30	31
		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4	29	30	31
		<input type="checkbox"/> Yes <input type="checkbox"/> No	32
5	29	30	31
		<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.

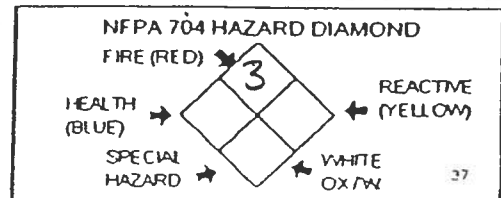
## PLACARDING INFORMATION

UNDOT # 4M1203 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1

Page 3 of 2

FACILITY ID# 30035    BUSINESS NAME \_\_\_\_\_

## I. FACILITY INFORMATION

CHEMICAL LOCATION Welding Table

CONFIDENTIAL LOCATION EPCRA  Yes  No    MAP # \_\_\_\_\_    GRID # F-4

## II. CHEMICAL INFORMATION

CHEMICAL NAME 75% Argon 25% Carbon Dioxide    WASTE  Yes  No    TRADE SECRET  Yes  No

COMMON NAME Compressed Gases    An EHS Chemical  Yes  No

CAS # \_\_\_\_\_    FIRE CODE HAZARD CLASSES (supplied by GGF/D) \_\_\_\_\_

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

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

AVERAGE DAILY AMOUNT 250 cu.ft.    MAXIMUM DAILY AMOUNT 336 cu.ft.    ANNUAL WASTE AMOUNT NONE    STATE WASTE CODE \_\_\_\_\_

UNITS  a GALLONS  b CUBIC FEET  c POUNDS  d TONS    DAYS ON SITE always    LARGEST CONTAINER 336 cu ft

STORAGE CONTAINER (Check all that apply)

<input type="checkbox"/> a ABOVEGROUND TANK	<input type="checkbox"/> e PLASTIC DRUM	<input type="checkbox"/> i VAT	<input checked="" type="checkbox"/> m CYLINDER	<input type="checkbox"/> q TANK WAGON
<input type="checkbox"/> b UNDERGROUND TANK	<input type="checkbox"/> f NONMETALLIC DRUM	<input type="checkbox"/> j FIBER DRUM	<input type="checkbox"/> n GLASS CONTAINER	<input type="checkbox"/> r RAIL CAR
<input checked="" type="checkbox"/> c TANK INSIDE BLDG	<input checked="" type="checkbox"/> g METAL CONTAINER	<input type="checkbox"/> k BAG(S)	<input type="checkbox"/> o PLASTIC CONTAINER	<input type="checkbox"/> s TOTE BIN
<input type="checkbox"/> d STEEL DRUM	<input type="checkbox"/> h CARBOY	<input type="checkbox"/> l BOX(S)	<input type="checkbox"/> p IN MACH OR EQUIP	<input type="checkbox"/> t OTHER _____

STORAGE PRESSURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

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

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

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

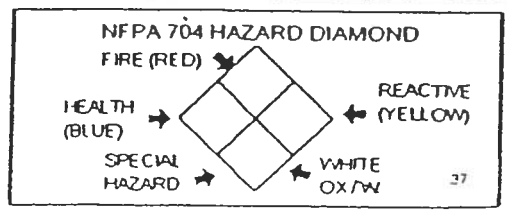
## PLACARDING INFORMATION

UNDOT # 471956    Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2    Refer to shipping papers or MSDS

EPCRA  YES  NO

X \_\_\_\_\_    If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1

Page 4 of 2

FACILITY ID# 30035    BUSINESS NAME P.B.S Engineering

## I. FACILITY INFORMATION

CHEMICAL LOCATION South-East Corner of welding Table

CONFIDENTIAL LOCATION EPCRA  Yes  No    MAP # 5    GRID # F-9 - L-6

## II. CHEMICAL INFORMATION

CHEMICAL NAME Argon Compressed    WASTE  Yes  No    TRADE SECRET  Yes  No

COMMON NAME Argon    An EHS Chemical  Yes  No

CAS # 7800-44-0    FIRE CODE HAZARD CLASSES (as supplied by GGFID)

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

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

AVERAGE DAILY AMOUNT 500 cu.ft.    MAXIMUM DAILY AMOUNT 672 cu.ft.    ANNUAL WASTE AMOUNT 5    STATE WASTE CODE

UNITS  a GALLONS     b CUBIC FEET     c POUNDS     d TONS    DAYS ON SITE always    LARGEST CONTAINER 336 cu.ft.

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

STORAGE PRESSURE  a AMBIENT     b ABOVE AMBIENT     c BELOW AMBIENT

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

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	79		<input type="checkbox"/> Yes <input type="checkbox"/> No	37
2	79		<input type="checkbox"/> Yes <input type="checkbox"/> No	37
3	79		<input type="checkbox"/> Yes <input type="checkbox"/> No	37
4	79		<input type="checkbox"/> Yes <input type="checkbox"/> No	37
5	79		<input type="checkbox"/> Yes <input type="checkbox"/> No	37

*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.*

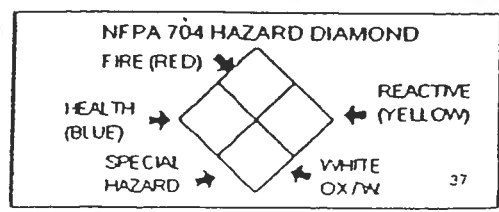
## PLACARDING INFORMATION

UNDOT # UN 1004    Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2    Refer to shipping papers or MSDS

EPCRA  YES  NO

X    If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# Hazardous 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: 11602 ANNABEL AVE  
Occupant or DBA: PBS ENGINEERING INC  
Owner/Manager: Steve Henry

Date: 4/1/08  
File No: 198  
Phone: 714-534-6700

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: [Signature] Re-inspection Date: 4/15/08

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

Fire Dept. Inspector: R. MACIAS ID #: \_\_\_\_\_  
Condition Upon Re-inspection: GOOD TO GO Date: 4/15/08



# Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway  
Garden Grove, CA 92840  
Bus. (714) 741-5600 Fax (714) 741-5640  
Hazardous Materials Coordinator  
(714) 741-5636

Date: 4/27/05

Address: 11602 ANABEL

File No: \_\_\_\_\_

Occupant or DBA: FBS

Owner/Manager: BOB SWENSON

Phone: (714) 534-6700

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- No Violations Found**

Additional Violations and/ or Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible party: FBS Re-inspection date: 5/11/05

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

Fire Dept. Inspector: \_\_\_\_\_ ID#: \_\_\_\_\_

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: PBS ENGINEERING INC. Telephone: 534-6700  
Site Address: 11602 Anabel Ave. Zip Code: \_\_\_\_\_  
Garden Grove, CA 92843-3769

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 [Signature]  
Job Title \_\_\_\_\_ Date 3-14-01

**UNIFIED PROGRAM CONSOLIDATED FORM**

**FACILITY INFORMATION**

**BUSINESS ACTIVITIES**

Page 1 of \_\_\_\_\_

**I. FACILITY IDENTIFICATION**

FACILITY ID#		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 (OES Form 2730)**

Does your facility...	If Yes, please complete these pages of the UPCF...		
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks?  2. Intent to upgrade existing or install new USTs?  3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5.  6.  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)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?  3. Treat hazardous waste on site?  4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site?  6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. 10.  11.  12. 13.  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)
<b>E. LOCAL REQUIREMENTS</b>			

15.

(You may also be required to provide additional information by your CUPA or local agency.)



**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: PBS ENGINEERING INC Telephone: 534670  
Site Address: 1162 ANAHEIM AVE Zip Code: 92843

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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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.

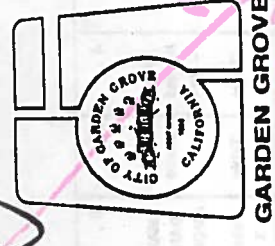
Print Name [REDACTED]

Signature [Signature]

Job Title GENERAL MANAGER

Date 7-6-06





**CITY OF GARDEN GROVE, CALIFORNIA**  
MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92642  
714-741-5600

**BUSINESS EMERGENCY PLAN**

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 days of the following events:

1. Change of business address.
2. Change of business ownership.
3. Change of business name.
4. Cessation of business.
5. Use of a previously undisclosed hazardous material.
6. A 100% increase in the quantity of a previously disclosed material.

	YES	NO
1. Are there any underground storage containers located on the business property?	—	<input checked="" type="checkbox"/>
2. Is trade secret protection requested for any of the information included in this disclosure?	—	<input checked="" type="checkbox"/>
3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property?	—	<input checked="" type="checkbox"/>
4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?	—	<input checked="" type="checkbox"/>

I certify, under penalty of law that I have personally examined and am familiar with the information submitted and believe the submitted information is true, accurate, and complete.

Print Name of Owner: Robert L. Swenson

Print Name of Document Preparer: Clark F. Adams

Signature of Owner/Operator: [Signature] Date: 7-26-94

Business Name: PBS Engineering, Inc.

Business Address: 11602 Anabel City: Carrollan Grove State: CA Zip: 92643

Mailing Address: Same City: — State: — Zip: —

Business Phone (714) 534-6700 Business License # 103682

Owner/Operator: Name Robert Swenson Phone Number (714) 534-6700

Address Same as above City — State — Zip —

Type of Business Operation Automotive Machine Shop

EPA # CAD 981985377 SIC Code 3519, 3500

Emergency Contacts: Name Robert Swenson

Address 12581 Jerome Lane City Carrollan Grove State CA Zip 92641

24 Hour Phone Number (714) 539-6266 Phone Number (714) 534-6700

Property Owner: Name Same as above Phone Number ( ) —

Address — City — State — Zip —

Total Number of Employees 8 Dun and Brad Street Numbers —

Office Use Only

MLI# 15856 Short  Long AA

OK 1-30-94

**NOTE: Keep a copy of entire disclosure packet for your records.**

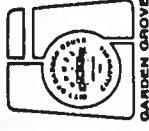
**RETURN THE ORIGINAL DISCLOSURE FORM, BUSINESS PLAN, AND MSDS SHEETS TO THE GARDEN GROVE FIRE DEPARTMENT**

# HAZARDOUS MATERIALS DISCLOSURE FORM

BUSINESS NAME: PBS ENGINEERING, INC.  
 ADDRESS: 11602 Anabel, Garden Grove, CA 92643.  
 MLI # \_\_\_\_\_ (office use only)

THIS FORM TO BE TYPEWRITTEN.

DATE: 1/27/94  
 PAGE # \_\_\_\_\_



1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	3. CAS NO.	4. SARA Hazard Class	5. Physical State	6. MAX. DAILY AMOUNT	7. AVL. DAILY AMOUNT	8. DAYS ON SITE	9. CONTAINER TYPE	10. STORAGE CODE	11. LOCATION	12. STATE WASTE NUMBER	13. DOT/UN/NA NUMBER	14. HAZARD CLASS
SAFETY-KLEEN 105 Solvent 1. MS #6617	Mineral Spirits Dye Anti-Static Agent	8032-32-4 N/A N/A	1.4	L 50gal	00	00	365	H	1-1	1 Y-Quadrant, In parts washers near S.W. Overhead door.			3
Immersion Cleaner & Cold 2. Parts Cleaner 699 (Safety-Kleen)	Aromatic 150 N-Methyl-2-Pyrrolidone (NMP) Water	64742-94-5 872-50-4 7732-18-5	1.4	L 3gal	00	00	365	J	1-1	2 Y-Quadrant, In 5-gal pail under work bench on south wall.			3
Dimonyl Engine Oil 3. 306-15-40	Petroleum lubricating oil Base stock	64742-57-0, 62-7, 65-0, 56-9, 64642- 54-7, 55-8	1.5	L 50gal	00	00	365	J	1-1	3 W-Quadrant, In bulk oil dispenser in parts storage area entrance.			3
Gear Lube 201-80-90 4. ISO 150	Petroleum lubricating oil Base stock	Same as engine oil	1.5	L 5gal	00	00	365	J	1-1	4 W-Quadrant, In 5-gal pail (with pump) in parts storage area entrance.			3
Waste Oil 5.	Same as items 3 and 4		1.5	L 50gal	01	00	365	E	1-1	5 Y-Quadrant, In 55-gal metal drums outside S.W. rear door.			3
Acetylene (gas) 6.	Acetylene	000 074 862	1.4	G 75CF	01	00	365	K	3-1	6 Z-Quadrant, In steel cylinder near S.E. door 7 W-Quadrant, In steel cylinder in welding area			10
Oxygen 7.	Oxygen		1.4	G 125CF	01	01	365	K	3-1	6 Z-Quadrant, In steel cylinder near S.E. door 7 W-Quadrant, In steel cylinder in welding area			17
Argon 8.	Argon		2.4	G 330CF	02	02	365	K	3-1	6 Z-Quadrant, In steel cylinder near S.E. door 7 W-Quadrant, In steel cylinder in welding area			15
Carbon Dioxide 9.	CO2		2.4	G	01	01	365	K	3-1	6 Z-Quadrant, In steel cylinder near S.E. door 7 W-Quadrant, In steel cylinder in welding area			15
10.													
11.													
12.													
13.													
14.													
15.													

<b>Table#1 SARA Hazard</b> Physical 1-Fire 2-Sudden Release of Pressure 3-Reactivity Health 4-Immediate (Acute) 5-Delayed (Chronic)	<b>Table#2</b> Physical State P-Pure M-Mixture S-Solid (Report pounds) L-Liquid (Report gallons) G-Gas (Report cubic feet)	<b>TABLE # 3 Amount Chart</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Value</th> <th>Amount</th> <th>Range</th> </tr> </thead> <tbody> <tr><td>00</td><td>0</td><td>99</td></tr> <tr><td>01</td><td>100</td><td>299</td></tr> <tr><td>02</td><td>300</td><td>599</td></tr> <tr><td>03</td><td>600</td><td>999</td></tr> <tr><td>04</td><td>1000</td><td>5999</td></tr> <tr><td>05</td><td>6000</td><td>9999</td></tr> <tr><td>06</td><td>10000</td><td>19999</td></tr> <tr><td>07</td><td>20000</td><td>49999+</td></tr> </tbody> </table>	Value	Amount	Range	00	0	99	01	100	299	02	300	599	03	600	999	04	1000	5999	05	6000	9999	06	10000	19999	07	20000	49999+	<b>Table#4 Container Type</b> A-Aboveground Tank B-Bag(s) C-Box(s) D-Carboy(s) E-Drum(s) or Barrel(s) F-Fixed Pressurized Cylinders G-Glass Containers H-In Machinery or Equip. I-Insulated Tank(Cryogenics) J-Metal Containers K-Movable Pressurized Cylinders L-Plastic Containers M-Rail Car N-Silo O-Tank inside building P-Underground Tank Q-Other
Value	Amount	Range																												
00	0	99																												
01	100	299																												
02	300	599																												
03	600	999																												
04	1000	5999																												
05	6000	9999																												
06	10000	19999																												
07	20000	49999+																												
<b>Table#5 Storage Code</b> Pressure 1- Ambient 2 - Less than ambient 3 - Greater than ambient Temperature 1-Ambient 2-Less than ambient, but not cryogenic. 3-Greater than ambient 4-Cryogenic * Ambient = room pressure or temperature		<b>Table#6 Hazard Class (see MSDS sheets for info)</b> 1- Blasting Agent 2- Carcinogen 3- Combustible Liquids 4- Corrosive 5- Cryogenics 6- Etiologic Agents 7- Explosive A 8- Explosive B 9- Explosive C 10- Flammable Compressed Gas 11- Flammable Liquid 12- Flammable Solid 13- Hypergolic 14- Irritant 15- Non Flammable Compressed Gas 16- Organic Peroxide 17- Oxidizer 18- Pesticide 19- Poison A (Compressed Poisonous Gas) 20- Poison B (Solid/Liquid) 21- Pyrophoric or Spontaneously Combustible 22- Radioactive																												

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**SECTION 3 - REACTIVITY DATA**


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UNUSUAL HAZARDS:                   NAIF

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**SECTION 4 - SPILL AND DISPOSAL HANDLING**


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SPILL: USE INERT ABSORBANT MATERIAL TO CONFINE SPILLS AND TO ABSORB MATERIAL. SCOOP INTO A DISPOSABLE CONTAINER.

DISPOSAL: LAND FILL OR INCINERATE AS FEDERAL, STATE, AND LOCAL REGULATIONS PERMIT.

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**SECTION 5 - HAZARDOUS INGREDIENTS**


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COMPONENT	CAS#	%	CARCINOGEN
PETROLEUM LUBRICATING OIL BASE STOCK	64742-57-0 64742-62-7 64742-54-7 64742-65-0 64742-55-8 64742-56-9 64741-88-4	100	NO
OIL MIST ACGIH 5MG/M3 TLV, 8 HOURS 10MG/M3 STEL, 15 MINUTES OSHA 5MG/M3 PEL, 8 HOURS			

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**SECTION 6 - HEALTH HAZARD DATA**


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INHALATION: VAPOR INHALATION UNDER AMBIENT CONDITION IS NORMALLY NOT A PROBLEM.

EYE CONTACT: IRRITATION MAY OCCUR.

SKIN CONTACT: PROLONGED AND REPEATED CONTACT HAS PRODUCED MILD IRRITATION AND INFLAMMATION.

INGESTION: LOW ORDER OF ACUTE ORAL TOXICITY, BUT MINUTE AMOUNTS ASPIRATED INTO THE LUNGS DURING INGESTION MAY CAUSE MILD TO SEVERE PULMONARY INJURY AND POSSIBLY DEATH.

SUMMARY OF ACUTE HAZARD: NOT EXPECTED TO PRESENT A SIGNIFICANT HEALTH HAZARD UPON SHORT TERM EXPOSURE.

SUMMARY OF CHRONIC HAZARDS: PROLONGED AND/OR REPEATED CONTACT WITH THIS MATERIAL MAY PRODUCE MILD SKIN IRRITATION AND INFLAMMATION.

SPECIAL HEALTH EFFECTS: PERSONNEL WITH PRE-EXISTING SKIN DISORDERS SHOULD AVOID CONTACT WITH THIS PRODUCT.

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**SECTION 7 - FIRST AID PROCEDURE**


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INHALATION: REMOVE TO FRESH AIR; IF BREATHING DIFFICULTIES PERSIST, OBTAIN MEDICAL ATTENTION.

EYE CONTACT: FLUSH WITH WATER FOR 15 MINUTES, IF PAIN OR REDNESS PERSIST, OBTAIN MEDICAL ATTENTION.

SKIN CONTACT: WASH WITH SOAP AND WATER AFTER WIPING OFF EXCESS MATERIAL.

INGESTION: DO NOT INDUCE VOMITING, CALL A PHYSICIAN IMMEDIATELY.

OTHER: NAIF

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**SECTION 8 - CONTROL MEASURES**


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INHALATION: ADEQUATE VENTILATION OR NIOSH/MSHA APPROVED RESPIRATORS

# MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing,  
Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

## SECTION I

MANUFACTURER'S NAME <b>BIG THREE IND.,.</b>		EMERGENCY TELEPHONE NO. <b>(213-428-6442)</b>
Distributor- <b>OXYGEN SERVICE COMPANY</b>		<b>(714-538-0052)</b>
ADDRESS (Number, Street, City, State, and ZIP Code) <b>2445 South Street, Long Beach, Calif. 90805</b>		
CHEMICAL NAME AND SYNONYMS <b>Argon</b>		TRADE NAME AND SYNONYMS
CHEMICAL FAMILY <b>Rare gas</b>	FORMULA <b>Ar</b>	

## SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS <b>n/a</b>			BASE METAL <b>n/a</b>		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					
HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES				%	TLV (Units)
<b>n/a</b>					

## SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	<b>-302.6</b>	SPECIFIC GRAVITY (H <sub>2</sub> O=1)	
VAPOR PRESSURE (mm Hg.)		PERCENT, VOLATILE BY VOLUME (%)	
VAPOR DENSITY (AIR=1)	<b>1.38</b>	EVAPORATION RATE (_____ =1)	
SOLUBILITY IN WATER	<b>moderate</b>		
APPEARANCE AND ODOR			

## SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	FLAMMABLE LIMITS	Lel	Uel
EXTINGUISHING MEDIA			
SPECIAL FIRE FIGHTING PROCEDURES <b>n/a</b>			
UNUSUAL FIRE AND EXPLOSION HAZARDS			

# MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing,  
Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

## SECTION I

MANUFACTURER'S NAME <b>BIG THREE IND., INC.</b>		EMERGENCY TELEPHONE NO. <b>(213-428-6442)</b>
Distributor- <b>OXYGEN SERVICE COMPANY</b>		<b>(714-5380052)</b>
ADDRESS (Number, Street, City, State, and ZIP Code) <b>2445 South Street, Long Beach, Calif. 90805</b>		
CHEMICAL NAME AND SYNONYMS <b>OXYGEN</b>	TRADE NAME AND SYNONYMS <b>OXYGEN</b>	
CHEMICAL FAMILY <b>OXIDIZER</b>	FORMULA <b>O<sub>2</sub></b>	

## SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS <b>N/A</b>			BASE METAL <b>N/A</b>		
CATALYST			ALLOYS		
VEHICLE			METALLIC COATINGS		
SOLVENTS			FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES			OTHERS		
OTHERS					
HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES				%	TLV (Units)
Gas- Mixtures of Flammable or petroleum products					
Liquid- Mixtures of petroleum products					

## SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	<b>297.4</b>	SPECIFIC GRAVITY (H <sub>2</sub> O=1)	<b>Gaseous 1.3266</b>
VAPOR PRESSURE (mm Hg.)	<b>N/A</b>	PERCENT VOLATILE BY VOLUME (%)	
VAPOR DENSITY (AIR=1) <b>gm/l</b>	<b>1.4291</b>	EVAPORATION RATE (_____ =1)	
SOLUBILITY IN WATER	<b>moderate</b>		
APPEARANCE AND ODOR			

## SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	FLAMMABLE LIMITS	LeI	UeI
EXTINGUISHING MEDIA			
SPECIAL FIRE FIGHTING PROCEDURES			
UNUSUAL FIRE AND EXPLOSION HAZARDS			



# MATERIAL SAFETY DATA SHEET

## I - GENERAL INFORMATION

PRODUCT NAME <b>Acetylene (Gas)</b>		EMERGENCY TELEPHONE NO. <b>(713) 868-0202</b>	
MANUFACTURERS NAME <b>Big Three Industries, Inc.</b>	TRADE NAME AND SYNONYMS <b>Acetylene (Ethyne)</b>		
ISSUE DATE <b>APRIL 1, 1984</b>		CHEMICAL NAME AND SYNONYMS <b>Acetylene</b>	
PRODUCT ID. NO. <b>UN-1001</b>	FORMULA <b>C<sub>2</sub>H<sub>2</sub></b>	CHEMICAL FAMILY <b>Alkynes</b>	CAS NUMBER <b>000 074 862</b>

## II - HAZARDOUS INGREDIENTS

HAZARDOUS MIXTURES OF LIQUIDS AND GASES	O/O	TLV
NONE. (NIOSH has proposed a 10-hr TWA of 2500 PPM because of toxic trace impurities)		

## III - PHYSICAL DATA

BOILING POINT <b>- 103°F (-75°C) @ 1.68 ATM (15 PSIG)</b>	SPECIFIC GRAVITY (Air = 1) <b>0.906 at 32°F (0°C) and 1 ATM</b>
VAPOR PRESSURE of Pure Liquid at 70°F (21.1°C) <b>635 PSIG (not cylinder pressure)</b>	PERCENT VOLATILE BY VOLUME (O/O) <b>N/A</b>
DENSITY at 32°F (0°C) and 1 ATM <b>0.07314 lb/cu ft</b>	EVAPORATION RATE <b>N/A</b>
SOLUBILITY IN WATER <b>1.7 SCC/100 CC H<sub>2</sub>O at 32°F (0°C)</b>	MATERIAL AT NORMAL CONDITION <input type="checkbox"/> LIQUID <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> GAS
EXPANSION RATIO (LIQUID TO GAS) <b>N/A (Gas)</b>	Autoignition Temperature <b>635F (335C)</b>
APPEARANCE AND ODOR <b>Colorless gas with a distinctive garlic-like odor</b>	Autoignition Temperature 635°F (335°C) (Varies depending on Acetylene Percentage, Pressure, Temperature and Water Content)

## IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (METHOD USED) <b>N/A</b> <input type="checkbox"/> CLOSED CUP <input type="checkbox"/> OPEN CUP	FLAMMABILITY LIMITS IN AIR (O/O BY VOL) LOWER <b>2.5</b> UPPER <b>80</b>
EXTINGUISHING MEDIA <b>Dry chemical, carbon dioxide, and water.</b>	
SPECIAL FIRE FIGHTING PROCEDURES <b>Shut off source of acetylene if possible. Use water spray to cool fire exposed cylinders. A small flame may be put out but if a large flame is present, let it burn provided personnel or building structure is not in danger. If a flame is extinguished and acetylene continues to escape, an explosive re-ignition could occur. Follow instructions found in CGA Safety Bulletin #4 "Handling Acetylene Cylinders In Fire Situations".</b>	
UNUSUAL FIRE AND EXPLOSION HAZARD <b>Excessive heat or fire exceeding 212°F (temperature of boiling water) will cause fusible safety plugs to release allowing acetylene to escape and if ignition occurs, a flame as high as 15' could develop. Cylinders exposed to extreme heat in a fire situation may rupture violently if cylinders are not kept cool. Acetylene is lighter than air and can accumulate in the top of enclosed spaces. Potential explosion hazard from re-ignition.</b>	

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**MATERIAL SAFETY DATA SHEET**  
**SAFETY-KLEEN CORP.**  
 777 Big Timber Rd.  
 Elgin, IL 60123



IDENTITY (As Used on Label and List)  
 Safety-Kleen 105 Solvent-MS #6617

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

**Section I**

Manufacturer's Name Safety-Kleen Corporation	Emergency Telephone Number 312/697-8460
Address (Number, Street, City, State, and ZIP Code) 777 Big Timber Road	Telephone Number for Information 312/697-8460
Elgin, Illinois 60123	Date Prepared 09/12/86 Revised 05/26/87, 09/29/87, 10/06/88, 10/20/88
	Signature of Preparer (optional)

**Section II—Hazardous Ingredients/Identity Information**

Hazardous Components (Specific Chemical Identity; Common Name(s))	CAS No.	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
Mineral Spirits	8032-32-4	500 ppm	100 ppm	N/A	99.9+
Dye	N/A	Unknown	Unknown	unk.	0.003
Anti-Static Agent	N/A	Unknown	Unknown	100 est.	1 ppm

**Section III—Physical/Chemical Characteristics**

Boiling Point (°F)	310-400	Specific Gravity (H <sub>2</sub> O = 1)	0.775-0.795
Vapor Pressure (mm Hg.) @ 68°F (20°C)	2	Melting Point	N/A
Vapor Density (AIR = 1)	4.9	Evaporation Rate (Toluene = 1)	0.2
Solubility in Water Negligible.		VOC	795g./L
Appearance and Odor Clear green liquid with characteristic hydrocarbon odor.			

**Section IV—Fire and Explosion Hazard Data**

Flash Point (Method Used) 105 °F TCC	Flammable Limits	LEL 0.7	UEL 6.0
Extinguishing Media CO <sub>2</sub> , foam, dry chemical, water (mist only)			
Special Fire Fighting Procedures None.			

Unusual Fire and Explosion Hazards  
 None.

**MATERIAL SAFETY DATA SHEET**  
**SAFETY-KLEEN CORP.**  
 777 Big Timber Rd.  
 Elgin, IL 60123



IDENTITY (As Used on Label and List) Immersion Cleaner & and Cold Parts Cleaner 699 Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

**Section I Ref. 195-80C**

Manufacturer's Name Safety-Kleen Corporation	Emergency Telephone Number (708) 697-8460
Address (Number, Street, City, State, and ZIP Code) 777 Big Timber Road	Telephone Number for Information (708) 697-8460
Elgin, Illinois 60123	Date Prepared 10/5/89
	Signature of Preparer (optional)

**Section II—Hazardous Ingredients/Identity Information**

Hazardous Components (Specific Chemical Identity; Common Name(s))	CAS No.	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
Aromatic 150	64742-94-5	not determined		100 ppm for 8 hrs.	
N-Methyl-2-Pyrrolidone (NMP)	872-50-4	100 ppm	100 ppm		
Water	7732-18-5				
Dipropylene Glycol Methyl Ether (DPM)	34590-94-8	100 ppm			
Monoethanolamine (MEA)	141-43-5	3 ppm (skin)	3 ppm (skin)		
Oleic Acid	112-80-1	not determined			

**Section III—Physical/Chemical Characteristics**

Boiling Point	210-439	Specific Gravity (H <sub>2</sub> O = 1) @ 75°F	0.950
Vapor Pressure (mm Hg.)	water	Melting Point	10°F
Vapor Density (AIR = 1)	water	Evaporation Rate (Butyl Acetate = 1)	water

**Solubility in Water**

Complete

**Appearance and Odor**

Clear, Reddish brown liquid, Mild hydrocarbon odor.

**Section IV—Fire and Explosion Hazard Data**

Flash Point (Method Used) TCC 151°	Flammable Limits	LEL 0.8%	UEL 7.0%
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**Extinguishing Media**

Dry chemical, CO<sub>2</sub>, standard foam, water spray, water fog.

**Special Fire Fighting Procedures**

Wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full face piece operated in the pressure demand or other positive pressure mode.

**Unusual Fire and Explosion Hazards**

Incomplete combustion will generate carbon monoxide and other toxic vapors. Can react with oxidizing materials.



## MATERIAL SAFETY DATA SHEET

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PRODUCT TRADE NAME: DIMONYL ENGINE OIL 306-15-40  
REVISION DATE: 09/05/89  
EMERGENCY PHONE NUMBER: (817)332-2336 CHEMTREC: 1-800-424-9300  
CHEMICAL FAMILY: PETROLEUM HYDROCARBON BASED LUBRICANT

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## SECTION 1 - FIRE AND EXPLOSION HAZARDS

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NFPA CODE - Health: 1 Fire: 1 Reactivity: 0 Other: NAIF

FLASH POINT, ' C: >179 METHOD: C.O.C. AUTO IGNITION TEMP., ' C: >260

FLAMMABLE LIMITS, % VOLUME - LOWER: 0.9 UPPER: 7

EXTINGUISHING MEDIA: USE WATER SPRAY, DRY CHEMICAL, FOAM, OR CARBON DIOXIDE.

SPECIAL FIREFIGHTING PROCEDURES: USE WATER TO KEEP FIRE-EXPOSED CONTAINER COOL. WATER SPRAY MAY BE USED TO FLUSH SPILLS AWAY FROM EXPOSURES. USE SELF - CONTAINED BREATHING APPARATUS.

UNUSUAL FIRE & EXPLOSION HAZARDS: WATER OR FOAM MAY CAUSE FROTHING. H2S MAY BE PRODUCED ABOVE 121'C

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## SECTION 2 - PHYSICAL DATA

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BOILING POINT: >293'C MELTING POINT: NA  
SPECIFIC GRAVITY, (WATER = 1): 0.9 PH: NA  
WATER SOLUBILITY: NO VAPOR DENSITY, (AIR = 1): NONE  
PERCENT VOLATILE BY VOLUME: NONE  
PRIMARY VOLATILES: NONE  
ODOR: LUBE OIL ODOR  
APPEARANCE: PURPLE

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## SECTION 3 - REACTIVITY DATA

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STABILITY: STABLE BELOW 121' C  
POLYMERIZATION: DOES NOT OCCUR  
INCOMPATIBILITY: STRONG OXIDANTS (AS RELATED TO GENERAL ORGANIC MATERIALS)

## SECTION 3 - REACTIVITY DATA

CONDITIONS TO BE AVOIDED: HEAT AND IGNITION SOURCES

UNUSUAL HAZARDS: H2S MAY BE PRODUCED ABOVE 121' C

## SECTION 4 - SPILL AND DISPOSAL HANDLING

SPILL: USE INERT ABSORBANT MATERIAL TO CONFINE SPILLS AND TO ABSORB MATERIAL. SCOOP INTO A DISPOSABLE CONTAINER.

DISPOSAL: LAND FILL OR INCINERATE AS FEDERAL, STATE, AND LOCAL REGULATIONS PERMIT.

## SECTION 5 - HAZARDOUS INGREDIENTS

COMPONENT	CAS#	%	CARCINOGEN
PETROLEUM LUBRICATING OIL BASE STOCK	64742-57-0, 64742-62-7 64642-54-7, 64742-65-0 64742-55-8, 64742-56-9 64741-88-4	>94	NO
OIL MIST ACGIH 5MG/M3 TLV, 8 HOURS 10MG/M3 STEL, 15 MINUTES OSHA 5MG/M3 TWA, 8 HOURS			

ZINC DIALKYL DITHIOPHOSPHATE (ZDDP)	68649-42-3	<2	NO
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THIS CHEMICAL IS SUBJECT TO THE REPORTING REQUIREMENTS OF SECTION 313 OF TITLE III OF SARA AND 40 CFR PART 372 AS A ZINC COMPOUND.

NO OSHA OR ACGIH LIMITS HAVE BEEN ESTABLISHED

CALCIUM PHENATE IN SEVERLEY HYDROTREATED BASE OIL	64742-54-7	<2	AS CALCIUM PHENATE NO
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NO OSHA OR ACGIH LIMITS HAVE BEEN ESTABLISHED

NOTE: REPEATED SKIN CONTACT WITH ZDDP AND CALCIUM PHENATE HAVE PRODUCED ADVERSE TESTICULAR EFFECT IN RABBITS. HOWEVER, RECENT STUDIES INDICATE THAT THIS IS A STRESS REACTION ONLY. SIMILAR TESTS IN RATS INDICATE NO TESTICULAR EFFECTS. FURTHERMORE, RATS ARE NOW RECOGNIZED AS MORE APPROPRIATE FOR THIS TYPE OF TESTING THAN RABBITS. WE BELIEVE THAT ZDDP AND CALCIUM PHENATE, AS USED IN OUR PRODUCTS, PROVIDE NO HAZARD OTHER THAN THE USUAL POSSIBLE SKIN IRRITATION COMMON TO LUBRICANTS.

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SECTION 5 - HAZARDOUS INGREDIENTS

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COMPONENT	CAS#	%	CARCINOGEN
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SECTION 6 - HEALTH HAZARD DATA

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INHALATION: VAPOR INHALATION UNDER AMBIENT CONDITION IS NORMALLY NOT A PROBLEM.

EYE CONTACT: IRRITATION MAY OCCUR.

SKIN CONTACT: PROLONGED AND REPEATED CONTACT HAS PRODUCED MILD IRRITATION AND INFLAMMATION.

INGESTION: LOW ORDER OF ACUTE ORAL TOXICITY, BUT MINUTE AMOUNTS ASPIRATED INTO THE LUNGS DURING INGESTION MAY CAUSE MILD TO SEVERE PULMONARY INJURY AND POSSIBLY DEATH.

SUMMARY OF ACUTE HAZARD: NOT EXPECTED TO PRESENT A SIGNIFICANT HEALTH HAZARD UPON SHORT TERM EXPOSURE.

SUMMARY OF CHRONIC HAZARDS: PROLONGED AND/OR REPEATED CONTACT WITH THIS MATERIAL MAY PRODUCE MILD SKIN IRRITATION AND INFLAMMATION.

SPECIAL HEALTH EFFECTS: PERSONNEL WITH PRE-EXISTING SKIN DISORDERS SHOULD AVOID CONTACT WITH THIS PRODUCT.

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SECTION 7 - FIRST AID PROCEDURE

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INHALATION: REMOVE TO FRESH AIR; IF BREATHING DIFFICULTIES PERSIST, OBTAIN MEDICAL ATTENTION.

EYE CONTACT: FLUSH WITH WATER FOR 15 MINUTES, IF PAIN OR REDNESS PERSIST, OBTAIN MEDICAL ATTENTION.

SKIN CONTACT: WASH WITH SOAP AND WATER AFTER WIPING OFF EXCESS MATERIAL.

INGESTION: DO NOT INDUCE VOMITTING, CALL A PHYSICIAN IMMEDIATELY.

OTHER: NAIF

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SECTION 8 - CONTROL MEASURES

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INHALATION: ADEQUATE VENTILATION OR NIOSH/MSHA APPROVED RESPIRATORS TO MEET EXPOSURE LIMITS.

EYE: GOGGLES OR FACE SHIELD.

SKIN: GLOVES AND PROTECTIVE CLOTHING.

OTHER: NAIF

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SECTION 9 - SPECIAL PRECAUTIONS

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SPECIAL PRECAUTIONS: NAIF

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ABBREVIATIONS:                    NA = Not applicable  
                                  NAIF = No applicable information found  
                                  NDA = No data available

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The data and recommendations presented herein are based on the information provided to us by the ingredient supplier and believed to be accurate. We don't assume any responsibility for the use of this material. The buyer assumes all risk and liability. He accepts and uses this material based on these conditions.

**Section V—Reactivity Data**

Stability	Unstable		Conditions to Avoid Heat, sparks, open flame, strong oxidizing conditions.
	Stable	X	

**Incompatibility (Materials to Avoid)**

Strong oxidizing agents, strong acids.

**Hazardous Decomposition or Byproducts**

Incomplete combustion generates carbon monoxide, oxides of nitrogen and other toxic vapors.

Hazardous Polymerization	May Occur		Conditions to Avoid None.
	Will Not Occur	X	

**Section VI—Health Hazard Data**

Route(s) of Entry:	Inhalation?	Skin?	Ingestion?
	Yes.	Yes.	Yes.

**Health Hazards (Acute and Chronic)**

Eyes: Irritation and temporary clouding. Skin: Causes redness, irritation and defatting. Ingested or absorbed through skin: Nausea, dizziness, gastric upset and vomiting may result.

Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
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**Signs and Symptoms of Exposure**

Irritation of eyes and skin, headache, nausea.

**Medical Conditions**

Generally Aggravated by Exposure Skin contact may aggravate an existing dermatitis.

**Emergency and First Aid Procedures**

Eyes: Irrigate with water 15 minutes. Skin: Wash with water. Ingestion: DO NOT INDUCE VOMITING. Dilute by giving water. Give Milk of Magnesia. Keep warm, quite. Call a physician.

**Section VII—Precautions for Safe Handling and Use**

**Steps to Be Taken in Case Material is Released or Spilled**

Kill all ignition sources. Prevent flow to sewer/public waters. Contain, absorb and place in suitable container for disposal.

**Waste Disposal Method**

Dispose of in accordance with company, local, state and federal regulations.

**Precautions to Be Taken in Handling and Storing**

Keep away from heat, sparks and open flame. Use adequate ventilation. Avoid contact with skin and eyes.

**Other Precautions**

If cleaner contacts clothing, change clothes or wash off excess immediately to avoid possible skin irritation.

**Section VIII—Control Measures**

**Respiratory Protection (Specify Type)**

Self-contained breathing apparatus for concentrations above TLV limits. NIOSH approved.

Ventilation	Local Exhaust	Yes.	Special	None.
	Mechanical (General)	None.	Other	None.

Protective Gloves	Neoprene rubber gloves.	Eye Protection	Chemical face shield; goggles.
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**Other Protective Clothing or Equipment**  
Rubber apron to protect skin and clothing.

**Work/Hygiene Practices**  
Wash hands after use. Promptly remove soiled clothing -- wash thoroughly before reuse.

**Section V—Reactivity Data**

Stability	Unstable		Conditions to Avoid
	Stable	X	Heat, sparks, flame and fire.

Incompatibility (Materials to Avoid)  
Strong oxidizing agents.

**Hazardous Decomposition or Byproducts**

Normally none; however, incomplete burning may yield carbon monoxide.

Hazardous Polymerization	May Occur		Conditions to Avoid N/A
	Will Not Occur	X	

**Section VI—Health Hazard Data**

Route(s) of Entry:	Inhalation? Yes.	Skin? Yes.	Ingestion? Yes.
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**Health Hazards (Acute and Chronic)**

Skin: Can cause drying of skin. Eyes: Severe irritant. Inhalation: Excessive inhalation can cause headache, dizziness and nausea. Ingestion: Harmful or fatal if swallowed.

Carcinogenicity:	NTP? Not listed.	IARC Monographs? Not listed.	OSHA Regulated? No.
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Not a known or suspected carcinogen.

**Signs and Symptoms of Exposure**

Drying of skin, eye irritation, headache, dizziness, nausea.

**Medical Conditions**

Generally Aggravated by Exposure Unknown.

**Emergency and First Aid Procedures**

Skin: Wash with soap and water. Eyes: Irrigate with water. Inhalation: Remove to fresh air source and call a physician. Ingestion: DO NOT induce vomiting. Call a physician.

**Section VII—Precautions for Safe Handling and Use**

**Steps to Be Taken in Case Material is Released or Spilled**

Catch and collect for recovery as soon as possible. Avoid exposure to sparks, fire, flame, hot surface.

**Waste Disposal Method**

Dispose of in accordance with company, local, state and federal regulations.

**Precautions to Be Taken in Handling and Storing**

Combustible. Keep away from heat, sparks, flame. Use with adequate ventilation. Avoid long and repeated contact with skin. If clothes are inadvertently saturated with solvent - DO NOT SMOKE. Remove the solvent saturated clothes immediately to avoid skin rash. Keep away from ignition sources. Keep out of reach of children.

**Section VIII—Control Measures**

**Respiratory Protection (Specify Type)**

Self-contained breathing apparatus for concentrations above TLV limits.

Ventilation	Local Exhaust Normal room ventilation.	Special None.
	Mechanical (General) None.	Other None.

Protective Gloves In case of prolonged contact, wear rubber gloves.	Eye Protection Yes - Eyeglasses, safety glasses.
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**Other Protective Clothing or Equipment**

N/A

**Work/Hygiene Practices**

Do not smoke while using this solvent.

### V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE None Established	UNUSUAL CHRONIC TOXICITY None	ROUTES OF EXPOSURE Inhalation
EFFECTS OF OVEREXPOSURE Acetylene has been used as an anesthetic, but it acts as a simple asphyxiant if present in concentrations high enough to deprive lungs of oxygen. Exposure to oxygen-deficient atmospheres can cause dizziness, loss of consciousness and death; however, the lower flammable limit of acetylene in air is reached before suffocation could occur.		
EMERGENCY AND FIRST AID PROCEDURES Eliminate all possible sources of ignition. Move victim to fresh air. Assisted respiration and supplemental oxygen should be given if the victim is not breathing. Rescue personnel may require self-contained breathing apparatus.		

### VI - REACTIVITY DATA

STABILITY <input checked="" type="checkbox"/> UNSTABLE <input type="checkbox"/> STABLE	CONDITIONS TO AVOID Do not use acetylene at pressures in excess of 15 PSIG (30 PSIA). It is stable below 15 PSI or in acetone solution in its cylinder.
INCOMPATIBILITY (MATERIALS TO AVOID) Acetylene can react with copper, silver and mercury to form acetylides; these compounds could act as an ignition source. Acetylene can react explosively when ignited with oxygen, chlorine or fluorine.	
HAZARDOUS DECOMPOSITION PRODUCTS Acetylene under pressure can even in the absence of air or oxygen, be made to explode violently (ie; decompose into carbon and hydrogen) given a source of ignition.	
HAZARDOUS POLYMERIZATION <input type="checkbox"/> MAY OCCUR <input checked="" type="checkbox"/> WILL NOT OCCUR	CONDITIONS TO AVOID

### VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED Evacuate immediate area. Eliminate any possible ignition source and provide maximum explosion-proof ventilation. Shut off source of acetylene if possible. Isolate any leaking cylinder and contact the supplier.
WASTE DISPOSAL METHOD Not applicable. Move cylinder to safe outside area away from any source of ignition. Allow the cylinder to discharge slowly into the atmosphere and contact the supplier.

### VIII - SPECIAL PROTECTIVE INFORMATION

RESPIRATORY PROTECTION (SPECIFY TYPE) None		
VENTILATION Natural or mechanical where available is present	LOCAL EXHAUST Sufficient to keep area below 2½% acetylene concentration	SPECIAL N/A
	MECHANICAL Explosion-Proof	OTHER
PROTECTIVE GLOVES N/A	EYE PROTECTION N/A	
OTHER PROTECTIVE EQUIPMENT None		

### IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING Store in a cool, well-ventilated place away from open flames and other ignition sources. Do not store within 20 feet of oxygen or other oxidizers. Store cylinders in an upright position. Follow general safety procedures for handling compressed gas cylinders found in CGA Pamphlet P-1.	
DOT LABELING Red Label	VALVE CONNECTION NUMBER CGA-510

OTHER PRECAUTIONS  
Never use copper piping for acetylene service. Only steel or wrought iron pipe should be used. Do not open acetylene cylinder valves more than 1/2 turn. Never use acetylene in excess of 15 PSIG pressure. Acetylene cylinders are heavier than other cylinders because they are packed with a porous filler material. Leak check with soapy water, never use a flame. Refer to NFPA Pamphlet 51 "Oxygen Fuel Gas Systems For Welding and Cutting" and Pamphlet 51B "Fire Protection In Use Of Cutting and Welding Process". Secure cylinder when in use. Keep valve protection cap in place when cylinder not in use.

### SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE

N/A

EFFECTS OF OVEREXPOSURE

Long exposure to higher pressures of 100% oxygen

can adversely affect neuro muscular coordination and the power of attention.

EMERGENCY AND FIRST AID PROCEDURES

N/A

### SECTION VI - REACTIVITY DATA

STABILITY

UNSTABLE

CONDITIONS TO AVOID

STABLE

INCOMPATIBILITY (Materials to avoid)

Oil, grease or other readily combustible substances.

HAZARDOUS DECOMPOSITION PRODUCTS

HAZARDOUS POLYMERIZATION

MAY OCCUR

CONDITIONS TO AVOID

WILL NOT OCCUR

### SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Gas- Keepaway from flame or petroleum products and ventilate. Liquid-Irritant to skin and tissues, remove oxidizable materials and ventilate.

WASTE DISPOSAL METHOD

N/A

### SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)

N/A

VENTILATION

LOCAL EXHAUST

SPECIAL

MECHANICAL (General)

OTHER

PROTECTIVE GLOVES

Liquid- Abestos Gloves

EYE PROTECTION

OTHER PROTECTIVE EQUIPMENT

### SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

OTHER PRECAUTIONS

### SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE

EFFECTS OF OVEREXPOSURE

Acts as an asphyxiant displacing the necessary amount of air to support life.

EMERGENCY AND FIRST AID PROCEDURES

Inhale fresh air or pure oxygen. Give artificial respiration if unconscious.

### SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE		CONDITIONS TO AVOID
	STABLE	X	

INCOMPATIBILITY (Materials to avoid)

HAZARDOUS DECOMPOSITION PRODUCTS

HAZARDOUS POLYMERIZATION	MAY OCCUR		CONDITIONS TO AVOID
	WILL NOT OCCUR	X	

### SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Evacuate and ventilate the area.

WASTE DISPOSAL METHOD

### SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)

VENTILATION	LOCAL EXHAUST	SPECIAL
	MECHANICAL (General)	OTHER

PROTECTIVE GLOVES

Liquid - asbestos gloves

EYE PROTECTION

OTHER PROTECTIVE EQUIPMENT

### SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

Cylinders - 15 feet from flammables

OTHER PRECAUTIONS

unless under sprinklers or separated by a 2 hour fire wall 4 feet high.



### SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE

EFFECTS OF OVEREXPOSURE

ACTS AS AN ASPHYXIANT DISPLACING THE NECESSARY AMOUNT OF AIR TO

SUPPORT LIFE

EMERGENCY AND FIRST AID PROCEDURES

INHALE FRESH AIR OR PURE OXYGEN

GIVE ARTIFICIAL RESPIRATION IF UNCONSCIOUS

### SECTION VI - REACTIVITY DATA

STABILITY

UNSTABLE

CONDITIONS TO AVOID

STABLE

X

INCOMPATIBILITY (Materials to avoid)

HAZARDOUS DECOMPOSITION PRODUCTS

HAZARDOUS  
POLYMERIZATION

MAY OCCUR

CONDITIONS TO AVOID

WILL NOT OCCUR

X

### SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

EVACUATE AND VENTILATE THE AREA

WASTE DISPOSAL METHOD

### SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)

VENTILATION

LOCAL EXHAUST

SPECIAL

MECHANICAL (General)

OTHER

PROTECTIVE GLOVES

EYE PROTECTION

OTHER PROTECTIVE EQUIPMENT

### SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

CYLINDERS 15 FEET FROM FLAMMABLES

UNLESS UNDER SPRINKLERS OR SEPARATED BY A 2 HOUR FIRE WALL 4 FEET HIGH

OTHER PRECAUTIONS