



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 22, 2021

Request # 6715

Requester: Esemel Valles

Company: Avocet Environmental, Inc.

Re: 7300 Chapman Ave.

Dear Mr. Valles,

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,

A handwritten signature in black ink, appearing to read 'Amanda Pollock', written in a cursive style.

Amanda Pollock
City of Garden Grove
City Clerk's Office

Inspection Information for - ,92841 District-2314

Business Information

Business Name OFFICE MAX DISTRIBUTION HUB
 Complex Name
 Street No 7300 Dir.
 Street Name CHAPMAN
 Street Type Ave Unit Type Unit
 Zip 92841
 Business Phone 714 230-1604 Fax No.
 E-Mail
 Property Use

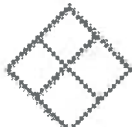
Schedule Information

File Number 8083 Fire District 2314
 Area Inspector
 Inspector FPB FPB Shift N
 Station/Div Bureau
 Next Inspection Month/Year 3 / 2017
 Self Inspection (y/n) N In Disclosure Program
 Eps Inspector HazMat Haz Mat Captn
 Next EPS Inspection Month/Year 3 / 2017
 Refer to FP EPS Code Enforcement Reason on back
 Building Department More contacts on back

Contact Type	Name	Type	Phone	Type	Phone
Business Owner	[REDACTED]				
Address type	Business				
Emergency One	[REDACTED]				
Address type	[REDACTED]				
Emergency Primary	[REDACTED]				
Address type	[REDACTED]				
Environmental	[REDACTED]				
Address type	[REDACTED]				
Property Owner	[REDACTED]				
Address type	[REDACTED]				

Building Information

Contacts - Inspection, Emergency, Business owner, Property Owner, Property Mgmt

No of Private Hydrants Date One 10/15/10 Date Two Water district
 Sprinklers (F/P/N) F Superv Alarm (Y/N) Sprinkler 5 yr Test 10 / 2010 Fire Alarm Code
 Construction Type Stories 0 Common Attic Gate Access Code
 Roof Type Occupancy Load Occupancy Group S1
 Building Square Footage 0 Unit Square Footage 0 Number of Units in Building
 Number of Employees Business License Number Expiration Date
 FDC Location 704 placard  Local Id Number
 Protection Systems 18 Wet Pipe Auto Sprinklers, 29 On Site Private System, 31 Portable Fire Extinguishers,
 0 Links

Visits

Lock Boxes

10/27/2015 4407 CALArp Annual Insp: CLEARED	GES - 7300 CHAPMAN AVE
03/27/2014 2867 This is an EPS inspection	MONTGOMERY WARD - 7300 CHAPMAN AVE
09/03/2013 9461 Hazardous Materials NO VIOLATIONS	

Special Information

Responding Unit Comments

new business U

Permit Information

Violation History

811031 HIGH-PILED COMBUSTIBLE STOCK	03/24/2014	No Violations
801031 HAZARDOUS MATERIALS - use, handling or storage	11/02/2010	Label "Electrical Panel" on main elec
	11/02/2010	Use straps to contain high pile stora
	11/02/2010	Label "Fire Panel" on electraical roof
	11/02/2010	Verbal - Replace ceiling panels after

Date ___/___/___ Employee No. _____ Name _____ Type _____ Disp _____ Time Start _____ Time End _____

Max Daily Amount

Not Used/Used

Common Name

0

Chemical Name

Map

Grid

Delete __ Modify __

Cas #

Location

Common Name LEAD ACID BATTERY- ELECTROLYTE SOLUTION

28224 Pounds

Chemical Name SULFURIC ACID

Map 1

Grid B-10

Delete __ Modify __

Cas # 7664-93-9

Location WAREHOUSE



GARDEN GROVE FIRE DEPARTMENT
Life Safety & Hazardous Materials Disclosure Program
 11301 Acacia Parkway, Garden Grove, CA 92842
 Bus 714-741-5600 Fax 714-741-5640

File # 8083
 Fire District 2314
 Inspector FPB Shift N
 Next Insp 3 / 2013

Occupant or DBA OFFICE MAX DISTRIBUTION HUB Business Tel 714 230-1604
 Address 7300 CHAPMAN Ave Suite _____ Zip 92841
 Business Owner _____ Tel _____
 Emergency Contact _____ Tel _____
 Group S1 Load _____ Sprinklers F/P/N F 5 yr. Cert. 10 / 2010 Haz Mat

Fire Permits 811031 HIGH-PILED COMBUSTIBLE STOCK, 801031 HAZARDOUS MATERIALS - use, handling or storage,

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

ASSEMBLY OCCUPANCIES

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

SIGNS

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

EXITS

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

ACCESS

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

FIRE PROTECTION EQUIPMENT AND SYSTEMS

- Provide ___ extinguishers __2A10BC __40BC __K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (CFC 906.9)
- Clean filters, ducts , hood above cooking surface (CFC 904.1)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.2)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

MISCELLANEOUS

- Lower storage 18" below sprinklers or 2' from ceiling (CFC 315.2.1)
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post Business License Fire Department permit (CFC 105.3.5)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

CEILING TILE Painting Room

ELECTRICAL SAFETY PRE-CAUTIONS

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

HAZ-MAT SAFETY PRE-CAUTIONS

- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3)
- Provide approved safety container(s) for flammable liquids (CFC 3404.3.1)

HAZARDOUS MATERIALS DISCLOSURE

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP www.esubmit.ocgov.com
- Chemical inventory is incomplete and/or requires updating
- The Emergency Response Plan is inadequate and/or does not adequately address Notification, Mitigation, Evacuation and/or Employee Training
- Site Map is incomplete or insufficient
- Failure to report a change in business or chemical inventory within 30 days of the following :
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material
 - Change of business name or owner
- Failure to report a release or threatened release
- Failure to submit annual certification

NO VIOLATIONS

- MINOR VIOLATION
- CLASS II VIOLATION
- CLASS I VIOLATION

Business representative signature _____ Date 3/24/14

Inspector Name/ ID # 2967 Date 3/24/14

Cleared 3/24/14 Mailback card due / / Re-inspection date / / Final Notice / / *DN*



GARDEN GROVE FIRE DEPARTMENT
Life Safety & Hazardous Materials Disclosure Program
 11301 Acacia Parkway, Garden Grove, CA 92842
 Bus 714-741-5600 Fax 714-741-5640

File # 8083
 Fire District 2314
 Inspector FPB Shift N
 Next Insp 3 / 2013

Occupant or DBA OFFICE MAX DISTRIBUTION HUB Business Tel 714 230-1604
 Address 7300 CHAPMAN Ave Suite _____ Zip 92841
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 Group S1 Load _____ Sprinklers F/P/N F 5 yr. Cert. 10 / 2010 Haz Mat

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- Failure to submit annual certification
- NO VIOLATIONS
- MINOR VIOLATION
- CLASS I VIOLATION
- CLASS II VIOLATION

ADDITIONAL VIOLATIONS AND/OR NOTES

Business representative signature [Signature] Date _____
 Inspector Name/ ID # 7461 Whitaker Date 9/3/13
 Cleared 9/3/13 Mailback card due ___/___/___ Re-inspection date ___/___/___ Final Notice ___/___/___

JERRY BROWN
GOVERNOR

MIKE DAYTON
ACTING SECRETARY



Cal E·M·A
CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

February 07, 2011

Orange County Environmental Health
CUPA
1241 East Dyer Road, Suite 120
Santa Ana, CA 92705

Subject: SARA 312 (TIER II)

Dear Mr. [REDACTED]

Enclosed with this letter is the SARA 312 (TIER II) for Office Max, submitted pursuant to requirements set forth in Title III of the Superfund Amendments and Reauthorization Act of 1986, Section 312, codified at 42 U.S.C. Section 11022.

Cal EMA is forwarding this document for your records.

Sincerely,

Jon Kolman
Office Technician (T)
Hazardous Material Section
Fire & Rescue Division

3650 SCHRIEVER AVENUE • MATHER, CA 95655
HAZARDOUS MATERIALS SECTION
(916) 845-8798 PHONE • (916) 845-8734 FAX

OfficeMax®

7300 Chapman Ave.
Garden Grove, CA 92841

January 24, 2011

California Emergency Management Agency
3650 Schriever Ave.
Mather, CA 95655

Re: Tier Two Reporting

Attached is our Tier 2 reporting for 2011. You will find 3 pages:
1. Chemical Description Form, 2. Confidential Location
Information Sheet, and 3. Site Plan with storage location. If you
need additional information, feel free to contact me at the number
shown below.

Thank you.

Sincerely,



RECEIVED

(Enclosures)

JAN 24 2011
PO# _____
OES ID# _____
INITIALS _____

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Office Max Inc.</u> Street <u>7300 Chapman Ave</u> City <u>Garden Grove</u> County <u>Orange</u> State <u>CA</u> Zip <u>92741</u> NAICS Code <u>424120</u> Dun & Brad Number <u>009073029</u>		Owner/Operator Name Name <u>Office Max Inc.</u> Phone <u>630 438-7800</u> Mail Address <u>263 Suman Naperville</u>	
	FOR OFFICIAL USE ONLY		Emergency Contact Name _____ Title <u>Director of operations</u> Phone _____ 24 Hr. Phone _____ Name _____ Title _____ Phone _____ 24 Hr. Phone _____	
	ID # _____ Date Received _____			

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 20 11 Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	Optional																														
CAS <u>7664-93-9</u> Trade Secret _____ Chem. Name _____ Check all that apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name <u>Sulfuric acid</u>	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>04</u> No. of Days On-site (days) <u>365</u>	<table border="1" style="width:100%; height: 100px;"> <tr><td>R</td><td>L</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	R	L	Y																												<u>See Attached Floor Plan</u> _____ _____ _____ _____	<input type="checkbox"/>
R	L	Y																																	
CAS _____ Trade Secret _____ Chem. Name _____ Check all that apply: Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS <input type="checkbox"/> EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max. Daily Amount (code) _____ Avg. Daily Amount (code) _____ No. of Days On-site (days) _____	<table border="1" style="width:100%; height: 100px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																															_____ _____ _____ _____	<input type="checkbox"/>
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Certification (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.
 Name and official title of owner/operator's authorized representative _____
 Date signed 1-20-11

Optional Attachments
 I have attached a site plan
 I have attached a list of site coordinate abbreviations
 I have attached a description of dikes and other safeguards measures

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Office Max Inc.</u> Street <u>7309 Chapman Ave.</u> City <u>Garden Grove</u> County <u>Orange</u> State <u>CA</u> Zip <u>92841</u> NAICS Code <u>424120</u> Dun & Brad Number <u>009073099</u>	Owner/Operator Name Name <u>Office Max Inc.</u> Phone <u>674 438 7800</u> Mail Address <u>263 Shuman Mapleville IL 60563</u>
	FOR OFFICIAL USE ONLY ID # _____ Date Received _____	Emergency Contact Name _____ Title _____ Phone _____ 24 Hr. Phone _____ Name _____ Title _____ Phone _____ Hr. Phone _____

Important: Read all instructions before completing form Reporting Period From January 1 to December 31, 2011 Check if information below is identical to the information submitted last year.

Confidential Location Information Sheet		Container Type	Pressure	Temperature	Storage Codes and Locations (Confidential)	Optional
CAS#	<u>7664</u> <u>93</u> <u>9</u> Chem. Name	<u>R</u>	<u>1</u>	<u>4</u>	<u>See Attached Floor Plan</u>	<input type="checkbox"/>
CAS#	_____ Chem. Name					<input type="checkbox"/>
CAS#	_____ Chem. Name					<input type="checkbox"/>

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 Name and official title of owner/operator OR owner/operator's authorized representative Signature Date signed 1-20-11

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GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	_____
BUSINESS NAME	_____
BUSINESS ADDRESS	_____
APPROVED BY _____	DATE _____
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	__ 4D __ BUSLIST __ CALARP: __ CUPA: __ GIS __
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ____ of ____ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1-15-2010	ENDING DATE	12-31-2010
BUSINESS NAME	Office Max Incorporated			BUSINESS PHONE	714-230-1604
BUSINESS SITE ADDRESS	7300 Chapman Ave				
CITY	GARDEN GROVE	STATE	CA	ZIP	92841
DUN & BRADSTREET	009073099	SIC CODE (4 DIGIT #)	5112	FIRE DISTRICT	
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	Office Max Incorporated			OPERATOR'S PHONE	714-230-1604

BUSINESS OWNER

OWNER NAME	Office Max Incorporated			OWNER PHONE	630-438-7800
OWNER MAILING ADDRESS	263 Shuman Blvd				
CITY	Naperville	STATE	IL	ZIP	60563

ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]	CONTACT PHONE			
CONTACT MAILING ADDRESS	7300 Chapman Ave.				
CITY	Garden Grove	STATE	CA	ZIP	92841

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	TITLE	BUSINE	24-HR. P	PAGER	NAME	TITLE	BUSINE	24-HR. P	PAGER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	Office Supplies	TOTAL # OF EMPLOYEES	156
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		ATTENTION	
PROPERTY OWNER NAME	ADDRESS	PHONE	

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 REPRESENTATIVE	[REDACTED]	DATE	2-24-2010
NAME OF SIGNER (print)	[REDACTED]	NAME OF DOCUMENT PREPARER (print)	[REDACTED]
TITLE OF SIGNER	OPERATIONS manager	TITLE OF DOCUMENT PREPARER	Office Manager



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

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

I. FACILITY INFORMATION

CHEMICAL LOCATION	Warehouse					4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	10 B	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Sulfuric Acid		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	Lead Acid Battery Electrolyte Solution		* If EPCRA see instructions		9	An EHS Chemical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12			
CAS #	7664-93-9	FIRE/CODE HAZARD CLASSES (supplied by GGF)	Corrosive Acid / Toxic Solid		10	13					
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES			16		
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18						
AVERAGE DAILY AMOUNT	28,224 lbs	19	MAXIMUM DAILY AMOUNT	28,224 lbs	20	ANNUAL WASTE AMOUNT	N/A	21	STATE WASTE CODE	N/A	22
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER		3,464	25		
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input 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 checked="" type="checkbox"/> t. OTHER	metal plastic battery casing			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 20-44	Sulfuric Acid	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 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 #	2794	33	
DOT HAZARD CLASS	D002	34	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35	
X	[Redacted]	36	<p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p>



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of 1

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5													1. EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)																			3.

CAL-000303557

II. ACTIVITIES DECLARATION

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

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

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

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.).

PAGING

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:

Grassy Area! farthest Away from BUILDING

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.)

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

All materials are stored, used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, California Administrative Code, Titles 19 and 20.

This section is meant to initiate a Prevention Plan at your business and to assist in preventing a release, or threatened release, of a hazardous material. In the spaces provided, place a checkmark by the preventive actions which have been initiated by your business to abate hazards relating to hazardous material handling, use of storage.

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a. Isolation and separation of incompatible materials.
 - b. Diking areas to contain spills.
 - c. Storage on paved ground.

2. Compressed and/or cryogenic gas storage areas:
 - a. Cylinder stored upright and secured.
 - b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).

3. General:
 - a. Safe work practices are exercised in daily routines.
 - b. Employees who handle hazardous materials are properly trained.
 - c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
 - e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
 - f. Posting of "No Smoking" signs where appropriate.

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS.

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



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

OFFICE MANAGER

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: Office Manager
Date: 2-24-10

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

LONG VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	_____
BUSINESS NAME	<u>OFFICE MAX</u>
BUSINESS ADDRESS	_____
APPROVED BY <u>Jawad</u>	DATE <u>1/30/09</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	__ 4D __ BUSLIST __ CALARP: __ CUPA: __ GIS __
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ____ of ____ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	OFFICEMAX INCORPORATED			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	7300 CHAPMAN AVE				
CITY	GARDEN GROVE	STATE	CA	ZIP	92841
DUN & BRADSTREET	009073099	SIC CODE (4 DIGIT #)	5112	FIRE DISTRICT	
COUNTY	ORANGE				
BUSINESS OPERATOR NAME	OFFICEMAX INCORPORATED			OPERATOR'S PHONE	714-230-1604

BUSINESS OWNER

OWNER NAME	OFFICEMAX INCORPORATED			OWNER PHONE	-
OWNER MAILING ADDRESS	263 SHUMAN BLVD				
CITY	NAPERVILLE	STATE	IL	ZIP	60563

ENVIRONMENTAL CONTACT

CONTACT NAME		CONTACT PHONE	714-230-1560		
CONTACT MAILING ADDRESS	7300 CHAPMAN AVE				
CITY	GARDEN GROVE	STATE	CA	ZIP	92841

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	NAME	[REDACTED]
TITLE	OPERATIONS DIRECTOR	TITLE	OFFICE MANAGER
BUSINESS PHONE	714-230-1607	BUSINESS PHONE	714-230-1604
24-HR. PHONE	[REDACTED]	24-HR. PHONE	[REDACTED]
PAGER #		PAGER #	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	OFFICE SUPPLIES	TOTAL # OF EMPLOYEES	157
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		ATTENTION	
PROPERTY OWNER NAME		ADDRESS	
		PHONE	

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 DESIGNATE REPRESENTATIVE	[REDACTED]	DATE	1-28-09
NAME OF SIGNER (print)	[REDACTED]	NAME OF DOCUMENT PREPARER (print)	[REDACTED]
TITLE OF SIGNER	OPERATIONS MANAGER	TITLE OF DOCUMENT PREPARER	OFFICE MANAGER



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

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

CHEMICAL LOCATION	WAREHOUSE	4
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CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	10 B	7
-----------------------------	---	---	-------	---	--------	------	---

II. CHEMICAL INFORMATION

CHEMICAL NAME SULFURIC ACID	WASTE <input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
---------------------------------------	--	---	--	----

COMMON NAME LEAD ACID BATTERY-ELECTROLYTE SOLUTION	9	An EHS Chemical <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12
--	---	---	----

CAS #	7664-93-9	10	FIRE CODE HAZARD CLASSES (supplied by GGFD) CORROSIVE ACID/TOXIC SOLID	13
-------	-----------	----	--	----

TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	----	---	----	--------	----

PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18
--------------------------------------	---	----	-----------------------	---	----

AVERAGE DAILY AMOUNT	28,224 LBS	19	MAXIMUM DAILY AMOUNT	28,224 LBS	20	ANNUAL WASTE AMOUNT	N/A	21	STATE WASTE CODE	N/A	22
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UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	3,464	25
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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"/> 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 checked="" type="checkbox"/> t. OTHER METAL BATTERY PLASTIC CASING	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	20-44 SULFURIC ACID	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	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 #	2794	33	
Refer to shipping papers or MSDS			
DOT HAZARD CLASS	D002	34	
Refer to shipping papers or MSDS			
EPCRA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	35	<p>MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED</p>
X		36	



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

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of _____

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5									1. EPA ID # (Hazardous Waste Only)	2.
														CAL-000303557	

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

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 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)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input 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)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



- Material Safety Data Sheet -

Lead Acid Battery Wet, Filled with Acid

SECTION I

East Penn Manufacturing Co., Inc.
Deka Road, Lyon Station, PA 19536
Information No. 610-682-6361

Emergency: CHEMTREC 1-800-424-9300,
In Washington D.C. or outside continental U.S., 1-202-483-7616

Date: April 2000
Trade Name: Electric Storage battery, SLI or Industrial battery.
Classification: Battery wet, filled with acid, electric storage UN2794

SECTION II

HAZARDOUS INGREDIENTS/IDENTITY INFORMATION

Hazardous Components Specific Chemical Identity (Common Name (s))	OSHA PEL	ACGIH TLV	Range Percent By Weight	Average
Lead CAS # 7439921	0.05 mg/m ₃	0.05 mg/m ₃	43-70	65
Sulfuric Acid, CAS # 7664939	1.00 mg/m ₃	1.00 mg/m ₃	20-44	25
Antimony, CAS # 7440360	0.50 mg/m ₃	0.50 mg/m ₃	0-4	<1
Arsenic, CAS # 7440382	0.01 mg/m ₃	0.01 mg/m ₃	<.01	N/A
Polypropylene, CAS # 9003070	N/A	N/A	5-10	8
Calcium, CAS # 7440702	1.0 mg/m ₃	1.0 mg/m ₃	<1	<1

SECTION III

PHYSICAL/CHEMICAL CHARACTERISTICS

Electrolyte (Sulfuric Acid)
Appearance and Odor: Clear, Odorless, Colorless
Boiling Point: approximately 235 F
Evaporation Rate (Butyl Acetate=1): less than 1.0
Melting Point: N/A

Solubility in Water: Completely
Specific Gravity (H₂O=1): 1.220-1.325
Vapor Density (AIR=1): N/A
Vapor Pressure (mm Hg): 13

SECTION IV

FIRE AND EXPLOSION HAZARD DATA

Flash Point (Method Used): Non-Flammable
Extinguishing Media: Class ABC extinguisher, CO₂

Special Fire Fighting Procedures: Cool exterior of battery if exposed to fire to prevent rupture. The acid mist and vapors in a fire situation are corrosive. Wear special respiratory protection (SCBA) and clothing.

Unusual Fire and Explosion Hazards: * Hydrogen gas, which may explode if ignited, is produced by this battery, especially when charging. Use adequate ventilation; avoid open flames, sparks, or other sources of ignition.

Flammable Limits: *Hydrogen Gas
LEL: 4% **UEL:** 74%

SECTION V

REACTIVITY DATA

Stability: Stable **Condition to Avoid:** Prolonged overcharging, sources of ignition.

Incompatibility (Materials to Avoid): Sulfuric Acid: Contact with combustibles and organic materials may cause fire and explosion. Also reacts violently with strong reducing agents, metals, strong oxidizers and water. Contact with metals may produce toxic sulfuric dioxide fumes and may release flammable hydrogen gas.

Hazardous Decomposition of By-Products: Sulfuric Acid: Excessive overcharging or fire may create Sulfur trioxide, carbon monoxide, sulfuric acid mist, sulfur dioxide, and hydrogen.

Lead Compounds: Contact with strong acid or base or presence of nascent hydrogen may generate highly toxic arsine gas.

SECTION VI HEALTH HAZARD DATA

Route(s) of Entry: Not Applicable under normal use. (Inhalation, skin contact, and ingestion)

Health Hazards (Acute and Chronic): Do not open battery, avoid contact with internal components. Internal components are Oxide lead and electrolyte. Short term exposure: Sulfuric acid may cause irritation of eyes, nose, and throat. Prolonged contact may cause severe burns. Long term exposure: Repeated contact causes irritation and skin burns. Repeated exposure to mist may cause erosion of teeth, chronic eye irritation and/or chronic inflammation of the nose, throat, and bronchial tubes. **TARGET ORGAN:** (Electrolyte) respiratory system, eyes, skin, and teeth.

Carcinogenicity: Sulfuric Acid: The International Agency for Research on Cancer (IARC) has classified "strong inorganic acid mist containing sulfuric acid" as a Category 1 carcinogen, a substance that is carcinogenic to humans. This classification does not apply to liquid forms of sulfuric acid contained within a battery. Inorganic acid mist (sulfuric acid mist) is not generated under normal use of this product. Misuse of the product such as overcharging, may result in the generation of sulfuric acid mist.

Lead Compounds: Lead is listed as a 2B carcinogen, likely in animals at extreme doses. Proof of carcinogenicity in humans is lacking at present.

Arsenic: Listed by National Toxicology Program (NTP), IARC, OSHA and NIOSH as a carcinogen only after prolonged exposure at high levels.

Signs and symptoms of Exposure: Acid contact may cause irritation of eyes, nose and throat. Breathing of mist may produce respiratory difficulty. Contact with eyes and skin causes irritation and skin burns. Sulfuric acid is a CORROSIVE chemical.

Medical Conditions Generally Aggravate by Exposure: Sulfuric Acid Mist exposure may aggravate medical conditions such as, pulmonary edema, bronchitis, emphysema, dental erosion, and traceobronchitis. Pregnant women and children must be protected from lead exposure.

Emergency and First Aid Procedures: (Sulfuric Acid)

- 1- Flush contracted area with large amounts of water for at least 15 minutes. Remove contaminated clothing and obtain medical attention if necessary. Eye wash and/or emergency shower should be readily available.
- 2- If swallowed, give large volumes of water. **DO NOT** induce vomiting, obtain medical treatment immediately.

SECTION VII PRECAUTIONS FOR SAFE HANDLING AND USE

Steps to be Taken in Case Material is Released or Spilled: *SULFURIC ACID:* Dilute spill cautiously with five to six volumes of water and gradually neutralize with sodium bicarbonate, soda ash or lime. When exposure level is not known, wear NIOSH approved positive pressure self-contained breathing apparatus. Reference North American Emergency Response Guidebook, #154.

Waste Disposal Method: Lead-acid batteries are completely recyclable. For information on returning batteries to East Penn for recycling, contact your East Penn Representative. Dispose of any collected material in accordance with local, state or applicable federal regulations.

Precautions to be Taken in Handling and Storing: Store away from reactive material as defined in Section V, Reactivity Data. Place cardboard between layers of stacked batteries to avoid damage and short circuit. Do not allow metallic materials to simultaneously contact both terminals.

Other Precautions: Sodium bicarbonate, soda ash, sand, or lime should be kept in same general area for emergency use. Keep away from sources of ignition during charging see Section 6 on generation of hydrogen gas. If battery case is broken, avoid direct contact with internal components.

**SECTION VIII
CONTROL MEASURES**

Respiratory Protection (Specific Type): Respiratory required when PEL is exceeded or employee witnesses respiratory irritation. (see Section VI, Health Hazard Data).

Ventilation: Must be provided when charging in an enclosed area. (29CFR1910.178(g) and 0305(j)(7)
Mechanical (general): Acceptable at 1 to 4 air exchanges/our or to maintain air concentrations below the PEL.

Local Exhaust: Preferred

Other: Local building/fire codes may require explosion proof fans and equipment.

Protective Gloves: Acid resistant

Eye Protection: Preferred, safety glasses, goggles, face shield

Other Protective Clothing or Equipment: Acid resistant aprons, boots, and protective clothing.

Work Hygienic Practices: Good Personal hygiene and work practices are mandatory.

**SECTION IX
OTHER REGULATORY INFORMATION**

<u>NFPA Hazard Rating</u>	<u>Sulfuric Acid</u>	<u>Lead</u>
Health (Blue)	3	3
Flammability (Red)	0	0
Reactivity (Yellow)	2	0

Note: Sulfuric acid is water-reactive if concentrated.

U.S. DOT: Battery Wet, Filled with Acid

Hazard Class/Division: 8
ID Number: UN2794
Packing Group: III
Label Requirements: Corrosive

RCRA: Spent lead-acid batteries are not regulated as hazardous waste when recycled. Spilled sulfuric acid is a characteristic hazardous waste, EPA hazardous waste number D002 (corrosively).

CERCLA (Super-fund) and EPCRA (Emergency Planning and community Right to Know ACT)

- a) Reportable Quantity (RQ) for spilled 100% sulfuric acid is 1000 lbs.
- b) Sulfuric acid is a listed "Extremely Hazardous Substance" under EPCRA with a Threshold Planning Quantity (TPQ) of 1000 lbs.
- c) EPCRA Section 312 Tier II reporting required for batteries if sulfuric acid is present in quantities of 500 lbs or more and/or lead is present in quantities of 10,000 lbs or more.

California Prop 65: This product contains chemicals known to the State of California to cause cancer, birth defects and other reproductive harm.

For additional information concerning East Penn Manufacturing Co., products or questions concerning the content of this MSDS please contact your East Penn representative.

This information is accurate to the best of East Penn Mfg. Co.'s knowledge or obtained from sources believed by East Penn to be accurate. Before using any product, read all warnings and directions on the label.

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM
BUSINESS EMERGENCY PLAN**

EMERGENCY NOTIFICATIONS:

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous materials to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution.

REQUIRED NOTIFICATIONS:

In the event of a release or threatened release of hazardous materials, it is State law to notify each of the following agencies.

AGENCY	PHONE NUMBERS
Garden Grove Fire Department, Police, Paramedics	911
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802
Individual responsible for calling these agencies:	

Provide the following information when you call:

- Name of the person and business
- Business street address
- Location of the incident
- Type of incident (spill, gas release, etc.)
- The name(s) of the chemical substance(s) involved
- The amount of the chemical substance(s) involved
- The extent of injuries, if any
- Possible hazards to human health and/or the environment
- Emergency call-back phone number (____)_____

If a chemical spill or release at your facility could create a toxic cloud or a liquid stream that could drift beyond your facility, then, identify nearby facilities that could be in imminent danger.

To the North
 Facility _____ Phone () _____
 Facility _____ Phone () _____

To the South
 Facility _____ Phone () _____
 Facility _____ Phone () _____

To the East
 Facility _____ Phone () _____
 Facility _____ Phone () _____

To the West
 Facility _____ Phone () _____
 Facility _____ Phone () _____

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM
BUSINESS EMERGENCY PLAN**

OPTIONAL NOTIFICATIONS:

1. Hazardous Waste Contractor
Name: _____ () _____
2. Insurance Company
Name: _____ () _____
3. Poison Control Center - 24-Hour
_____ 1 (800) 876-4766 _____

EVACUATION PLANS AND PROCEDURES:

Evacuation Alarms – describe the type of alarm signals that will be used to start an evacuation at this facility (vocal, paging system, manual alarm, etc.):

Evacuation Drills

Evacuation drills and records proving you have held such drills are required by California law. The drill record does NOT have to be provided to the Fire Department with this business plan, but shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill, and the signature of the facilitator. For your convenience, a form for recording list information is included with this packet. Make additional copies as needed.

The following four forms:

- A) Evacuation Drill Record
- B) Emergency Coordinator Task Completion Sheet
- C) Emergency Chemical Disclosure Form
- D) Training Record

These forms are designed to assist you in organizing, planning and maintaining permanent records. They are to be retained at the business, and may be requested by emergency responders upon their arrival or during your annual fire inspection.

**GARDEN GROVE FIRE DEPARTMENT
EVACUATION DRILL RECORD**

Business Name: _____

Street Address: _____

Date of Evacuation Drill: _____

Brief Description of Drill: _____

Facilitator's Name: _____

Facilitator's Title: _____

I hereby certify, under penalty of perjury, that I facilitated the evacuation drill as described above.

Signature of Facilitator: _____

Date Signed: _____

Date of Evacuation Drill: _____

Brief Description of Drill: _____

Facilitator's Name: _____

Facilitator's Title: _____

I hereby certify, under penalty of perjury, that I facilitated the evacuation drill as described above.

Signature of Facilitator: _____

Date Signed: _____

THIS RECORD TO BE RETAINED AT THE BUSINESS.
MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM
EMERGENCY CHEMICAL DISCLOSURE FORM**

Complete the following information for all hazardous chemicals involved in or potentially affected by the incident. Make as many additional copies of this form as you may require, IN ADVANCE, and keep the copies in a convenient place for your immediate use during an emergency.

Chemical Name _____
CAS Number (if known): _____
Amount of chemical spilled or released: _____
If still spilling, the estimated amount of
the chemical substance remaining in the
original container. _____

Chemical Name _____
CAS Number (if known): _____
Amount of chemical spilled or released: _____
If still spilling, the estimated amount of
the chemical substance remaining in the
original container. _____

Chemical Name _____
CAS Number (if known): _____
Amount of chemical spilled or released: _____
If still spilling, the estimated amount of
the chemical substance remaining in the
original container. _____

Chemical Name _____
CAS Number (if known): _____
Amount of chemical spilled or released: _____
If still spilling, the estimated amount of
the chemical substance remaining in the
original container. _____

Chemical Name _____
CAS Number (if known): _____
Amount of chemical spilled or released: _____
If still spilling, the estimated amount of
the chemical substance remaining in the
original container. _____

THIS FORM SHALL BE GIVEN TO THE EMERGENCY RESPONDERS
UPON THEIR ARRIVAL AT THE FACILITY.

**GARDEN GROVE FIRE DEPARTMENT
TRAINING RECORDS
FOR HAZARDOUS MATERIALS AND EMERGENCIES**

In addition to planning and conducting training programs, each employer should maintain training records for no less than three years. For your convenience, a form for recording this information is provided for your use. These reports do not have to be mailed back to the Fire Department with the Business Plan, but should be available to Fire Department personnel upon request. Make as many additional copies of these forms as you need.

Employee Name: _____
Employee Title: _____
Training Provided: _____

Date Completed: _____

Employee Name: _____
Employee Title: _____
Training Provided: _____

Date Completed: _____

Employee Name: _____
Employee Title: _____
Training Provided: _____

Date Completed: _____

Employee Name: _____
Employee Title: _____
Training Provided: _____

Date Completed: _____

THIS RECORD TO BE RETAINED AT THE BUSINESS.
MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN
EVACUATION PLANNING**

Describe the evacuation routes, emergency exits, and staging areas for employees in each work area at this facility. (A "staging area" is a specific location where your personnel meet after an evacuation, where you make sure everyone evacuated safely.)

1. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

2. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

3. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

4. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

5. Working area: _____
Evacuation route: _____
Emergency exits: _____
Staging area: _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

EMPLOYEE RESPONSIBILITIES:

Every business is required to develop an emergency plan. Part of this plan shall include the pre-assignment of important emergency duties to specific employees, and training of employees to carry out these emergency duties. Provide this information below for those employees who will carry out the emergency duties:

JOB TITLE: _____

EMERGENCY FUNCTION(S): _____

- a. _____
- b. _____
- c. _____
- d. _____

JOB TITLE: _____

EMERGENCY FUNCTION(S): _____

- a. _____
- b. _____
- c. _____
- d. _____

JOB TITLE: _____

EMERGENCY FUNCTION(S): _____

- a. _____
- b. _____
- c. _____
- d. _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

PREVENTION:

Part of the emergency pre-planning process is to identify potential hazards BEFORE an emergency, then either eliminate the hazard (if feasible) or prepare to handle the hazard should an emergency occur. To help you in this task, the form below is designed to help you identify potential hazards and to plan for minimizing the hazard. Complete this information for each hazardous materials storage location within your facility.

<u>HAZARDOUS MATERIALS STORAGE LOCATION</u>	<u>PREVENTATIVE MEASURE</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Comments relating to the listed storage areas:

Prevention measures to be taken at this location:

Estimated date of completion: _____

Actual date of completion: _____

MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.

**GARDEN GROVE FIRE DEPARTMENT
BUSINESS EMERGENCY PLAN**

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS:

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

IN ADDITION, IF A BUSINESS HANDLES EXTREMELY (ACUTELY) HAZARDOUS MATERIALS, THE BUSINESS MUST NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS:

1. A modification, change, or addition to your facility which either increases your usage of extremely hazardous materials by 10% or greater, or substantially increases the risk in handling extremely hazardous materials at that address.

Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your Disclosure and Emergency Business Plan will be kept.

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: Office Manager

Date: 1-28-09



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		
						1/1/08		12/31/08			
BUSINESS NAME							4	BUSINESS PHONE			5
OfficeMax Incorporated								714-230-1604			
BUSINESS SITE ADDRESS										6	
7300 Chapman Ave											
CITY							7	STATE	8	ZIP	9
GARDEN GROVE								CA		92841	
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)		11	FIRE DISTRICT		12
009073099						5112					
COUNTY										13	
ORANGE											
BUSINESS OPERATOR NAME							14	OPERATOR'S PHONE			15
OfficeMax Incorporated								714-230-1604			
BUSINESS OWNER											
OWNER NAME							16	OWNER PHONE			17
OfficeMax Incorporated								630-438-7800			
OWNER MAILING ADDRESS										18	
263 Shuman Blvd.											
CITY							19	STATE	20	ZIP	21
Naperville								IL		60563	
ENVIRONMENTAL CONTACT											
CONTACT NAME							22	CONTACT PHONE			23
[REDACTED]								[REDACTED]			
CONTACT MAILING ADDRESS										24	
7300 Chapman Ave.											
CITY					25	STATE	26	ZIP			27
Garden Grove						CA		92841			
PRIMARY		EMERGENCY CONTACTS					SECONDARY				
[REDACTED]		[REDACTED]					[REDACTED]				
[REDACTED]		[REDACTED]					[REDACTED]				
[REDACTED]		[REDACTED]					[REDACTED]				
[REDACTED]		[REDACTED]					[REDACTED]				
[REDACTED]		[REDACTED]					[REDACTED]				
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
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 CITY OF GARDEN GROVE DESIGNATED REPRESENTATIVE							45	DATE			46
[REDACTED]								12/18/08			
NAME OF SIGNER (print)					47	NAME OF DOCUMENT PREPARER (print)					49
Tom Owen						Mark Rosenblum					
TITLE OF SIGNER					48	TITLE OF DOCUMENT PREPARER					50
Operations Manager						Office Manager					



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: 7300 Chapman Ave
 Occupant or DBA: Office Max
 Owner/Manager: _____

Date: 2/6/2008
 File No: _____
 Phone: _____

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: _____ Re-inspection Date: 2-6-08

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

Fire Dept. Inspector: R. Walden 3703 ID #: 3703

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: Office Max Telephone: 800 542 4524 x 1604
 Site Address: 7300 Chapman Ave Zip Code: 92841

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

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
 (Please check applicable boxes.)

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name [Redacted] Signature x [Redacted]
 Job Title Manager Date 2-6-08
 Fire Department Inspector R. Walden ID # 3703



OC CUPA
1241 E. Dyer Road
Suite 120
Santa Ana
CA 92705
(714) 433-6000

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID#	30	BEGINNING DATE	01-01-2007	100	ENDING DATE	12-31-2007	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3	BUSINESS PHONE			
OfficeMax Incorporated				714-230-1604			
BUSINESS SITE ADDRESS							103
7300 Chapman Ave							
CITY	Garden Grove	104	CA	ZIP CODE	92841	105	
DUN & BRADSTREET	009073099	106	SIC CODE	5112	107		
			(4 digit #)				
COUNTY	ORANGE						108
BUSINESS OPERATOR NAME	OfficeMax Incorporated	BUSINESS OPERATOR			110		
109		PHONE			714-230-1604		

II. BUSINESS OWNER

OWNER NAME	OfficeMax Incorporated	111	OWNER PHONE	630-438-7800	112			
OWNER MAILING ADDRESS	263 Shuman Blvd	113						
CITY	Naperville	114	STATE	IL	115	ZIP CODE	60563	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME	[REDACTED]	117	CONTACT PHONE	[REDACTED]	118			
CONTACT MAILING ADDRESS	7300 Chapman Ave	119						
CITY	Garden Grove	120	STATE	Ca	121	ZIP CODE	92841	122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME		123	NAME		128
TITLE	Operations Director	124	TITLE	Office Manager	129
BUSINESS PHONE	714-230-1607	125	BUSINESS PHONE	714-230-1604	130
24-HOUR PHONE	7	126	24-HOUR PHONE		131
PAGER #		127	PAGER #		132

ADDITIONAL LOCALLY COLLECTED INFORMATION

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	Mark Rosenblum	135
[REDACTED]	12-31-07				
NAME OF	[REDACTED]	TITLE OF SIGNER	Operations Director	137	



OC CUPA
1241 E. Dyer Road
Suite 120
Santa Ana
CA 92705
(714) 433-6000

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	3 0	EPA ID # (Hazardous Waste Only)	CAL-000303557
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	OfficeMax Incorporated		

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...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY-CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion—one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: —any tank capacity is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste onsite? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<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 Form 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D, and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq —Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



OC CUPA
1241 E. Dyer Road
Suite 120
Santa Ana
CA 92705
(714) 433-6000

UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY

CHEMICAL DESCRIPTION
(one page per material per building or area)

ADD DELETE REVISE 200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) **OfficeMax Incorporated** 3

CHEMICAL LOCATION **Warehouse** 201 CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202

FACILITY ID # **30** 1 MAP # (optional) **1** 203 GRID # (optional) **B-10 + C-10** 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET Yes No 206
If Subject to EPCRA, refer to instructions

COMMON NAME **Lead Acid Battery – Electrolyte Solution** 207 EHS* Yes No 208

CAS # **7664-93-9** 209 *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) **Corrosive Acid / Toxic Solid** 210

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211 RADIOACTIVE Yes No 212 CURIES 213

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214 LARGEST CONTAINER **3464 lb** 215

FED HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216

AVERAGE DAILY **28224 lb** 217 MAXIMUM DAILY **28224 lb** AMOUNT ANNUAL WASTE **n/A** AMOUNT 219 STATE WASTE **N/A** CODE 220

UNITS* (Check one item only) a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 221 DAYS ON **365** SITE 222
* If EHS, amount must be in pounds.

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK e. PLASTIC/NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR 223
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER metal and plastic battery casing
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 20-44 226	Sulfuric Acid 227	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 228	7664-93-9 229
2 230		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3 234		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4 238		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5 242		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246

X

If EPCRA, Please Sign Here



COUNTY OF ORANGE CERTIFIED UNIFIED PROGRAM AGENCY - CUPA
HEALTH CARE AGENCY / ENVIRONMENTAL HEALTH
1241 E. DYER ROAD, SUITE 120 SANTA ANA, CA 92705-4720
Telephone: (714) 433-6000 / FAX: (714) 754-1768

4

Please read the instructions prior to completing this Business Emergency Plan. Print legibly in black ink or type the information. Make a copy for your records. Return the completed original forms, with UPCF Owner/Operator and Hazardous Materials reporting forms to:

County of Orange CUPA
 1241 E. Dyer Road, Suite 120
 Santa Ana, CA 92705

Mark one box only:

- New Business Emergency Plan (BEP)
- Updated BEP: Required review & update of BEP every three (3) years
- Updated BEP: Changes in business operation and/or personnel require new BEP with current information.

Business Name
 OfficeMax Incorporated

Address
 7300 Chapman Ave. Garden Grove, CA 91780

I certify under penalty of law that I have personally examined and am familiar with the information submitted; and that the Business Plan submitted meets the requirements of Chapter 6.95 Health & Safety Code & Title 19, §2729 *et seq.*

Owner/Operator Name (Print) OfficeMax Incorporated	Signature 	Date 12-20-07
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BEP Prepared By (Print) Mark Rosenblum	Signature 	Date 12-20-07
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INCIDENT vs. RESPONSE

If you have a release or a threatened release of hazardous materials and require emergency response, call 911. If you have a release or threatened release that is not an Emergency as described here, then 911 can be omitted; go to the Notification requirement below.

Person responsible for calling 911: Any member of the Facilities Team or Management.

A hazardous materials **Incident** is a spill or release that can be absorbed, neutralized or otherwise controlled at the time of release; and can be controlled by the employees in the immediate work area or by maintenance personnel without exposure or health & safety hazards.

A hazardous material **Response** requires a response effort by employees from outside the immediate release area, or by other designated responders (e.g. fire dept), to an occurrence that results, or is likely to result, in an uncontrolled release of a hazardous substance.

NOTIFICATION

Both **Incidents** and **Responses** are considered releases/spills for the purpose of notification. Your business shall provide an immediate, verbal report of any release or threatened release of a hazardous material to the Administering Agency and State OES as soon as: 1) a person has knowledge of the release or threatened release; and 2) notification can be provided without impeding immediate control of the release or threatened release. Those numbers are:

State Office of Emergency Services (OES): (800) 852-7550 or (916) 845-8911
 Orange County CUPA (714) 433-6000

Person responsible for calling CUPA and OES:
 Any member of the Facilities Team or Management.

5

WHEN COMPLETING SECTIONS BELOW USE ADDITIONAL PAGES OR ATTACHEMENTS AS NEEDED

1. Identify the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous materials:

Hospital/Clinic First Care			
Address 7052 Orangewood Ave., Suite 6	City Garden Grove	Zip Code 92841	Phone Number (714) 903-1100

2. Does your business have an on-site emergency response team? Yes No
List Names & Titles of each person on response team.

- _____ - Lead, Building Services
- _____ - Tech, Building Services
- _____ - Tech, Building Services
- _____ - Tech, Building Services

3. Describe your business's procedures in the event of a release or threatened release of hazardous materials. Include all activities for the mitigation, prevention, or abatement of hazards to persons, property, or the environment such as:
a) Actions taken to prevent a release from occurring.
b) Actions or equipment to prevent a release from spreading.
c) Actions for stopping a release.
d) Methods for clean up and disposal of released materials.
Include attachments as necessary

The battery packs are stored on racks, locked in place on the racks, floor underneath is sealed concrete covered by a containment blanket. Batteries are visualized every day; safety inspection weekly. Containment trays (including acid absorbent) are under each battery. If a spill occurs, property trained and protected personnel will contain, neutralize, and cleanup the spill using available supplies and equipment. If a fire occurs, properly trained personnel will attempt to extinguish the fire. For any large emergency that is clearly beyond the control of onsite personnel, the building will be evacuated and the fire department will be contacted immediately. After clean up, any absorbent and/or neutralizer product would be placed in a certified metal or plastic 55 gallon drum and disposed of by our environmental disposal service.

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4. Describe your facility emergency notification and evacuation procedure. What communications or alarms are used? How do these operate during a power failure? Specify emergency exits and employee staging areas.

Should an emergency or a release or threatened release occur involving the batteries, the discovering associate will notify a member of the Facilities Team or Management. If the incident is beyond the capabilities of on-site personnel, the Fire Department shall be contacted. All employees and non-employees would be asked to leave through the nearest safe exit. Employees are required to meet at the designated assembly area if an evacuation becomes necessary per our emergency evacuation map postings throughout the building. Communication would be made via our Nextel's, PA system or Alarm system. Notification alarms are kept working during a power failure by way of a UPS system.

- 5) Identify all areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.

Battery changing area would be isolated and inspected. If an evacuation is warranted, associates will be directed to the nearest exit. If the building does not need to be evacuated, the damages (if any) will be evaluated and determination will be made to remain open or to close the location.
