



**FIRE SAFETY SURVEY
GARDEN GROVE FIRE DEPARTMENT**

11301 Acacia Parkway, Garden Grove, CA 92842
Bus 714-741-5600 Fax 714-741-5640

File # 4689
Fire District 2422
Inspector FPB Shift N
Next Insp 8 / 2012
IR 0

Occupant or DBA GARDEN GROVE HIGH SCHOOL Business Phone 714 663-6115

Address 11271 STANFORD Ave Suite _____ Zip 92840

Business Owner GG UNIFIED SCHOOL DISTRICT Phone 714 663-6000

Emergency Contact FRANK MORLA Phone _____

Group E Load _____ Sprinklers F/P/N P 5 yr. Cert. 6 / 2011 Haz Mat

Fire Permits

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

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 1008.1.9)
- Remove locks, chains, bolts or bars from exit door (CFC 1008.1.8)
- Remove exit door/hardware (CFC 1008.1.8.5)
- Location _____
- Remove exit obstruction (CFC 1028.3) *main kitchen exit door No*
- Provide/maintain illuminated exit sign(s) (CFC 1011.2) *bandroom exit*
- Provide and maintain approved emergency lighting (CFC 1006.1) *band room suggested m-1 OK*

ACCESS

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

FIRE PROTECTION EQUIP. AND SYS.

- Provide _____ extinguishers 2A10BC - 40BC - K (CFC 906.1) *S. gym extinguisher needs label NOT Done*
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (Title 19, Sec.567.6)
- Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.3)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904) *ok*
- label fire riser behind building*
- Auditorium riser June 2011*
- Y building riser, label riser 10/16*

ADDITIONAL VIOLATIONS AND/OR NOTES

NO VIOLATIONS

label auditorium panel, lock off breakers/panel • auditorium curtains - flame retardant
records of flouxy hydrants • emergency lighting in N/S gyms not good Both gyms

Business representative signature _____ Date _____

Inspector ID # 2867 Date 8/6/13

Cleared 7/3/14 Mailback card due 1/1 Re-inspection date 9/30/13 Final Notice 1/1

10/16/13

ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3) *clo emerg lighting doc*
- Remove combustible decorative material (CFC 807.1.2) *NO*
- Remove storage under stairway (CFC 315.2.2)

ELECTRICAL SAFETY PRE-CAUTION!

- Discontinue use of extension cords (CFC 605.6) *woodshop c- plus hole in*
- Keep 30" clear for access in front of electrical panel (CFC 605.3) *OK*
- Provide/replace electrical _____ cover _____ socket _____ power strip (CFC 605.1) *cover open outlet in CLO*
- Location _____

HAZ-MAT SAFETY PRE-CAUTIONS

- Complete Hazardous Materials Disclosure submittal 714-741-5628 (CFC 2701.5.1, 2701.5.2) website: www.esubmit.ocgov.com
- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3) *gas cabinet in CLO building*
- Provide approved safety containers(s) for flammable liquids (CFC 3404.3.1) *LABOR IN COASTAL STUN*

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 105.6)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>4689</u>
BUSINESS NAME	<u>Garden Grove High School</u>
BUSINESS ADDRESS	<u>11271 Stamford Ave</u>
APPROVED BY	<u>G</u> DATE <u>8/1/2011</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	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT
 11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636
Hazardous Materials Business Information Form

BUSINESS INFORMATION														
3 0 0 3 5					BEGINNING DATE			ENDING DATE						
BUSINESS NAME GARDEN GROVE HIGH SCHOOL							BUSINESS PHONE 714 663 6115							
BUSINESS SITE ADDRESS 112-11 STANFORD AVE							CITY GARDEN GROVE	STATE CA	ZIP 92840					
DUN & BRADSTREET					SIC CODE (4 DIGIT #)		FIRE DISTRICT							
COUNTY ORANGE							BUSINESS OPERATOR NAME GARDEN GROVE UNIFIED SCHOOL DISTRICT							
OWNER NAME GARDEN GROVE UNIFIED SCHOOL DISTRICT							OPERATOR'S PHONE 714 663-6000							
OWNER MAILING ADDRESS							OWNER PHONE							
CITY					STATE	ZIP								
ENVIRONMENTAL CONTACT														
CONTACT NAME JEFF ROSELL							CONTACT PHONE 714 663 6185							
CONTACT MAILING ADDRESS 8211 LAMPSON							CITY GG							
STATE CA					ZIP 92841									
PRIMARY					EMERGENCY CONTACTS					SECONDARY				
NAME					NAME					NAME				
TITLE PLANT SUPERVISOR II					TITLE BUILDING MAINTENANCE					TITLE				
BUSINESS PHONE 714 663-6142					BUSINESS PHONE 714 663-6142					BUSINESS PHONE				
24-HR. PHONE					24-HR. PHONE					24-HR. PHONE				
PAGER #					PAGER #					PAGER #				
ADDITIONAL LOCALLY COLLECTED INFORMATION														
DESCRIBE THE TYPE OF BUSINESS OPERATION: HIGH SCHOOL							TOTAL # OF EMPLOYEES 150							
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)							ATTENTION							
PROPERTY OWNER NAME GGUSD					ADDRESS 10331 STANFORD					PHONE 714 663-6000				
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 <i>[Signature]</i>							DATE 9-21-11							
NAME OF SIGNER JUDY BANONIA					NAME OF DOCUMENT PREPARER (print) JUDY BANONIA									
TITLE OF SIGNER PLANT SUPERVISOR II					TITLE OF DOCUMENT PREPARER PLANT SUPERVISOR II									

haz-mil-bus.doc 3-13-02



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 1 of 3

FACILITY ID# 30035 BUSINESS NAME GSHS E. of Hectors Hut in Y Bldg.

I. FACILITY INFORMATION

CHEMICAL LOCATION STOREROOM BEHIND ELEVATOR - ~~Y-BUILDING~~ AUDITORIUM
CONFIDENTIAL LOCATION Yes No 5 MAP # 7 6 GRID # E-4
EPCRA

II. CHEMICAL INFORMATION

CHEMICAL NAME HYDROLIC FLUID WASTE Yes 8 TRADE SECRET Yes No
COMMON NAME HYDROLIC FLUID 9 An EHS Chemical Yes No
"If EHS is 'Yes', all amounts must be LBS"

CAS # 64742-547 10 FIRE CODE HAZARD CLASSES (supplied by GGF D)

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

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

AVERAGE DAILY AMOUNT 265/65 18 MAXIMUM DAILY AMOUNT 165 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 55 gal, 110 gal.
 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
 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 type="checkbox"/> No 31	
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	

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

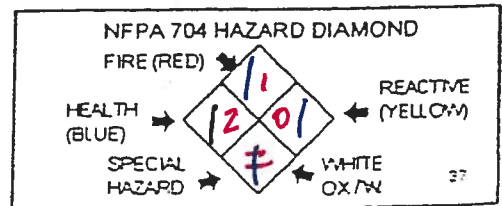
PLACARDING INFORMATION

UNDOT # _____ 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34 Refer to shipping papers or MSDS

EPCRA 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 2 of 3

FACILITY ID# 30035 BUSINESS NAME GARDEN GROVE HIGH SCHOOL

I. FACILITY INFORMATION

CHEMICAL LOCATION Pool - INTERNAL STORAGE SHED - NE of Pool
CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 1 6 GRID # B-5

II. CHEMICAL INFORMATION

CHEMICAL NAME HYDROCHLORIC ACID WASTE Yes 8 TRADE SECRET Yes No
* If EPCRA see instructions

COMMON NAME ACID 9 An EHS Chemical Yes No
* If EHS is "Yes" all amounts must be LBS

CAS # 7647-01-0 10 FIRE CODE HAZARD CLASSES (supplied by GGF D) COMBUSTIVE

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

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

AVERAGE DAILY AMOUNT 110 19 MAXIMUM DAILY AMOUNT 110 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 55 drums - 110
 c POUNDS d TONS
* If EHS amount must be in pounds

STORAGE CONTAINER (Check all that apply) a ABOVE GROUND 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 type="checkbox"/> No 30	
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	

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

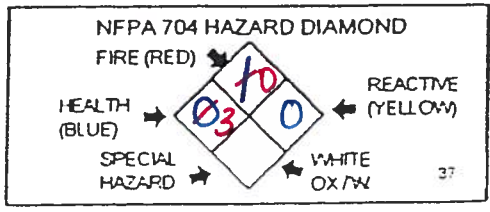
PLACARDING INFORMATION

UNDOT # UN1789 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS 8 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 3

FACILITY ID# 30035 BUSINESS NAME ESHS

I. FACILITY INFORMATION

CHEMICAL LOCATION Pool Room - NE corner of pool

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 1 6 GRID # B-5

II. CHEMICAL INFORMATION

CHEMICAL NAME CHLORINE BRIQUETTES WASTE Yes 8 TRADE SECRET Yes No
* If EPCRA see instructions

COMMON NAME CHLORINE 9 An EMS Chemical Yes No
*If EHS is "Yes", all amounts must be LBS

CAS # 7778-54-3 10 FIRE CODE HAZARD CLASSES (supplied by GGF D) OXIDIZER

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

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

AVERAGE DAILY AMOUNT 400 19 MAXIMUM DAILY AMOUNT 400 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 100 LBS
 c POUNDS d TONS
*If EHS amount must be in pounds

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

STORAGE PRESSURE a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT

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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <u>300 pound</u> 29		30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	
2 29		30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	
3 29		30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	
4 29		30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	
5 29		30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	

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

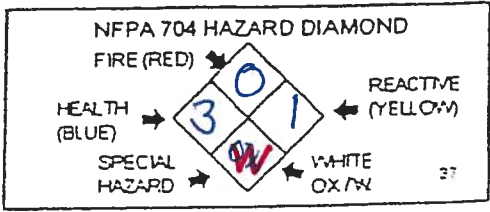
PLACARDING INFORMATION

UNDOT # UN 1748 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS S1 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

C-3 - SCIENCE

C-3

- ⑧ Charcoal Wood, Lump 1 LB, EA
- ① Ferric Chloride Solution 4(oz) EA
- ① Potassium Dichromate $\frac{1}{4}$ LB EA
- ① Sodium Lactate 4(oz) EA
- ① Ferric Chlorine 1 PT EA
- ③ Buret Solution 16(oz) EA
- ① Terpineol 1(oz) EA
- ④ Buret 4(oz) EA
- ⑤ Triketohydrindene 20g EA
- ③ Ammonium Oxalate 4(oz) EA
- ~~① Res Al Baden 20g EA~~
- ② Menthol CRYST 1(oz) EA
- ① B-Hydroxyquinoline $\frac{1}{4}$ PT EA

store room C-3

- | | | | |
|---|--------------------------|------------------|----|
| ① | PH Leroglucin | $\frac{1}{4}$ pt | EA |
| ① | Castor Oil | 5 (oz) | EA |
| ① | 1-Nitroso-2 naphthol | $\frac{1}{2}$ lb | EA |
| ① | Ta Le Merck | 1 lb | EA |
| ② | Methenamine U.S.P. Merck | 1 lb | EA |
| ② | Hydroquiniff | $\frac{1}{2}$ lb | EA |
| ① | Gram's Iodine | 16 (oz) | EA |
| | Sucrose | | |
| ① | Baker Analyzed Reagent | 1 lb | EA |
| ① | ALBumin purified | $\frac{1}{2}$ lb | EA |

Store room C-3

- ② Logwood Chips 1 LB. EA
- ⑤ Kaolin Powder 5 LB EA
- ⑦ Sodium chloride 1 LB EA
- ② Glucose Solution 200cc EA
- ④ Zeolite 1 LB
- ② Urea (113.4 g)
- ⑧ Thioacetamide (113.4 g)
- ① Zinc Sulfate (500 g)
- ② Kaolin 1 LB
- ① Salicylic Acid (500g)
- ② Infusorial Earth 2 1/2 lb
- ② Benzoin Practical 2 1/2 lb

C-3

store room

- ③ Glyvac Oil, pump Oil
- ① Sargent - Welch standard ph 7
buffer solution one pint
- ① Formic Acid ~~2~~ $\frac{1}{2}$ pint
- ① Graphite in ALCOHOL 10(oz) E.A.
- ① Sodium 25g
- ① Lithium 25g
- ① Iron Filings 10g

C-3

- (4) Fehling's Solution (A) 1 PT EA
poison
- ④ Bromthymol Blue 1 PT EA
- ② Pint Methylene orange sol 1 PT EA
- ② Methyl Red
- ② Baker Analyzed Reagent 1 (oz) EA
- ③ DichloroIndophenol 1 (oz) EA
- ④ Methyl orange dry ~~1 (oz) EA~~
60 Gram's
- ④ Thymol Blue 30 Gram's
- ① Thymol Crystal 120 Gram's
- ① Litmas dry
- ② ~~Phenolphthalein~~ dry, ~~or Gram's~~
60 Gram's
- ① Thiocyanic acid
poison 30 Gram's
- ④ Naphthol Alpha $\frac{1}{4}$ lb
- ① Bromocresol Green
Solution 1 PT

C-3

② ~~A~~ Anzarine Paste 4 (02)

C-3 store room

- ② XYLENE 1 PT EA
- ② OLEIC ACID 1 PT EA
- ① Petroleum Ether 1 PT EA
- ⑦ Toluene
n-Amyl Alcohol 1 PT EA
- ④ ~~③~~ GLYCERINE USP 1 PT EA
- ① Butanol 1 PT EA
- ① Universal Indicator
Solution 2 PT EA
- ③ Acetic Anhydride 1 PT EA
- ① Chromatography 120 ml EA
- ② Universal Indicator
Bogen 4(oz.) EA
- ① Methyl Orange Solution
0.1% Aqueous 1 PT EA
- ② Phenolphthalein Powder $\frac{1}{4}$ lb

C-3 store room

- Aluminum Metal 5 lbs. bottle
Aluminum Ammonium Sulfate 5 lbs. bottle
Aluminum Chloride 5 lbs. containers - 2
Aluminum Sulfate 3-5 lbs. "

Aluminum Sodium Sulfate 25-1 lb. bottles

Aluminum Ammonium Sulfate 2-1 lb. bottles
Aluminum Metal 2 1 lb. containers
Aluminum acid ammonium salt 25g bottle
Aluminum Shot 2 1 lb. containers + 1 lb.
Aluminum Pellets 1 lb. container + 1/2 lb. container
Aluminum Oxide 1 lb.
Aluminum Metal Fine Granular 1 lb.
Aluminum Metal 100g.
Aluminum Metal turnings 1 lb.
Aluminum 99.6% 3-1 lb. bottles
Aluminum Potassium Sulfate 2 1 lb. bottles (crystal)
Aluminum ~~Potassium~~ Sulfate ~~1 lb.~~ 2-1 lb. + 1-4oz.

Ammonium Acetate crystal 1 lb.
Ammonium Carbonate 3-1 lb.
Ammonium Carbonate (ump) 4-1 lb.
Ammonium Chloride Granular 500g.
Ammonium Chloride crystal 4-500g.

Boric Acid ~~crystal~~ crystal 3-5 lb.
Cr Co₃ bottle
Marble chips 5 lb.
Plaster of Paris 5 lbs.
Calcium Phosphate 6-5 lb.

Ammonium Oxalate crystal 6-1 lb. + 1-1/4 lb.
Ammonium Oxalate liquid 2-4oz.
Ammonium Oxalate Merck 1 lb.
Ammonium Phosphate crystal 2-1 lb. + 1-1 lb.
Ammonium Molybdate crystal 1/4 lb.

C-3 stor room
Ammonium Tartrate crystal 40z.

Ammonium Thiocyanate crystal 500g.

Store Room

C-3 Science

(2)(3)	Sulfur nF	5 lb
(1)	Zinc chloride	1 lb
(1)	Tin - Metal Mossy	5 lb
	Titanium	
(2)	Titanium Oxide, di	1 lb
(2)	Sodium chloride	1 lb
(3)	Sodium Citrate	1 lb
(3)	Sodium dichromate	1 lb
(2)	Sodium Fluoride	1 lb
(4)	Sodium Hydroxide	1 lb
(3)	Sodium Hypophosphite	1 lb
(7)	Sodium Iodide Merck	1 lb
(2)	Sodium meta-silicate	1 lb
(1)	Sodium Molybdate powder	1 lb
(3)	Sodium Nitrite powder	10 (oz)
(4)	Sodium Nitrite	1 lb
		5 lb

Store room C-3

- | | | |
|---|----------------------------|--------|
| ③ | Potassium Sulfate | 1 LB |
| ② | Potassium Thiocyanate | 1 LB |
| ① | Silicia gel | 1 LB |
| ① | Silicia Acid | 1 LB |
| ① | Silicon Metal | 1 LB |
| ⑥ | Silver Acetate powder | 1 (oz) |
| ③ | Silver Nitrate | (28g) |
| ③ | Sodium Acetate, Trihydrate | (125g) |
| ③ | Sodium Ammonium phosphate | (500g) |
| ③ | Sodium Ammonium phosphate | 1 LB |

C-3 store room

④	Sodium Sulfate	1 LB
⑤	Sodium Thiocyanate	1 LB
7½	Stannous Chloride	1 LB
2½	Strontium Nitrate	1 LB
③	Tin Metal	1 LB
③	Sodium Lauryl Sulfate	5 LB
①	Sulfur	5 LB
②	Potassium Hydroxide powder	1 LB
①	potassium Hydroxide	10 (oz)
③	potassium Iodate	125g EA
①	potassium Oxalate	1 LB
①	potassium periodate	1 LB
④	potassium permanganate powder	500g EA
③	potassium permanganate	250 ml
②	potassium persulfate	1 LB
④	potassium Phosphate	1 LB

C-3 store room

SCIENCE

- | | | |
|-------|----------------------------|-------------|
| ④ | Phthalic Anhydride | 1 lb. EA |
| ② | Naphthol | (100g) EA |
| ③ | Naphthalene | 1 LB EA |
| | Dimethylglyoxime | ③ (300g) EA |
| | | ① 5 LB EA |
| ④ | Salicylic acid | 1 LB EA |
| ② | PIRO CRYSTALS | 1 LB EA |
| ① | potassium & Sodium TartRat | 1 LB EA |
| ③ | Wu char (Activated Carbon) | 2 1/2 LB EA |
| ① | Silica | 5 LB EA |
| ④ | Zinc Sulfate | 1/2 LB EA |
| ③ 1/2 | Zinc Carbonate | 1 LB EA |
| ② | Zinc mossy | 1 LB EA |
| ③ | Titanium, dl | 1 LB EA |
| ② | Zinc Metal | 1 LB EA |

Cobalt Chloride 2-500g,
 Copper Metal (foil) 2lb. + 2lb.
 Cobaltous Sulfate crystals 500g.
 Copper granules 1lb.
 Copper Metal shot 6-1lb.
 Copper Metal wire 1lb.
 Copper Metal powder 5lb.
 Copper Metal cut strips

Copper Metal tinsel

Cupric Bromide crystal 1lb.

Cupric Carbonate powder 2-1lb.

Cupric Chloride powder 1lb.

Cupric Chloride crystal 3-2lb.

Cupric Chloride Dihydrate 500g.

Cupric Nitrate crystal 1lb.

Cupric Oxide powder 1lb.

Cupric Oxide wire 2lb.

Copper Oxide 1lb.

Cupric Sulfate crystal 1lb.

Nickelous Ferrous Alloy 100g.

Blue Stone, Copper sulfate crystal 4oz. Poison + 1lb.

Cupric Sulfate crystal ~~2~~ 2-1lb.

Copper Sulfide 1lb. Poison

~~Copper Sulfate~~ Cuprous (ic) Sulfide 1lb. Poison

Magnesium Carbonate powder 1lb.

Magnesium Stearate powder 1lb.

Magnesium Oxide 2-1lb.

Nickelous Nitrate crystal 5lb.

Potassium Chlorate crystal 5lb.

Potassium Chloride crystal 5lb.

Potassium ~~Chromate~~ Chromate 15lb.

C-3 Store room

C-3-SCIENCE

Antimony Metal Powder 1 lb.
Antimony Potassium Tartrate 2-1 lb.
Antimony 1 lb.
Barium Chloride 2-1 lb. (Granular)
Barium Chloride Crystal 2-1 lb.
Baking Soda 8oz. Box
Bismuth Nitrate 2-1 lb.
Bismuth Trioxide 1 lb.

Cadmium Chloride AR Crystals 125 gm
Acid Boric Granular 1 lb.
Calcium Metal 1/2 lb.
Calcium Carbonate 1 lb.
Calcium Carbonate 4-1 lb.
Calcium Chloride granular 1/4 lb.
Calcium Chloride granular 1 lb.
Calcium Chloride 500 g.

Sodium Bromide 1 lb. on Table

Copper Metal Turnings 5 lb.
Cupric Nitrate crystal 5 lb.
Cupric Sulfate crystal 3-5 lb.
Cupric Chloride powder 5 lb.
Ferrous Sulfide sticks 10 lb.

Limewater Tablets 100 tablets
Calcium Hydroxide 1 lb. + 500 g.
Calcium Fluoride 5 lb.
Calcium Oxide 500 g.
Calcium Phosphate 2-1 lb.
Calcium Sulfate 2-1 lb.
Calcium Sulfate Calcined 1 lb.
Calcium Phosphate 1 lb.
Chromium Metal powder 1/2 lb.
Graphite

Pool

pool side room

super Chlorine Shock

1 can 25 pound lbs

Calcium Hypochlorite 75%

Chlorine 75%

1 can 90 LBS.

Granular Chlorine
75% Chlorine

2 cans 40 lbs

Stabilizer - Cyanuric Acid

pool Chlorine briquets

65% chlorine

algi-ban 100 LBS

1 can Trichloro-s-triazinetriene 99.0%

Granular

C-12

AutoStop
C-12

Gesolvin

solvent

Carburetor spray

Brake fluid

liquid wrench

WD-40

motor oil (plastic)

W/O - PAINT - WALLS + FLOORS

Hazardous Materials Inventory

E-16 and E-17

Benedict Solution Quantitative

Arista

Spotless Fixer old

D-7 Sodium Hydroxide (1) - 5 Liter

Ammonium Thiosulfate

Arista

Spotless Fixer

D-7 contains Hydroquinone (4) - 5 Liter

D-7
PHOTO

lacquer thinner

wood shop

paint thinner

D-9

lacquer

oil base paint & stain

D-9
WOOD SHOP

Pool Room

pump room pool

1 can chlorine briquettes ^{can} 50 ~~lb~~ ^{pond}

1 Vacuum pump oil 1 pt

7 phbar plus Acid cleaner 1 Quart

2 Silverine Control and Destruction of Algae

Tests kit 1 Gal

1 Phenol Red

1 pt → phor Acid Test

5 R-0001

(2 oz) → ~~chlorine~~ Test

3-R-0002

(2 oz)

4-R-0007 TMsulfate n110 (2 oz)

3-R-0008 Total Alkalinity Indicator (2 oz)

4-R-0000 Sodium hydroxide 2% (2 oz)

1-R-0011 Calcium indicator (2 oz)
Isopropanol 23% Triethanolamine

2 R-0012 Hardness Reagent (2 oz)

2 R-0013 Citanaric Acid Reagent

C-12
Autoshop

C-12

~~W side~~

back store room

compressed OXYGEN

compressed Acetylene

out side back C-12
storey

55 Gallon can of kerosene

55 Gallon can Solvent

shop

③ ~~①~~ Lacquer Thinner

② Paint Thinner

Paint with oil in it

② Henry Wet Patch with oil in it

① paso ~~Thinn~~ Paint Thinner

① Grease

① Henry Tile Adhesive

WD 40

CUSTODIAL
SHOP

out side store room
by C-11 back side
of room
E side

Oxygen compressed

Acetylene compressed

C-11
COMPUTER LAB

HECTORS HELIUM

hoff hat
Helium Compressed Gas

④
⑤

③ Fled store room 5 Gallon
E.A.

⑥

Super Shine-all
Ammonium Pareth SulFAT

contender GYM Finish
hardner

① box

②

floor Finish
for GYM 5 Gallon
E.A.

CUSTODIAL

STORE Rm. BACK
C-11

out side store room
by C-11 back side
of room. west side
of room

Methyl Alcohol

- ① box 4 Gallon's
- ① can 5 Gallon 30 w oil
- ② 2-Cycle oil 2.5 OZ EA
- ⑤ Hydral oil 5 Gallon's EA
- ④ Gas 5 Gallon's EA
- ② Diesel 6 Gallon's EA
- ② Kerosene 5 Gallon's EA
- ① Solvent 55 Gallon can

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN LONG VERSION

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

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

IN THE EVENT OF AN EMERGENCY,

CALL 911

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

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

Individual(s) 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 substances 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.)

_____ MANUAL ALARM _____

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

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: **Garden Grove Fire Dept**
Agency Mailing Address: **11301 Acacia Pkwy**
Garden Grove, CA 92842

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: 8602 SOUTHERN CALIFORNIA EDISON - TRASK SUBSTATION

Facility Street Address: TRASK AVE. e/o NEWLAND ST. City: GARDEN GROVE

Date of Current HMBP: February 28, 2006

I certify that: (Check the appropriate box.)

I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

or

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification along with a signed Unified Program Consolidated Form (UPCF) Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (Print): MITCHELL ODA Title: ENV SPECIALIST

Signature of Owner/Operator:  Date: February 24, 2009

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; and
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.



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: 11271 Stanford Ave
 Occupant or DBA: Garden Grove High School
 Owner/Manager: Colleen Cross
Principal

Date: 09/15/2008
 File No: 4689
 Phone: (714) 663-6115

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: _____

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 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: Garden Grove High School
Site Address: 11271 Stanford Ave

Telephone: (714) 663-6113
Zip Code: 92840

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 Juoy Bando
Job Title Plant Supervisor

Signature Juoy Bando
Date 7-15-08



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	4689	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	GARDEN GROVE HIGH SCHOOL				BUSINESS PHONE	5
BUSINESS SITE ADDRESS	11271 STANFORD					6
CITY	GARDEN GROVE	7	STATE	CA	8	ZIP
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	2422	12
COUNTY	ORANGE					13
BUSINESS OPERATOR NAME	JUDY BANDOLA				OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	G.G.U.S.D.	16	OWNER PHONE	17
OWNER MAILING ADDRESS	10331 STANFORD			
CITY	GG	19	STATE	CA
		20	ZIP	92840

ENVIRONMENTAL CONTACT

CONTACT NAME	JEFF ROSELL	22	CONTACT PHONE	23
CONTACT MAILING ADDRESS	211 LAMPSON			
CITY	GG	25	STATE	CA
		26	ZIP	92841

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	[REDACTED]	28	NAME	[REDACTED]	33
TITLE	DIRECTOR OF MAINT + OPERATION	29	TITLE	ASST. DIRECTOR MAINT + O	34
BUSINESS PHONE	714-663-6185	30	BUSINESS PHONE	714-663-6185	35
	[REDACTED]	31		[REDACTED]	36
	[REDACTED]	32		[REDACTED]	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION	HIGH SCHOOL	38	TOTAL # OF EMPLOYEES	100	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40	ATTENTION		41
PROPERTY OWNER NAME	G.G.U.S.D.	42	ADDRESS	10331 STANFORD AVE GG.	43
			PHONE	663-6000	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	[Signature]	45	DATE	10-2-03	46
NAME OF SIGNER (print)	JUDY BANDOLA	47	NAME OF DOCUMENT PREPARER (print)	JUDY BANDOLA	49
TITLE OF SIGNER	PLANT SUPERVISOR II	48	TITLE OF DOCUMENT PREPARER	PLANT SUPERVISOR II	50