

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

Business Owner GG UNIFIED SCHOOL DISTRICT Freegency Contact Freegenc	Occupant or DB	A GARDEN GRO	Business Phone 7146					
### Provide and maintain approved basin (CFC 506.1) Provide and maintain approved express yields (CFC 506.4) Provide outside Knox Box (CFC 506.1) Provide outside Knox Box (CFC 506.1) Provide outside Knox Box (CFC 506.1) Provide and maintain approved basin control (CFC 503.4) Provide outside Knox Box (CFC 506.1) Pro	Addres	s 11271 STANFC	ORD Ave		Suite		Zip	92840
An Inspection at the above location/occupany revealed the following violations(s) SIGNS	Business Owner	GG UNIFIED S	SCHOOL DISTRICT				Phone	714 663-6000
An inspection at the above location/occupany 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 locks, chains, bolts or bars from exit door (CFC 1008.1.8) Remove exit door/hardware (CFC 1008.1.8.5) Location Remove ball and maintain algorited exit sign (CFC 1012.2) box was a constructed by the construction (CFC 605.3) Remove exit door/hardware (CFC 1008.1.8.5) Remove exit door/hardware (CFC 100	Emergency Contac	st FRANK	MOLA				Phone	ar .
An inspection at the above location/occupany 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 hazardous materials warning signs (CFC 2703.5) Remove combustible decorative material (CFC 807.1.2) Remove storage under stainway (CFC 807.1.2) Remove storage under stainway (CFC 807.1.2) Remove exit door/hardware (CFC 1008.1.8.5) Location Remove obstruction (CFC 1028.3) Individual of the following violation of electrical panel of the following violation of the following violation of electrical panel of the following violation of the fo	Group E	Load	Sprinklers F/P/N	Р	5 yr. Cert.	6 /	2011	Haz Mat 🔽
SIGNS Provide address visible from the street (CFC 505.1) Provide address visible from the street (CFC 505.1) Provide hazardous materials warning signs (CFC 2703.5) Remove combustible decorative material (CFC 807.1.2) Remove but decorative material (CFC 807.1.2) Remove but decorative material (CFC 807.1.2) Remove exit door/maintain approved panic hardware (CFC 1008.1.9) Remove exit door/mardware (CFC 1008.1.8.5) Cocation Remove exit door/mardware (CFC 1008.1.8.5) Cocation Remove exit obstruction (CFC 1028.3) Many Materials (CFC 805.6) May	Fire Permits							
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Remove locks, chains, bolts or bars from exit door (CFC 1008.1.9) Remove exit door/hardware (CFC 1008.1.8.5) Location	Provide address	s visible from the stre	eet (CFC 505.1)	<u> </u>	Post maximum occ	cupancy	load sign	(CFC 1004.3) C 10 2 1
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) MAN WATCH ON TO COMPOSE (CFC 605.3) Provide/replace electricalcover_ socketpower strip (CFC 605.1) COVVopin DATHCOVER	Provide hazardo	ous materials warnin	g signs (CFC 2703.5)					1-
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Remove exit obstruction (CFC 1028.3) No. Art Cu. Ev. Abo No CFC 605.3) Provide maintain illuminated exit sign(s) (CFC 1011.2) No. Control of the standard	Remove locks, o	chains,bolts or bars f	from exit door (CFC 1008.1.8)	-	a contract of the contract of			•
Remove exit obstruction (CFC 1028.3) May Matthe 100 No Control (CFC 605.1) Covit of the source of the control o		or/hardware (CFC 10	008.1.8.5)	81 10		access	iii iioiii oi	electrical parier
Provide and maintain approved emergency lighting (CFC 1006.1)		struction (CEC 1028	3) Man later, out down		rovide/replace ele	ectrical	_cover_	socketpower strip
Provide and maintain approved emergency lighting (CFC 1006.1) ACCESS Provide outside Knox Box (CFC 506.1) Remove obstructions to fire apparatus access (CFC 503.4) Provide — extinguishers — 2A10BC — 40BC — K (CFC 906.1) Provide — extinguishers — 2A10BC — 40BC — K (CFC 906.1) Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4) CFC 3404.3.4) CFC 3404.3.4 CFC 3404.3	Provide/maintai	tit door does	not ofen	CAY	· ·	a glos	V1 801Q 7	N. C. CIO
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) Service and tag extinguisher(s) (CFC 901.6) Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4) Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Syr certification on sprinkler/standpipe system (Title 19, Sect. 904) For briday near 1000 ADDITIONAL VIOLATIONS AND/OR NOTES ADDITIONAL VIOLATIONS AND/OR NOTES 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) For close bridge system for the provide approved safety containers(s) for flammable liquids (CFC 3404.3.1) LAQUOK IV COSSIDATE IN C	/V, 69m 6	NIT NEEDS 115h	P NO		•	·	0.411714	210
Provide outside Knóx Box (CFC 506.1) T14-741-5628 (CFC 2701.5.1, 2701.5.2) website: www.esubmit.ocgov.com	Frovide and ma	Signatural in ~		_				
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FIRE PROTECTION EQUIP. AND SYS. Provide approved cabinet if more than 10 gal. flammable liquids (CFC 3404.3.4.3) 6x5 (461/24) 1/2 (10 b) 1/2			•		website: www.esul	omit.ocg	ov.com	N
Iquids (CFC 3404.3.4.3) 6.45 24 6.45 M Clo Boll And Sys.				ΓΩ	Provide approved	cabinet	if more tha	an 10 gal. flammable
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) Lower storage18" below sprinklers or2' from ceiling (CFC 315.2.1) Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Secure compressed gas cylinders (CFC 3003.5.3) Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Secure compressed gas cylinders (CFC 3003.5.3) Secure compressed gas cylinders (CFC 3003.5.3) PostBusiness LicenseFire Department Permit (CFC 105.6) AUTO				لكنا	liquids (CFC 3404	.3.4.3) &	as cabi	ret in Clo building
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Clean filters, ducts, hood above cooking surface (CFC 904.11.6.4) Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Secure compressed gas cylinders (CFC 3003.5.3) Post _Business LicenseFire Department Permit (CFC 105.6) Availor in sur which produce the product of	Hang extinguish	er(s) 3.5'-5' from floc	or (Title 19, Sec.567.6)					
Service auto-extinguishing system semi-annually (CFC 904.11.6.3) Secure compressed gas cylinders (CFC 3003.5.3) Syr certification on sprinkler/standgipe system (Title 19, Sect. 904) (CFC 105.6) Post _Business License _Fire Department Permit (CFC 105.6) ANDITIONAL VIOLATIONS AND/OR NOTES ADDITIONAL VIOLATIONS AND/OR NOTES ADDITIONAL VIOLATIONS AND/OR NOTES ADDITIONAL VIOLATIONS AND/OR NOTES NO VIOLATIONS VICIONAL OF FUMM hydrants 'Emryllay linghthy in N/5 gyms NOT 6000 Both Gyms Business representative signature Inspector ID # 2867 Date	Clean filters, due	cts , hood above coo	king surface (CFC 904.11.6.4)			8" belov	v sprinkler	s or 2' from ceiling
Post_Business License_Fire Department Permit (CFC 105.6) NO VIOLATIONS Post_Business License_Fire Department Permit (CFC 105.6)						ed gas c	vlinders (C	OFC 3003.5.3)
Abditional violations and/or notes Abditional violations and/or notes No violations Abditional violations No violations Additional violations No violations Additional violations No violations Additional violations No violations Additional violations Addition	-		• • • • • • • • • • • • • • • • • • • •					T0
ADDITIONAL VIOLATIONS AND/OR NOTES [NO VIOLATIONS [No VIOLAT						•		
ADDITIONAL VIOLATIONS AND/OR NOTES No VIOLATIONS	- A pright h	iser label rise	1 2011 "//E	5				
EVICARDS OF FUNRY hydrants remerging linghting in N/S gyms NOT 6000 BOTH Eggs. Business representative signature Inspector ID# Date 2867 Date	· · · · · · · · · · · · · · · · · · ·	•					□N	O VIOLATIONS
Business representative signature Date Inspector ID# 2867 Date 3/6/13	· label auditor	um panel, lo	UK off breakers/pan	el o	volitarum av	mns-	Plam	· reladant
Inspector ID# 2867 Date 3/6/13	evicards of P	www hydran	13 emergy linghty	ns in	NIS gyms	NOT	1000	BOTH GYM
	Business representati	ve signature		in 10 500		[Date	U
3 Cleared 7 / 3 / 1 Mailback card due / / Pal Re-inspection date 9 / 30 / 13 Think Notice / /	In	ispector ID#	2867				Date	6/13
	SCleared 7 / 3	/IM Mailbac	k card due / / 🔊	Re-insner	ction date 9 /30	13	[]Einal I	Notice / /

10/16/15

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY				
FACILITY ID NO. 4689				
BUSINESS NAME Janden Howe Kligh School				
BUSINESS ADDRESS 11271 Stanford Ove				
APPROVED BY 6 DATE 8/1/2011				
NEW BUSINESS				
PICK 4D BUSLIST CALARP: CUPA: GIS				
FEE				

CITY OF GARDEN GROVE FIRE DEPARTMENT (714) 741-5600

FORM 1

11301 Acacia Parkway, Garden Grove, CA 92842

(714) 741-5636

Hazardous Materials Business Information Form Page __ of __ BUSINESS INFORMATION ENDING DATE BEGINNING DATE BUSINESS NAME CA GARDEN GROVE CITY 12 FIRE DISTRICT SIC CODE (4 DIGIT #) 10 DUN & BRADSTREET 13 COUNTY **ORANGE** 15 CHROEN GROVE UNIFIEDS 17 OWNER PHONE OWNER NAME 18 OWNER MAILING ADDRESS 21 STATE 20 CITY ENVIRONMENTAL CONTACT CONTACT NAME 102E11 27 CITY SECONDARY EMERGENCY CONTACTS PRIMARY 33 NAME ·NAME 29 TITLE NTENANC 30 BUSINE BUSINE 36 31 24-HR. PHO 37 PAGER # PAGER# ADDITIONAL LOCALLY COLLECTED INFORMATION TOTAL MOE EMPLOYEES 39 38 DESCRIBE THE TYPE OF BUSINESS OPERATION: 41 BILLING ADDRESS (IF DIFFERENT FROM ABOVE) 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 48 E DESIGNATED REPRESENTATIVE 49 50

HAZARDOUS MATERIALS INVENTORY FORM

									[FORM 3
DEPARI	ADD	DELETE	REVISED 1		1 -			Pi	age L	cf <u>3</u>
FACILITY ID# 3	0 0 3	5	38 BUSING	SS NAME	+	E. of	Hectors	Hu	tiny	Bldg.
Normal Colonia		Total State of the	I. FACILIT	Y INFORMA	The second liverage of			÷.		
CHEMICAL LOCATION		Brillian	o Fliple	TTAR -	LV	-Ru	13	-6	Mu	Trans
CONFIDENTIAL LOCA	2000	DEHIN	No 5 MAP#	1100		- DQ	GRID # 1	7	Y FILE	ottoriun
EPCRA		Yes		AL INFORMA	TION	M. 115.14		= -7		
CHEMICAL NAME	. 5 . 1		II. CITEIIIO	WAS		Yes 8	TRADE SE	CRET	Ye	25 No
HY	DRC	olic F	Via_				. H Eb	CRA see i	instructions	
COMMON NAME	en!	IF FI	Oil			9	An EHS C		Ye mounts must	_
CAS # W	42-5	FIRE CODE	HAZARD CLASSES (supplied	d by GGFD)						
TYPE (Check one from only	a PU	RE D MIXTUR	E c WASTE	14 RADIO/	ACTIVE	☐ Yes	No 1	5 CUR	RIES	
PHYSICAL STATE (Check one from only)	so	FID DP FIGURE	C GAS 17	FED HAZARD CATEGORIES	FII d AC	UTE HEALTH	REACTIVE	_	PRESSURE CHRONIC	
AVERAGE DAILY	55/	MAXIMUM DAILY	165 2	O ANNUAL WAS	STE AMOUN	ī	21 STA	ATE WAS	TE CODE	
C POU		d. TONS	23 DAYS ON SITE	365		Z4 LAI	GEST CON		a 6, 11	10 GA)_
STORAGE CONTAINER (Check all that apply)		ABOVEGROUND TANK UNDER GROUND TANK TANK INSIDE BLDG STEEL DRUM	e PLASTIC DRUM i NONMETALLIC DRU g METAL CONTAINER h CARBOY	=		O PLAS	INDER SS CONTAIN STIC CONTAI IACH OR EDI	NER	q TANK	BIN
STORAGE PRESSURE		TAMBIENT	D ABOVE	THERMA		BELOW AMB	ENT			
STORAGE TEMPERATI	URE	Ma AMBIENT	b ABOVE	AMBIENT	ء 🗌	BELOW AMB		All Indiana	CRYOGENIO	
%WT	H	AZARDOUS COM	PONENT (For mixtu	re or waste only) · ·		EHS	+		CAS#
1 29					30	Yes	□ No	31		
2 29		and the same of th			30	Yes	□ No	31		
3 29		i)			30	Yes	□ No	31		
4 79					39	Yes	□ No	31		
5 29					30	Yes	□ No	31		
Il more hazardous compo	nents are preser	nt at greater than 1% by weig	PLACARDIN			th additional st	HALE OF DIPER	capturing	the required	mormspon.
		F. 1					701114	7.00	214010	
UNDOT#	Refer	to shipping paper.	s or MSDS	_ 33			2A 704 HA E(RED) 🐦	1.\	DIAMOND	
		to simpping paper.	3 01 111020	34		HEALTH	+ 12	×01	REA YEL	TOW) CLIVE
DOT HAZARD CI	_ASS	Refer to shipping	papers or MSDS	-			CM	# 1	WHITE	37
EPCRA DYES	□ 110			35	L	HAZ	ARD #		OX/W	
	_ _				MAH	E AS MA	NY COP	IES OF	CHEMI	CAL

INVENTORY FORM AS NEEDED

If EPCRA, Please Sign Here

DEPARTME

HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

	DEPARTMENT								
- 3		VDD DEI	ETE REVISED	1		_	- , 1	Page Z	of <u>5</u>
F	ACIUTY IOW 3 0	0 3 5	38 B	USINE S HAME	DON (SROV	ENIG	ASH JCH	Tar
			I. FAC	ILITY INFOR	MATION				
C	HEMICALLOCATION	- THUE	RUAL STAG	Z FASS	HEN -	NE C	of Poo	1	
	ONFIDENTIAL LOCATI	он [Yes No 5 M	IAP#		6	GRID# B	-5	
			II. CHE	MICAL INFO	RMATION				
С	HEMICAL VAME	enct las	is ACIO		WASTE	Yes 8	TRADE SECR	ET Yes	□ No
C	OMMON NAME	NOCHIOR)		9	An EHS Chem	A see instructions	No
	<u>'</u> #	100						s' all amounts must t	_
C	15 (4)	-01-010 FIF	E CODE HAZARD CLASSES (\$	upplied by GGFD)					
Ī	YPE (Check one trem only)	a PURE b	MIXTURE C W	ASTE 14 R	ADIOACTIVE	Yes	No 15	CURIES	
	HYSICAL STATE THE CHARLES OF THE PROPERTY OF T	SOLID D	LIOUID C GAS	17 FED HAZA CATEGOR	ES	RE b	REACTIVE	c PRESSURE	
	VERAGE DAILY	19 MAXIM AMOUI	UM DAILY	20 ANNUA	L WASTE AMOUN	T	21 STATE	WASTE CODE	ŧ
U	NITS GALL C POUN		T 23 DAYS ON SITE	365		24 LAF	SEST CONTAIN	-1111	
	FORAGE CONTAINER heck all that apply)	a ABOVEGROUND b underground c tank inside bl d steel drum	TANK DI NONMETALLI	C DRUM	VAT FIBER DRUM BAG(S) BOX(S)	D o PLAS	INDER SS CONTAINER TIC CONTAINEI ACH OR EQUIP	q TANK r RAIL C s TOTE l OTHEF	AR BIN
5	ORAGE PRESSURE	a AMBI	ENT D D	ABOVE AMBIENT		BELOW AMB	ENT		
	ORAGE TEMPERATU	RE a AMBII	ENT D	ABOVE AMBIENT	c	BELOW AMB	ENT [d CRYOGENIC	
V.	%WT	HAZARDOU	S COMPONENT (For	mixture or waste	only)		EHS		CAS#
Ľ	29				-30	Yes	□ No 3	11	
2	29				30	Yes	□ No 3	31	
3	29				30	Yes	□ No 3	11	
4	29				30	Yes	□ No 3	11	
5	29				30	Yes		1	
H n	nore hazardous compon	ents are present at greater than	1% by weight it non-carcinogenic	RDING INFOR		ch additional sh	eets of paper cap	sturing the required In	formation.
1			PLACA	Como im or				**************************************	
UI	NDOT#	Pofer to shipping	789 papers or MSDS	33			PA 704 HAZA (RED) 🐿 🕡	RD DIAMOND	
		C	papers or MSDS			HEALTH	100	REAC	
D(OT HAZARD CL		nipping papers or MSE)S	=_		CIAL	WHITE	27
EF	PCRA DYES	□ NO		35	L	HAZ	ARD 🖈 🔍	OXIW	37
	~				A KA	(E A S MI ^	NY COPIE	S OF CHEMIC	AL
	X	If EPCRA, Plea	se Sign Here	36				AS NEEDED	

HAZARDOUS MATERIALS INVENTORY FORM



FORM 3

	DEPARTME									4	-
	A.DO		DELETE	REVISED 1					Page	3 ef c	<u> </u>
F.	ACIUTY ION 3 0	0 3 5		38 BUS	35 H	5	- 1935W - 4				
				I. FACILI	TY INFORMA	TION					
C	HEMICAL OCATION	ROD	m -	NE corne	rot pool						
	ONFIDENTIAL LOCATION		Yes] NO 5 MAP			6	GRID# B	-5		
				II. CHEMI	CALINFORM	ATION					
C	HEMISALIVAME	RINE	BR	ique	TES WA	STE []	Yes 8	TRADE SECT	RET A see instruct		No
C	MAN NOMMO	0.0					9	An EHS Cher		_	No
C.	AS #	P(310	FIRE CODE HAZA	ARD CLASSES (suppl	ed by GGFD)			"HEHS is "YE	es", all amouni	is musi be LBS	
L	TPE (Check one from only)	240	UNIUN	TE WASTE	14 RADIO	DACTIVE	T Yes	No 15	CURIES		
-		PURE	b MIXTURE	Te GAS 17	FED HAZARD	∏a FIF		REACTIVE	C PRE	SSURE RELEAS	5 E
	HYSICAL STATE	SOLID L	19 (1000		CATEGORIES		UTE HEALTH	'	e CHR	ONIC HEALTH	
	VERAGE DAILY 48		XIMUM DAILY (100	20 ANNUAL WA	STE AMOUN	1	21 STATE	WASTE CO	DE	
Uř	OITS a GALLONS C POUNDS	☐ d∴ TONS	EET 23	DAYS ON SITE	365	-	Z4 LAR	GEST CON	10/1	35	
C	TORAGE CONTAINER heck all that apply)	a ABOVEGROU b UNDERGROU c TANK INSIDE	BLDG	PLASTIC DRUM 1 NONMETALLIC DE 9 METAL CONTAIN 1 CARBOY	=	ER DRUM G(S)	o PLAS	NDER SS CONTAINER TIC CONTAINE ACH OR EQUIP	R D	TANK WAGON RAIL CAR TOTE BIN OTHER	1
5	ORAGE PRESSURE	THE AL			VE AMBIENT		BELOW AMBI				
_	ORAGE TEMPERATURE	TR's A			VE AMBIENT		BELOW AMBI	ENT	d CRYO	GENIC	
-1-41-	%WT			NENT (For mix	lure or waste on	ly)		EHS ,		CAS	
1	pound 29	26 1				30	Yes	□ No	31		
2	29					30	Yes	□ No	31		
3	29		1			30	Yes	□ No	31		
4	79	A				30	Yes	□ No	31		
5	29					30	Yes	□ No	31		
H rr	nore hazardous components	are present at greater ti	nan 1% by we ight if	non-carcinogenic, or (0.1% by weight if can	rinogenic, atta	h edditional sh	eers of paper ca	puring the re-	quired Informatio	on.
		r		PLACARDI	NG INFORM	ATION				in the second	
10	NDOT #	N 174 Refer to shipp	8 ing papers o	r MSDS	33	1		A 704 HAZ (RED)	ARD DIAM	OND REACTIVE	
DO	OT HAZARD CLAS		shipping pai	pers or MSDS	3.4		HEALTH (BLUE) SPE	F 1.	VAHIT		
EF	PORA DYES I] NO			35		HAZ	APID #	OXA	K	ال
	x						E AS MA				
		If EPCRA PI	once Cian L	1	35		INVENTO	RY FORM	AS NEE!	DED	

C-3 - Scionce

(8) Charcoal Wood, Lump ILB, EA 1) Ferric Chloride Solution 4(02) EH O Potassium Dichromate O Sodin Lactate 1/4 LBEA O Ferric Chlorine 402) EH 3) Binnet Solution 1 PT EH 16 (07) EA 1 Terpineal 1 (02) EA 14) Bluret 4 (021 EA 3) Triketohydrindene 209 EA 3) Ammolar Oxalate 4007) EH 7 DERGENERAL BULEN 205 /4 (2) MentholcRYST 1 (02) EA (1) 13 - Hydroxygninoline 4 PT EH

store room C-3 1) PHLOroghnoin 1/4 pt Elt 5002) EA O Castor Oil 1) 1-Nitrosa-Znophthe1 16 1) Take Merck 116 EA (2) Methenamine U.S.P. Meick 116 EA (2) Hydrguingift 2 16 O Gram's laline EA 16 10 Z) Sucrose Baket Analyzed Reasent 16 EA 12 16 EA D ALBumin purified

Store room C-3

Logwood (1-1ips 16B. EA Kaolin Powder 513 EA Sodiam Chloride 113 FA Clacese Solution 20002) EA Zeolite
1 LB
Urea (113.45.) Thioacetamide (113.49) Zinc Sulfate (500g) Kaclin
1 L13 Salicylic Acid (500s) 2 Infusorial Earth 2 /2 17 Benzoin Practical 2/2 13

Store room

3 1-14 vae Oil, pump Oil

Surgent - Welch standard ph?

buffer solution one pint

O Formic Acid & Z pint

O Graphite in Alcohol 10002) EA.

O Sodiom 25 g

O Lithium 25 g

O Iron Filings 10 g

C-3

(4) Fettling's Solution (4)
poison 1 PTEA I PT EA (9) Bromthymol Blue IPTEA 2) Pint McThye cranse sol Methyl Red Baker Analyzed 1 (02) EA Reagent 3) Dichloralndophenol 162) EA 1) Methyl Orange dry 60 Gram's (4) Thymol Blue 30 Gramis (1) Thymol Crystal 120 Gram's 1 Litmas dry @ Phanolphthalzin Liy of thus 60 Grams O Thiesemlearbazide 30 Gram's 4 15 @ Naphethol Alpha Bromocresol Green Solution 1 PT

Of Auzarine Paste

4 (02)

store room (2) XYENE 1PI EX IPT EA 2 OLEIC ACID D Petroleum Ether 1 17 EH 7) Toluene n-Amyl Alcohol IPTEA (4) Glycerine USP 1 PT EA D Butanol 1 PTEA Quaiversal Indicator Solution 2 PT EA 3 Acetic Anhydride 1 PTEA O Chroma tography 120 m, EA 2 Universal Indicator
13 ogen 4(02.) EA Methyl Orange Solution
0.1% Agaeous IPT EH @ PhenolPHTHALEIN Powdor & 16

C-3 store room

Aluminum Metal 51bs. bottle

Alaminum Ammonium Sulfate 516s, bottle

Aluminum Chloride 5 lbs, containers-2

Aluminum Sulfate 3-5/bs, "

Huminum Sodium Sulfate 25-116. bottles

fluminum Ammonium Sulfate 2-116, bottles

Huminum Metal 2 116, containers

Huminon acid ammonium salt 25g bottle

fluminum Shot 2 116. cantainers + 116.

Aluminum Pellets 116. cautainer & 1/2 16, cantainer

Huminum Oxide 116.

Huminum Metal Fine Grandlar 115,

luminum Metal 100g.

Huminam Metal turnings 216,

Fluminum 99.6% 3-116. bottles

Huminum Potassium Sulfate 2 116, bottles (crystal)

Fluminum Sulfate # 2-116, + 1-402.

Ammonium Acetate crystal 116.

Ammonium Carbonate 3-116,

Ammonium (albonate (lump) 4-116,

Ammonium Chloride Granular 500 g.

Ammonium Chloride Ctystal 4-500g.

Poric Acid por crystal 3-516,

Cr Coz bottle

Marble Chips 516.

Plaster of paris 5 165.

Calcium Phosphate 6-516.

Ammonium Oxalate crystal 6-116, +1-1/4 16.

Ammonium Oralate liquid 2-402.

Ammonium Oxalate Merck 115

Ammonium Phosphate crystal 2-116, +1-216.

Ammonium Molybdate Crystal 1/4 1b.

Ammonium Tartrate crystal 402.

Ammonium Thiocyanate Crystal 5009.

Store Room @3 Jivova

Sulfur nF 5 16 Zinc chloride 116 Tin Metal Mossy 5 16 Titanium Oxide, di 1 6 Sodium Chloride 116 (3) Sodium Citrate 116 3) Sodium dichromate 116 2 Sodium Fluoride 116 (4) Sodium Hydroxide 115 3) Sodium Hypophosphite 5) Sodium lodide Merck 16 116 3) Sodium meta-silicate 116 @ Sodium Moly Adate ponder 10 (02) 3 Sodium Witrite 1 Lb 9) sodinm Nitrite 563

Store room c-3 BPotassium Sulfate 118 @ Potassium Thiocyanate 118 1) Silicia gel 113 O Silicia Acid 118 O Silicon Metal 1.63 B Silver Acetate 1(02) 1(289) 3 Silver Nitrate (1755) 3) Sodinm Acetate, Trihydrate (5009) J Sodium Ammonium Phosphate 1 13

c-3 store room 1 LB 1 LB (4) Sodium Sulfate 5 Sodium Thiocyanate 168 7/2 stannous Chloride 118 25) Strontium Witrate (3) Tin MelaL 1213 B) Sodium Lauryl Sulfate 5 L b D Sulfur 5 6 2) Potassium Mydroxide 116 D potassium

3 potassium Hydroxide 10 (0Z) 10 da te O potassium 125g EA Oxalate D potassinm 118 periodate A) potassium 113 permanganate
panderà 500g EA 3) potassium permanganate 250 m1 2 potassium persulfate 1 L B 9 potassium Phosphate 1 L B

C-3 store room Kience @ Phthalic Anhydride 116. EX 2) Naphthol (100g) EA (3) Naphthalene 11BEA Dinethylalyoxine (3) (300s) E/4 O SIBEH 9 Salicylic acid ILB EH O PIRO CRYSTALS ILB EA O potassium & Sodium Tart Rrat ILBEA @ Wuchar (Activated Carbon) TheBEA O Silica SIB EA D Zinc Shatc KB, EA 32 Line Cabonate 11BEA 2 ine mossy 1 LBEA 3 Titanium, d1 1LB EX @ Zinc Matal ICB EA



Cobalt Chloride 2-500g, Copper Metal (Foil) 216, + 216. Cobaltous Sulfate Chystals 5006. Copper granules 116. Copper Metal shot 6-116, Copper Metal wire 116 Copper Metal powdor 5-16. Copper Netal eat strips

Copper Metal tinsel Cupric Bromide ctystal 116. Cuptic Carbonate powder 2-116. Captic Chloride powder 116, Supric Chloride crystal 3-216. Supric Chloride Dihydrate 5000. Supric Nitrate crystal 116 apric Oxide powder 116. upril Oxide wire 216 Opper Oxide 116 Cupric Sulfate crystal 11% Onion's Fasible Alloy 100 g.

Blue Stone, Copper sulfate crystal 402. Poison + 116. Cupric Sulfate crystal 1 2-116.

Copper Salfide 116. Poison

Copper Sitting Copper (ic) Sulfide 116, Poison

Magnesium Carbonate Power 116, Magnesium Stearate power 16, Magnesium Oxide 2-116. Nickelous Nitrate Chystal 5 16. Potassium Colorate crystal 516, Patassinia chloride exystal 516. Potassium Chromate 1516.

Antimony Metal Powder 216. Antimony Potassium Tartrate #2-216. Antimony 116. Barium Chloride 2-116. (Granalar)

Barium Chloride Crystal 2-116.

Paking Soda 802. Box

3 is muth Nilrata 2-216.

Pismuth Trioxide 116,

Cadmium Chloride AR Crystals 125gm

Acid Boric Granular 116

Calcium Metal 1/2 1b.

Calcium Carbonate 116,

Calcium Carbonate 4-116.

Calcium Chbride granular 1/4 16.

Calcium Chloride granular 1 16,

alcium Chloride 500 g.

Sodium Bromide 1 16.

(on Table)

Copper Metal Turnings 5 1b.

Cupric Nitrate crystal 516,

Cupic Sulfate Crystal 3-5-16

Cupric Chloride powder

Ferrous Sulfide sticks 1016.

"imewater Taplets 100 tablets

Calcium Hydroxide 116. + 500g.

Calcium Fluoride 5 16.

Calcium Oxide 500 g.

Calcium Phosphate 2-1/b.

'alcium sulfate 2-115.

calcium Sulfate Calcined 116.

alcium Phosphate 1 16.

Chromium Metal power 1/2 16.

Graphite

C.B. Scrove

POOL
pool side room Super Chlorine Shock 1 can 25 paond 165 Calclum Hypoblorite 75% Ehloine 75% 1 can 90 135. Granular Chlorine 75 / Clorine 2 can's 40 165 Stabilizer - Cyanuric Heid palgar Chlorine brigaetts 65% chlorine

Cean Trichoro-s-triazinetrione 99.0%.

Granuler

Colvent

Solvent

Consumeter spray

Broke fluid

Liguid arrench

WD-40

Motor oil (planie)

Acrosso

W/0-PAINT. WAII54 STAIK

Hazadous Materials Inventory E-16 and E-17 Benedict Solution Quantitative Ototless Fixer old p-7 3 odium Hydrexide O-5 Liter Ammonium lum Thiosulfate Ofotless Fixer D-7 contains Hydroguinene 4-5 Liter

2/070

lacquer thenin wood shop paint themin D-9 lacques oil base paint & stain

Pour Room pump room pool 1 can chlorine brigaettes 1 Vacuum pump o.L 112+ 7 palsar plas 1 QuarT Heid cleaner 2 3, Iverine Control and Destruction of Alsae 1 6 aL Tests Kit phor Acid Test 1 Phenol Red chlorine TEST \$5 R-0001 (202) 3-R-000Z (207) THOSUIFETE NILO (ZCZ) 4-R0007 Total Alkalinity (202) 3-17:0008 Indicator 4- ROOFO Sodium hydroxidez/ (202) (702) 1 - A0011 Calcium Indicator Is oproponal 23%. Triethanolamine 2 40012 Hardness Reasent (202) 2 170013 Clanuric Heid Reasent



6-12 back store room Compressed OXYGEE Compressed Acetylane out side back C-12 storey 55 Gallon can of Kerosene 55 Gallon can Solvent

CUSTODIAI shop 2 @Laggner Thinner @Paint Thinner Paint with Oil init THEAT Wet Patch with Oil in it. O Paso Thinn Paint Thinner O Grease Tile Adhesive D Henry

WD 40

out side store room

by C-11 back side

ofrom

E side

cxyGee compressed

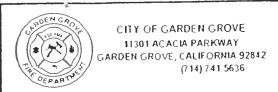
Acetylene compressed

Computer Lab

HECTORS hoff hat Hellum Helinm Compressed Gas Fled store room Shine-all
Pareth SulFat

Finish 5 Gallen Shine-all Ammonium contender hardner (1) box (Z)floor Finish tor 6 ym 5 ballan EA.

STORE RM. BACK out side store rum by C-11 back side of room. west side Methy/ HIcohol Obox 4 Gallon's O (nn 5 Gallon Q 7-Cycle 011 011 800 Hydran L 5 Gallon's EM (4) Gas 5 Gallen's EM 2 Diesel 6 Gallon's EA (2) Kerosene 5 Gallon's EA 1) Solvent 55 Gallon can



CUPA

BUSINESS ACTIVITIES

		PageJ ol				
	ENTIFICATION SEE	1925200000000000000000000000000000000000				
FELTY D* 3 0 0 3 5	EPA ID # (Hazardous Waste Only) 2					
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business	As)	3				
SUSTRESS WAINE (Same as I ACIEIT Frame of Cont Comp Comp						
#ELLE ACTIVITIES	DECLARATION					
	"是我们的是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个					
NOJE: Il you check YE	s co any parcorn	IS IISL				
please submit the Business@w	ner/Operator/den	blication 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	YES NO 4	✓ HAZARDOUS MATERIALS INVENTORY = CHEMICAL DESCRIPTION (Form 3)				
required pursuant to 10 CFR Parts 30, 40 or 70?						
B. UNDERGROUND STORAGE TANKS (USTs)	1					
Own or operate underground storage tanks?	TYES TWO 5	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) ✓ UST FACILITY				
2. Intent to upgrade existing or install new USTs?	YES TWO 6	✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly				
11072	TI VESTINO 7	Form C) UST TANK (closure portion-one page per tank)				
3. Need to report dosing a UST?	U 120 Q 100	Od man (cossepting				
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		4				
Own or operate ASTs above these thresholds:	TIYES NO 8	✓ NO FORM REQUIRED TO CUPAS				
- any tank capacity is greater than 660 gallons, or	TES NO B	J NO FORM REGUINED TO COLLIS				
the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons? D. NAZARDOUS MASTE	/					
D HAZARDOUS WASTE	TYES THO 9	✓ EPA ID NUMBER - provide at the top of this page				
 Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 	YES NO 10.	✓ RECYCLABLE MATERIALS REPORT (one per recycler)				
3. Treat hazardous waste on site?	TYES THO 11	✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY				
	~	(Formerly DTSC Forms 1772)				
	,	✓ ONSITE HAZARDOUS WASTE				
		TREATMENT - UNIT (one page per unit)				
		(Formerly DTSC Forms 1772A,B,C,D and L)				
4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	TYES PNO 12	✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)				
5 Consolidate hazardous waste generated at a remove site?	TYES THO 13	✓ REMOTE WASTE/CONSOLIDATION SITE				
5 Consolidate nazardous waste generated at a ferriove site:	0.00	ANNUAL NOTIFICATION (Formerly DTSC Form 1196)				
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	TYES NO 14	✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)				
E LOCAL REQUIREMENTS						
Cal-ARP California Accidental Release Prevention Program H&SC Chapter 6 95, Article 2, §25531 et seq	TYES TONO 15	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)				
 Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process 						

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

To the West:

Facility

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

notify each of th	ne following agencies:				
	Fire Department, Police, Paramedics ency Services (OES) nse Center	PHONE NUMBERS 911 (800) 852-7550 or (916) 427-4341 (800) 424-8802			
Individual(s) Re	esponsible 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 ()					
To the North: Facility Facility		Phone ()			
To the South: Facility Facility		Phone ()			
To the East Facility Facility		Phone ()			

Phone (___)

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
EV	ACUATION PLANS AND PROCEDURES	
Ev eva	acuation Alarms - Describe the type of alarm sign acuation at this facility: (Vocal, paging system, materials)	mals that will be used to start an mual 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:	Street Address:					
Date of evacuation	drill:					
Brief description of	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 evacuatio	n drill:					
Brief description	of drill:					
Brief description						
Facilitator's Name	D:					
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 BUSINESS EMERGENCY PLAN

"EMERGENCY COORDINATOR TASK COMPLETION SHEET"

 Date and time the incident was reported:	Date:
 Identify the nature and extent of the incident.	/ / /
 Activate internal facility alarms or communication s	ystems.
 Notify the Fire Department.	
 Designate an employee to direct emergency response	units to the incident scene.
 Initiate prearranged mitigation and evacuation plans	
 Secure all emergency shut-off valves (as required).	
 Initiate internal company notifications.	
 Account for all evacuated personnel.	
 Have resource material available for use by respondir Material Safety Date Sheets (MSDS), etc.)	ng agencies (maps drawings
 Identify actions taken by the business to control the	incident.
 Secure the incident scene to include treatment, stora materials or waste involved.	ge or disposal of hazardous
 Other: (specify)	

THIS RECORD TO BE RETAINED AT THE BUSINESS

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

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:

8602 Facility Name: 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. 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.

UN-039 - 1/1 www.unidocs.org Rev. 07/24/06



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan

GARDEN GROVE FIRE DEPARTMENT 11301 Acacia parkway Garden Grove, CA 92840 Bus. (714) 741-5600 Fax (714) 741-5640 Hazardous Materials Coordinator (714) 741-5636



	Date: _	09/15/2008				
Address: 11271 Stanford Ave	File No:	4689				
Occupant or DBA: <u>Galden Grove High School</u>						
Owner Manager: College CV655	Phone:	(714) 663-6115				
California Health and Safety Code, Section 6.95, you are required to properly complete the Busines required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material safety 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 Salety Code Chapter 6.95, Article 1 and Title 19, \$2729 et seq., Cali	fornia Code	of Regulations (CCR)				
Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 80 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 sha [HSC 25504(b)&(c)] Notification Procedures Mitigation Procedures Evacuation Procedures Employee Training		ately revised and resubmitted:				
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): [Hours of a previously undisclosed material Addition of a previously undisclosed material Change in business address Change in business ownership Change of business name Other (See comments below):	HSC 25510]					
Violation(s): Galifornia Fire Code 2001, Articles 79, & 80, Title 19 Part 9, California Code of Regu	lations.(CCI	R)				
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):					
The above are violations of California law and require immediate correction. Failure to correct violations	olations is s	ubject to civil penalties				
Fire Dept. Inspector: P. Walden ID#: 37	The state of the s					
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**

Site Addres	me: <u>Garden Brove</u> High Schools: 11271 Stonford Ave	Zip Code:					
The Californ	nia Health & Safety Code, Division 20, Chapter 6.9	95, Section 25505(c) and Section 25503.3(c) provide					
Emergency Department certification the annual Act (Section	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).						
both of the	following apply:	rting requirements using this certification statement if					
2. The but on the De of The Subsection No.	partment is complete, accurate, and up to date. For has been no change in the quantity of any he mitted annual inventory form. hazardous material subject to the inventory require ently submitted annual inventory form.	hazardous material as reported in the most recently rements is being handled that is not listed on the most					
(Please che	k applicable boxes.)	HEMICAL INVENTORY HAS BEEN REVIEWED.					
☐ No cha	nges are required to the HMBEP submitted to the C	Garden Grove Fire Department.					
All the	necessary changes/revisions have been made to the ation.	ne HMBEP. The changes/revisions are attached to this					
Denar	ment.	t was previously on file with the Garden Grove Fire					
attach	ed to this certification.	o the chemical inventory. The changes/revisions are					
DEDCOM	AUTHORIZED REPRESENTATIVE, I CERTIF ALLY EXAMINED AND AM FAMILIAR W THE INFORMATION IS TRUE, ACCURATE, A	TY UNDER PENALTY OF LAW THAT I HAVE WITH THE INFORMATION SUBMITTED AND AND COMPLETE.					
rint Nan	e JUDY BANDOLA	Signature Date					
b Title	- LUME ONLY DON	Yellow Copy – Retain for Business Records					
ite Copy	Return to Garden Grove Fire Department	renow Copy - Retain for Business Records					



CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842

(714) 741-5600 (714) 741-5636

Hazardous Materials Business Information Form

Page __ of __ 3

BUSINESS INFORMATION	
FACILITY # 3 0 0 3 5 4 6 8 7	BEGINNING DATE 1 ENDING DATE 2
(Supplied by GGFD) By SINE 96 NAME COLUMN 1	4 BUSINESS PHONE 1555
DIRICHIES STE ADDRESS	11,400,010
BUSINESS SITE ADDRESS STANFORD	7 STATE 8 20 1 0 1 9
GARDEN GROVE	CA 172840
DUN & BRADSTREET	10 SIC CODE (4 DIGIT #) 11 FIRE DISTRICT 347
COUNTY ORANGE	13
BUSINESS OPERATOR PAME	14 OPERATORS PHONE
BUSINES	S OWNER
OWNER NAME SSUSD	15 OVINER PHONE OF 17
ONNERMATION SADDRESS TANFORD	19 STATA 20 SIPA 2 21
CITY, GG	10A 117440
ENVIRONMEN	ITAL CONTACT PHONE 22 CONTACT PHONE 23
CONTACT NAME JEFF HOSE	16606100
CONTATINATING ADDRESS AMORAL	24
CITY GG	25 STATE 26 ZIP 27
PRIMARY EMERGENC'	Y CONTACTS SECONDARY
NAT 28	NAME 33
DIRECTOR OF MAINTHOPERATION	EST. DIRECTOR M40 3
BUSINESS PHONE 2 (175	BUSINESS PHONE 35
31	36
32	TAGEN # 37
ADDITIONAL LOCALLY C	OLLECTED INFORMATION
DESCRIBE THE THE OF BUSINESS OPERATION	38 TOTAL # OF EMPLOYEES 39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40 ATTENTION 41
PROPERTY OWNER NAME 42 ADDRESS	92840 43 PHONE 44
C.C.U.S.D. 1033 ST	HNFORD AVE 66. 663-6000 ble for obtaining the information. I certify under penalty of law that I
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. 15 DATE OF THE PERSONALIVE 45 DATE OF THE PERSONALIVE 46 DATE OF THE PERSO	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	170-2-05
NAME OF SIGNER (PRINT) BANON A	NAME OF DOCUMENT PREPARER (pnnt) 49
PANT SUPEVISORII 48	THE OF DOCUMENT PREPARER SOR 150R 50
haz mtl bus doc 3 13 02	i i