



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 | VALLEY VIEW 76 | | | BUSINESS PHONE | 5 |
| BUSINESS SITE ADDRESS | 12001 VALLEY VIEW ST | | | | 6 |
| CITY | GARDEN GROVE | STATE | CA | ZIP | 92845 |
| DUN & BRADSTREET | 10 | SIC CODE (4 DIGIT #) | 11 | FIRE DISTRICT | 12 |
| COUNTY | ORANGE | | | | 13 |

BUSINESS OPERATOR NAME

MARK AWWAD

BUSINESS OWNER

OWNER NAME ESMAT ELHILY

OWNER MAILING ADDRESS 12001 VALLEY

CITY GARDEN GROVE STATE CA ZIP 92845

ENVIRONMENTAL CONTACT

CONTACT NAME MARK AWWAD

CONTACT MAILING ADDRESS 12001 VALLEY VIEW ST

CITY GARDEN GROVE STATE CA ZIP 92845

PRIMARY EMERGENCY CONTACTS SECONDARY

| NAME | 28 | NAME | 33 |
|----------------|----|----------------|----|
| MARK AWWAD | | ESMAT ELHILY | |
| TITLE | 29 | TITLE | 34 |
| MANAGER | | OWNER | |
| BUSINESS PHONE | 30 | BUSINESS PHONE | 35 |
| (714) 898-9456 | | (714) 898-9456 | |
| 24-HR. PHONE | 31 | 24-HR. PHONE | 36 |
| | | | |
| PAGER # | 32 | PAGER # | 37 |
| | | | |

ADDITIONAL LOCALLY COLLECTED INFORMATION

| | | | | | |
|---|--------------------------|----|----------------------|----------------|----|
| DESCRIBE THE TYPE OF BUSINESS OPERATION: | GASOLINE FUELING STATION | 38 | TOTAL # OF EMPLOYEES | 3 | 39 |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | | 40 | ATTENTION | | 41 |
| PROPERTY OWNER NAME | ALI FAWAZ | 42 | ADDRESS | | 43 |
| | | | PHONE | (714) 625-6054 | 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: *Mark Awwad* DATE: _____

| | | | | | |
|------------------------|------------|----|-----------------------------------|------------|----|
| NAME OF SIGNER (print) | MARK AWWAD | 47 | NAME OF DOCUMENT PREPARER (print) | MARK AWWAD | 49 |
| TITLE OF SIGNER | MANAGER | 48 | TITLE OF DOCUMENT PREPARER | MANAGER | 50 |



CITY OF GARDEN GROVE FIRE DEPARTMENT

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FORM 1

Hazardous Materials Business Information Form

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BUSINESS INFORMATION

| | | | | | |
|----------------------------------|----------------------|----------------------|----|------------------|-------|
| FACILITY # (Supplied by GGFD) | 3 0 0 3 5 | BEGINNING DATE | 1 | ENDING DATE | 2 |
| BUSINESS NAME | A & H Gas Inc. #1 | | | BUSINESS PHONE | 5 |
| BUSINESS SITE ADDRESS | 12001 Valley View ST | | | | 6 |
| CITY | GARDEN GROVE | STATE | CA | ZIP | 92845 |
| DUN & BRADSTREET | 10 | SIC CODE (4 DIGIT #) | 11 | FIRE DISTRICT | 12 |
| COUNTY | ORANGE | | | | 13 |
| BUSINESS OPERATOR NAME | ALI Fawaz | | | OPERATOR'S PHONE | 15 |
| | | | | 714-898-9456 | |

BUSINESS OWNER

| | | | | | |
|-----------------------|----------------------|-------|----|-------------|-------|
| OWNER NAME | ALI Fawaz | | | OWNER PHONE | 17 |
| OWNER MAILING ADDRESS | 12001 Valley View ST | | | | 18 |
| CITY | Garden Grove | STATE | CA | ZIP | 92845 |

ENVIRONMENTAL CONTACT

| | | | | | |
|-------------------------|----------------------|-------|----|---------------|-------|
| CONTACT NAME | Ali Fawaz | | | CONTACT PHONE | 23 |
| CONTACT MAILING ADDRESS | 12001 Valley View ST | | | | 24 |
| CITY | Garden Grove | STATE | CA | ZIP | 92845 |

PRIMARY

EMERGENCY CONTACTS

SECONDARY

| | | | | | |
|----------------|--------------|----|----------------|--------------|----|
| NAME | Ali Fawaz | 28 | NAME | Tarek Wazna | 33 |
| TITLE | President | 29 | TITLE | | 34 |
| BUSINESS PHONE | 714-898-9456 | 30 | BUSINESS PHONE | 714-895-4437 | 35 |
| 24-HR. PHONE | [REDACTED] | 31 | 24-HR. PHONE | [REDACTED] | 36 |
| PAGER # | [REDACTED] | 32 | PAGER # | [REDACTED] | 37 |

ADDITIONAL LOCALLY COLLECTED INFORMATION

| | | | | | |
|---|---|----|----------------------|-------------------------------|----|
| DESCRIBE THE TYPE OF BUSINESS OPERATION: | Gasoline fueling station | 38 | TOTAL # OF EMPLOYEES | 4 | 39 |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | 12001 Valley View ST Garden Grove Ca. 92845 | 40 | ATTENTION | | 41 |
| PROPERTY OWNER NAME | Ali Fawaz | 42 | ADDRESS | 12001 Valley View GG Ca 92845 | 43 |
| | | | PHONE | 714-362-5531 | 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 | 3-20-08 | 46 |
| NAME OF SIGNER (print) | Ali Fawaz | 47 | NAME OF DOCUMENT PREPARER (print) | Fatima Hammoud | 49 |
| TITLE OF SIGNER | President | 48 | TITLE OF DOCUMENT PREPARER | office manager | 50 |



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

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| | | | | |
|--------------|-----------|----|-------------------|---|
| FACILITY ID# | 3 0 0 3 5 | 38 | BUSINESS NAME | 3 |
| | | | A & H Gas Inc. #1 | |

I. FACILITY INFORMATION

| | |
|---|---|
| CHEMICAL LOCATION | 4 |
| 12001 Valley view st Garden Grove Ca 92845 (South side of station.) | |

| | | | | | | |
|-----------------------------|---|---|-------|---|--------|---|
| CONFIDENTIAL LOCATION EPCRA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5 | MAP # | 6 | GRID # | 7 |
|-----------------------------|---|---|-------|---|--------|---|

II. CHEMICAL INFORMATION

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

| | | | |
|---------------------------|---|---|----|
| COMMON NAME | 9 | An EHS Chemical | 12 |
| Regular unleaded Gasoline | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|-----------|----|---|----|
| CAS # | 10 | FIRE CODE HAZARD CLASSES (supplied by GGFD) | 13 |
| 8606-61-9 | | | |

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

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

| | | | | | | | |
|----------------------|----|----------------------|----|---------------------|----|------------------|----|
| AVERAGE DAILY AMOUNT | 19 | MAXIMUM DAILY AMOUNT | 20 | ANNUAL WASTE AMOUNT | 21 | STATE WASTE CODE | 22 |
| 1000 | | 2000 | | N/A | | N/A | |

| | | | | | |
|---|----|--------------|----|-------------------|----|
| UNITS | 23 | DAYS ON SITE | 24 | LARGEST CONTAINER | 25 |
| <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS | | 365 | | 2000 | |

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

| | |
|--|----|
| STORAGE PRESSURE | 27 |
| <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT | |

| | |
|--|----|
| STORAGE TEMPERATURE | 28 |
| <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC | |

| %WT | HAZARDOUS COMPONENT (For mixture or waste only) | EHS | CAS # |
|-----------|---|---|--------------|
| 1 0-21 29 | Xylenes | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | 1330-20-7 32 |
| 2 0-15 29 | Toluene | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | 108-88-3 32 |
| 3 0-5 29 | Ethyl Benzene | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | 100-41-4 32 |
| 4 0-5 29 | 1,2,4-Trimethyl Benzene | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | 95-63-6 32 |
| 5 0-4 29 | Benzene | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | 71-43-2 32 |
| 5 0-4 29 | n-Hexane | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | |
| 5 0-4 29 | Cyclohexane | 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31 | |

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

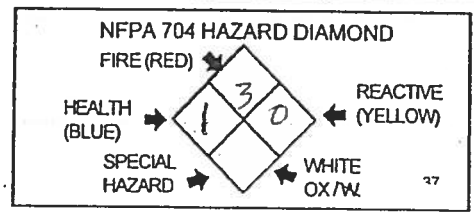
PLACARDING INFORMATION

UNDOT # _____ 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 _____ of _____ 2

| | | | | | | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|--|----|---------------|-------------------|---|
| FACILITY ID# | 3 0 0 3 5 | | | | | | | | 38 | BUSINESS NAME | A & H Gas Inc. #1 | 3 |
|--------------|-----------|--|--|--|--|--|--|--|----|---------------|-------------------|---|

I. FACILITY INFORMATION

| | | | |
|-----------------------------|---|---|--------|
| CHEMICAL LOCATION | | | 4 |
| South side of station | | | |
| CONFIDENTIAL LOCATION EPCRA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5 | MAP # |
| | | 6 | GRID # |
| | | 6 | 7 |

II. CHEMICAL INFORMATION

| | | | | | | |
|---------------------------|--|---|--|---|--|----|
| CHEMICAL NAME | | WASTE | | TRADE SECRET | | 11 |
| Gasoline | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| COMMON NAME | | | | * If EPCRA see instructions | | |
| Premium unleaded Gasoline | | | | An EHS Chemical | | 12 |
| | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| CAS # | | FIRE CODE HAZARD CLASSES (supplied by GGFD) | | *If EHS is "Yes", all amounts must be LBS | | 13 |
| 8006-61-9 | | | | | | |

| | | | | | | | | |
|--------------------------------------|---|----|-----------------------|---|----|--------|-----|----|
| 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 | N/A | 16 |
| PHYSICAL STATE (Check one item only) | <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS | 17 | FED HAZARD CATEGORIES | <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE | | | 18 | |
| | | | | <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH | | | | |

| | | | | | | | | | | | |
|----------------------|---|----|----------------------|-------|----|---------------------|-------|----|------------------|-----|----|
| AVERAGE DAILY AMOUNT | 7500 | 19 | MAXIMUM DAILY AMOUNT | 15000 | 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 type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS | 23 | DAYS ON SITE | 365 | 24 | LARGEST CONTAINER | 15000 | 25 | | | |
| | | | | | | | | | | | |

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

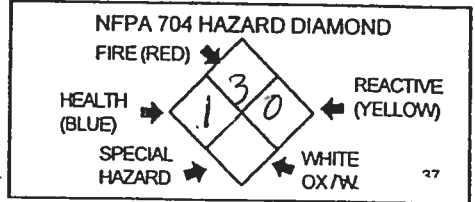
| | | |
|---------------------|--|----|
| STORAGE PRESSURE | <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT | 27 |
| STORAGE TEMPERATURE | <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC | 28 |

| %WT | HAZARDOUS COMPONENT (For mixture or waste only) | EHS | CAS # |
|--------|---|---|-----------|
| 1 0-21 | xylenes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 1330-20-7 |
| 2 0-15 | Toluene | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 108-88-3 |
| 3 0-5 | Ethyl Benzene | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 100-41-4 |
| 4 0-5 | 1,2,4, TriMethyl Benzene | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 95-63-6 |
| 5 0-4 | n-Hexane | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 71-43-2 |
| | cyclohexane | | |

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

PLACARDING INFORMATION

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



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

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| | | | |
|--------------|--------|---------------|-----------------|
| FACILITY ID# | 307035 | BUSINESS NAME | A4H Gas Inc. #1 |
|--------------|--------|---------------|-----------------|

I. FACILITY INFORMATION

| | | | |
|-------------------|-----------------------|--|--|
| CHEMICAL LOCATION | West side of property | | |
|-------------------|-----------------------|--|--|

| | | | | | | |
|-----------------------------|---|---|-------|---|--------|---|
| CONFIDENTIAL LOCATION EPCRA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5 | MAP # | 6 | GRID # | 7 |
|-----------------------------|---|---|-------|---|--------|---|

II. CHEMICAL INFORMATION

| | | | | | | | | |
|---------------|---------|--|-------|---|---|--------------|---|----|
| CHEMICAL NAME | Propane | | 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 | Propane | | 9 | An EHS Chemical | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 12 |
|-------------|---------|--|---|-----------------|---|----|

| | | | | |
|-------|---------|----|---|----|
| CAS # | 74-98-6 | 10 | FIRE CODE HAZARD CLASSES (supplied by GGFD) | 13 |
|-------|---------|----|---|----|

| | | | | | | | | |
|---------------------------|---|----|-------------|---|----|--------|-----|----|
| TYPE (Check one for 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 | NIA | 16 |
|---------------------------|---|----|-------------|---|----|--------|-----|----|

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

| | | | | | | | | | | | |
|----------------------|-----|----|----------------------|-----|----|---------------------|-----|----|------------------|-----|----|
| AVERAGE DAILY AMOUNT | 250 | 19 | MAXIMUM DAILY AMOUNT | 500 | 20 | ANNUAL WASTE AMOUNT | NIA | 21 | STATE WASTE CODE | NIA | 22 |
|----------------------|-----|----|----------------------|-----|----|---------------------|-----|----|------------------|-----|----|

| | | | | | | | | |
|-------|---|----|--------------|-----|----|-------------------|-----|----|
| UNITS | <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS | 23 | DAYS ON SITE | 365 | 24 | LARGEST CONTAINER | 500 | 25 |
|-------|---|----|--------------|-----|----|-------------------|-----|----|

| | | | | | | |
|--|--|--|--|---|--|----|
| STORAGE CONTAINER (Check all that apply) | <input checked="" 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 type="checkbox"/> t. OTHER | 26 |
|--|--|--|--|---|--|----|

| | | |
|------------------|--|----|
| STORAGE PRESSURE | <input type="checkbox"/> a. AMBIENT <input checked="" 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 | >65 | 29 | Propane | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 31 | 74-98-6 |
| 2 | <35 | 29 | propylene | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 31 | 115-07-1 |
| 3 | <6 | 29 | Ethane | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 31 | 74-84-0 |
| 4 | <5 | 29 | Total Butanes | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 31 | 78-28-5 |
| 5 | <0.1 | 29 | Ethyle Mercaptan | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 31 | 75-08-1 |

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.

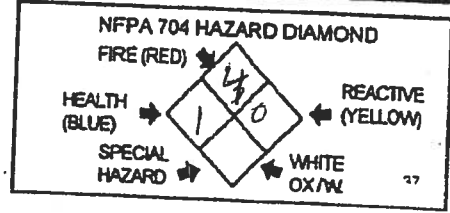
PLACARDING INFORMATION

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

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FACILITY ID# **30035** BUSINESS NAME **4 & H Gas Inc. #1**

I. FACILITY INFORMATION

CHEMICAL LOCATION **Trash Enclosure**

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 8 GRID # 7

II. CHEMICAL INFORMATION

CHEMICAL NAME _____ WASTE Yes 8 TRADE SECRET Yes No 11

COMMON NAME **used Gasoline Filters** 9 An EHS Chemical Yes No 12

CAS # **8006-61-9** 10 FIRE CODE HAZARD CLASSES (supplied by GGF0) _____ 13

TYPE (Check all that apply) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES 16

PHYSICAL STATE (Check all that apply) a. SOLID b. LIQUID c. GAS 17 FED HAZARD CATEGORIES: a. FIRE b. REACTIVE c. PRESSURE RELEASE 18

AVERAGE DAILY AMOUNT **3** 19 MAXIMUM DAILY AMOUNT **5** 20 ANNUAL WASTE AMOUNT **200** 21 STATE WASTE CODE **213** 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE **365** 24 LARGEST CONTAINER **200** 25

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT m. CYLINDER q. TANK WAGON 28

b. UNDERGROUND TANK f. NONMETALLIC DRUM j. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR

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

d. STEEL DRUM h. CARBOY l. BOX(S) p. IN MACH OR EQUIP t. OTHER _____

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

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

| UNID | | HAZARDOUS COMPONENT (for mixture or waste only) | | EHS | | CAS # | |
|------|---|---|-------------|-----|---|-------|-----------|
| 1 | 5 | 29 | Gasoline | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 31 | 8006-61-9 |
| 2 | | 29 | Fuel Filter | 30 | <input type="checkbox"/> Yes <input checked="" 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 | |
| | | | | 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.

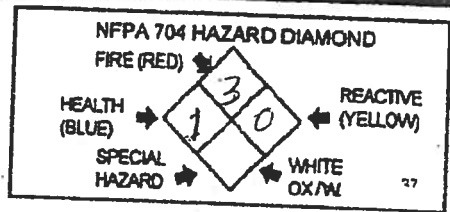
PLACARDING INFORMATION

UNDOT # _____ 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



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. |
|--------------|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|----|

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.
A & H Gas Inc. #1

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?

YES NO 4.

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)

B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intent to upgrade existing or install new USTs?
- Need to report closing a UST?

YES NO 5.

UST FACILITY (Formerly SWRCB Form A)
 UST TANK (one page per tank) (Formerly Form B)

YES NO 6.

UST FACILITY
 UST TANK (one per tank)
 UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)

YES NO 7.

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?

YES NO 8.

NO FORM REQUIRED TO CUPAS

D. HAZARDOUS WASTE

- Generate hazardous waste?
- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?
- Treat hazardous waste on site?
- Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?
- Consolidate hazardous waste generated at a remove site?
- Need to report the closure/removal of a tank that was classified waste and cleaned onsite?

YES NO 9.

EPA ID NUMBER - provide at the top of this page
 RECYCLABLE MATERIALS REPORT (one per recycler)

YES NO 10.

ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)

YES NO 11.

ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)

YES NO 12.

CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)

YES NO 13.

REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)

YES NO 14.

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

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 NO 15.

REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

**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: | Ali Fawaz (714) 362-5531 |

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 Chevron Phone () _____
 Facility _____ Phone () _____

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

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

To the West
 Facility Morrison Goodyear 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.):

vocal

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: J&H Gas Inc. #1

Street Address: 12001 Valley View St. G.G. Ca. 92845

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: Cashier Area
Evacuation route: _____
Emergency exits: _____
Staging area: _____

2. Working area: Food Mart
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: Cashier

EMERGENCY FUNCTION(S): Extinguish small fires with fire extinguisher.

- 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

TRAINING:

Every business handling hazardous materials above the minimum limits shall provide training for their employees in the following area:

- A. Method for safe handling of hazardous materials.
- B. Procedures for notification and coordination with emergency agencies, in the event of a spill or threatened spill.
- C. Use of emergency response equipment and supplies under the control of the handler.
- D. Emergency mitigation procedures in response to a release or threatened release hazardous material.
- E. Tasks assigned to employees in the event of a hazardous materials emergency.
- F. Evacuation procedures.

Describe the type of training programs you either are currently using or will use during the next year to provide the required employee training.

- Fires: Extinguish small fires with fire extinguisher
Recharge it if used.
- Big fires call 911, ensure that everyone has left the station. Turn off emergency pump shut off switch.
Employees will meet in the designated area and will call the owner.
- spills: Clean up with absorbent material on site and dispose of according to regulation.
Large spills call 911 and evacuate the area.
Employees will meet in the designated area and call the owner.
after they turn off pumps using the emergency pump shut off switch
- Medical: Treatment site with first aid kit or take to nearest hospital.
- Evacuate: Verbally announce to all persons on site "this is an emergency, please turn off your engines and leave the station on foot immediately. All employees meet at the assembly area."

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: Ali Fawaz
Name: Ali Fawaz
Title: President
Date: 3-20-08

**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. <u>underground storage tanks.</u> | _____ |
| 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.

Emergency Response Plan

Facility Name: A&H Gas, Inc. #1

Address: 12001 Valley View Street, Garden Grove, CA 92845

Date of Plan Preparation: 4/17/2008

This Emergency Response Plan will be maintained in a location where it is readily accessible to all employees:

1. The emergency coordinator for this facility is:

Name: Ali Fawaz

Address: 12001 Valley View Street, Garden Grove, CA 92845

Phone Number: 714-362-5531

2. The alternate emergency coordinator for this facility is:

Name: Tarek Wazne

Address: 12001 Valley View Street, Garden Grove, CA 92845

Phone Number: 714-726-9116

3. Evacuation Procedures:

Assemble at designated emergency assembly area. If necessary leave the station. Any employee can give verbal notice to evacuate. They will announce that there is an emergency and all persons are to gather at the emergency assembly area as shown on the attached site map. The emergency coordinator will supervise the evacuation, do head count at the staging area, and be available to assist emergency responders as requested. In case of smoke or gasoline vapors, employee should move upwind.

4. Notification Procedures:

A. Local Emergency Response Agencies: 911

B. Owner 714-362-5531

Emergency Response Equipment: Onsite equipment includes a broom, dust pan, absorbent, safety vest, fire extinguisher, and first aid kit located in the storage area.

5. Emergency Procedures

A. Fire:

Turn off dispenser pumps

Call the fire department by dialing 911

Evacuate Site

Attempt to extinguish any small fires using the fire extinguisher if it is safe to do so

Do not allow customers to start their cars as any spark may ignite fuel

Follow notification procedures when it is safe to do so

B. Large Spills

A Large spill is a spill of fuel greater than 5 gallons or a spill that cannot be absorbed, neutralized, or otherwise controlled at the time of release by employees in the immediate area.

Immediately shut down fuel flow to the dispensers by engaging the ESO Switch

Call 911

Evacuate the site

Do not allow customers to start their cars as any spark may ignite fuel

Follow notification procedures when it is safe to do so

C. Small Spills

A small spill is a spill of fuel less than 5 gallons that can be absorbed, neutralized, or otherwise controlled by employees in the immediate area.

Use absorbent material to clean up spill

Cover storm drains as necessary

Place used absorbent material in 55 gallon drum labeled for Used Absorbent

D. Underground Storage Tank, Dispenser, or Piping Leak

Sometimes a release of fuel may not be readily visible. Following are signs that may indicate a release of fuel that could pose a threat to the environment or the safety of employees and customers:

The discovery of fuel in the surrounding area

Unusual operation conditions

Electronic monitoring system alarms that may indicate a release of fuel

Discovery of fuel leaking from any part of the dispenser, turbine, or other visible part of the tank system

Significant shortage or overage when completing the daily inventory reconciliation form

Immediately report any of the above to your local agency