

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>21</u>
BUSINESS NAME	<u>Candy Cone Cleaners</u>
BUSINESS ADDRESS	<u>12905 Chapman Ave</u>
APPROVED BY	<u>G</u> DATE <u>5/16/2011</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<input type="checkbox"/> 4D <input type="checkbox"/> BUSLIST <input type="checkbox"/> CALARP: <input type="checkbox"/> CUPA: <input type="checkbox"/> GIS <input type="checkbox"/>
FEE	_____



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Candy Cane Cleaners			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	12905 Chapman Ave				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92840
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14				15

BUSINESS OWNER

OWNER NAME	16				17
OWNER MAILING ADDRESS					18
CITY	19	STATE	CA	ZIP	21

ENVIRONMENTAL CONTACT

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

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
TITLE	29	TITLE	34
BUSINESS PHONE	30	BUSINESS PHONE	35
24-HR. PHONE	31	24-HR. PHONE	36
PAGER #	32	PAGER #	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42		43
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.			
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

FORM 3

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) OF 3)

BUSINESS NAME (4) CANDY CANE CLEANERS

CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 12905 CHAPMAN AVE.

MAP # (if more than one) (6) GRID # (7) I-6

CHEMICAL NAME (8) TETRACHLOROETHYLENE

COMMON NAME (9) PERCHLOROETHYLENE

CAS # (10) 127-18-4

FIRE CODE HAZARD CLASSES* (13) IRRITANT / CARCINOGEN

TRADE SECRET (11) Y N

AHM / *EHS (12) Y N

*IF EHS BOX IS "Y"
ALL AMOUNTS MUST BE IN LBS

***COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16)

PHYSICAL STATE (17) SOLID LIQUID GAS CURIES (16)

FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH

STATE WASTE CODE (19) 211 UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 0

DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 0

LARGEST CONTAINER (21) ANNUAL WASTE AMT (25)

STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION
*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION

UN/DOT # UN1897
Refer to shipping papers or MSDS

DOT HAZARD CLASS ORM-A
Refer to shipping papers or MSDS

UFC HAZARD CLASS _____

NFPA 704 HAZARD DIAMOND
FIRE RED

HEALTH
BLUE

REACTIVE
YELLOW

SPECIAL HAZARD (White OX/WX)

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

Rho-Chem

Rho-Chem Corporation
425 Isis Avenue
Inglewood, CA 90301

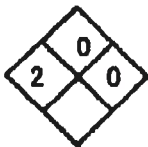
MATERIAL SAFETY DATA SHEET

Essentially similar to OSHA Form 20
REV. 082279

SECTION I. PRODUCT IDENTIFICATION

PRODUCT NAME	Perchloroethylene	STOCK NO.	2406 Reconstituted 2006 Technical Grade 2356 Electronic/Semiconducto 3356 Reagent Analytical
CHEMICAL NAME AND SYNONYMS	Tetrachloroethylene	FORMULA	CCl ₂ :CCl ₂
CHEMICAL FAMILY	Chlorinated hydrocarbon CAS # 127184	EMERGENCY PHONE NO.	(213) 776-6233

NATIONAL FIRE PROTECTION ASSOCIATION HAZARD IDENTIFICATION



AIR QUALITY MANAGEMENT DISTRICT
PHOTOCHEMICAL REACTIVITY

Non-photochemically reactive
(less than 4%)

DEPARTMENT OF TRANSPORTATION
HAZARD CLASS

ORM-A

SECTION II. HAZARDOUS INGREDIENTS

MATERIAL	TLV (UNITS)	%	MATERIAL	TLV (UNITS)	%
Perchloroethylene	50	100			

SECTION III. PHYSICAL DATA

BOILING POINT ONE atm.	250°F	FREEZING POINT	-8.3°F
SPECIFIC GRAVITY (H ₂ O = 1)	1.61 @ 25/25°C.	VAPOR PRESSURE AT 20°C	14.4 mm Hg
VAPOR DENSITY (AIR = 1)	5.83	SOLUBILITY IN WATER % BY WT. AT 20°C	.015
PERCENT VOLATILES BY VOLUME	100.%	EVAPORATION RATE	39 (CCl ₄ =100)
APPEARANCE	Colorless liquid	ODOR	Somewhat ethereal

SECTION IV. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (TEST METHOD)	None (T.O.C.)	FLAMMABLE LIMITS IN AIR (% BY VOLUME)	Upper Non flammable
AUTOIGNITION TEMPERATURE	No available data		Lower Non flammable
EXTINGUISHING MEDIA	Its presence in a fire does not hinder the use of any standard extinguishing media.		
SPECIAL FIREFIGHTING PROCEDURES	Wear self contained breathing apparatus approved by NIOSH. Use water spray to knock down vapors and to cool containers.		
UNUSUAL FIRE AND EXPLOSION HAZARDS	Vapors exposed to high temperatures that occur in open flames, welding arcs, and open electric heaters decompose to give off hydrogen chloride and other toxic and irritating vapors.		

SECTION V. HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE	50ppm	MAXIMUM CONCENTRATION PER DURATION LEVEL	300ppm/5 minutes in 3 hours
EFFECTS OF OVER EXPOSURE	<p><u>Eyes</u> - can cause severe irritation, redness, tearing, blurred vision. <u>Skin</u> - prolonged or repeated contact can cause moderate irritation, contact dermatitis. <u>Breathing</u> - excessive inhalation of vapors can cause nasal and respiratory irritation, dizziness, weakness, fatigue, nausea, headache, possible unconsciousness, and even asphyxiation. <u>Swallowing</u> - can cause gastrointestinal irritation, nausea, vomiting, diarrhea.</p>		
EMERGENCY AND FIRST AID PROCEDURES	<p><u>Eyes</u> - flush with large amounts of water. <u>Skin</u> - thoroughly wash exposed area with soap and water. Remove contaminated clothing and launder before re-use. <u>Breathing</u> - if affected remove to fresh air. If breathing is difficult, administer oxygen. If breathing has stopped, give artificial respiration. Do not give stimulants. Epinephrine or ephedrine may adversely affect the heart with fatal results. <u>Swallowed</u> - induce vomiting. <u>Never</u> give anything by mouth to an unconscious person.</p>		

SECTION VI. REACTIVITY DATA

STABILITY	_____ Unstable	<u>X</u> Stable	Hazardous Polymerization	_____ May Occur	<u>X</u> Will Not Occur
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SECTION VII. SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED	Absorb liquid on rags, mops, or floor absorbent and place in closed containers. Provide adequate ventilation and wear adequate personal protective equipment.
WASTE DISPOSAL METHOD	Make arrangements through a permitted TSD (Transport Storage & Disposal) facility.

SECTION VIII. SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION	None for normal use. NIOSH/MESA approved self-contained breathing apparatus, positive pressure hose masks, air-line mask for spills or extreme conditions.		
VENTILATION	Provide sufficient mechanical and/or local exhaust ventilation to maintain exposure below threshold limit value.		
PROTECTIVE GLOVES	Polyvinyl alcohol, polyethylene	EYE PROTECTION Chemical safety goggles	OTHER PROTECTIVE EQUIPMENT Rubber apron

SECTION IX. SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING	Store drums in a cool place, bung up and tightly closed. Empty containers continue to be hazardous because they retain product residues; vapor or liquid. Storage tanks should be adequately vented for filling and pressure equalization. Vents from indoor tanks should terminate outdoors. Avoid contact with strong oxidizing agents (nitric acid, permanganates, etc.), strong alkalies (sodium hydroxide, ammonium hydroxide, etc.) and alkali metal.
OTHER PRECAUTIONS	If product is used in a vapor degreaser: DO NOT POUR COLD SOLVENT INTO BOILING SOLVENT. A violent eruption may occur similar to the reaction of cold water poured into hot oil or grease. Severe body and facial burns and/or fire may occur. Add cold solvent in the morning before degreaser start-up. DO NOT EXCEED RECOMMENDED CLEAN-OUT TEMPERATURE or recommended clean-out specific gravity. Solvent decomposition or auto ignition of combustible contaminants may occur.

We believe all information given is accurate. It is offered in good faith, but without guarantee. Since conditions of use are beyond our control, all risks of use are assumed by the user. Nothing herein shall be construed as a recommendation for use which infringe valid patents or as extending a license under valid patents.

BUSINESS EMERGENCY PLAN

Business Name CAUDY CAINE CLEANERS
Business Address 12905 CHAPMAN AVE City GARDEN GROVE State CA Zip 92640
Mailing Address Same as above City _____ State _____ Zip _____
Business Phone (714) 971-8315
FAX Number () N/A

Owner/Operator: Name [REDACTED] Phone Number [REDACTED]
Address [REDACTED] City [REDACTED] State CA Zip [REDACTED]

Primary Contact : Name [REDACTED]
Address [REDACTED] City G.G. State CA Zip [REDACTED]
24 Hour Phone Number () _____ Phone Number [REDACTED]

Type of Business Operation Garment dry cleaning

TABLE OF CONTENTS

INTRODUCTION: Business Emergency Plan - Short Version

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

Hazardous Materials Business Emergency Plan - Short Version

All businesses using, handling or storing hazardous materials that are required to disclose must complete an Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. B-1 occupancies.
2. Repair Garages. H-4 occupancies.
3. Dry Cleaners.
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material, and that there are unusual circumstances justifying this exemption.

Exemptions

1. Detailed evacuation plans.
2. Detailed Key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

Personnel Emergency Notifications and Responsibilities

(A) Employee Evacuation and Staging Areas:

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

Vocal

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

One person shall be designated to account for all personnel at the staging area. That person will be responsible for meeting the incoming Fire units and reporting the conditions known about the incident.

The Staging area is at the following location:

the emergency exit is direct out to the back door.

(B) Employee Responsibilities:

At least one employee shall be responsible for the following minimum requirements in the event of an emergency response by the Fire Department.

1. Notify employees. Initiate evacuation procedures.
2. Notify the Garden Grove Fire Department. Dial 911.
3. Try to identify the nature of the incident.
4. Report to the staging area and account for evacuated employees.
5. Report to the incoming fire units.
6. Activate any emergency mitigation procedures that are available at your business. (List below any mitigation procedures specific to your business, if any.)

Fire extinguisher

(C) Training Requirements

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

Employee training provided on:

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

(D) Emergency Notifications

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

(E) Prevention

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

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

Consideration shall include:

1. Drum storage and/or aboveground tank storage areas:
 - a ___ Isolation and separation of incompatible materials
 - b ___ Diking areas to contain spills
 - c ___ Storage on paved ground
2. Compressed and/or cyrogenic gas storage areas:
 - a ___ Cylinders stored upright and secured
 - b ___ Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)
3. General:
 - a ___ Safe work practices are exercised in daily routines.
 - b Employees who handle hazardous materials are properly trained.
 - c Material Safety Data Sheet (MSDS) readily available for each hazardous material on the premises.
 - d Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
 - e ___ Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, brush, etc.)
 - f ___ Posting of "No Smoking" signs where appropriate.

4. Other:

a____

b____

c____

d____



CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

BUSINESS INFORMATION

CALENDAR YEAR BEGINNING (1) 07-27-00 ENDING (2) 12-31-00 (3) PAGE 1 OF 1

BUSINESS NAME (4) CANDY CANE CLEANERS BUSINESS PHONE: (5) 714/971-8315

SITE ADDRESS (6) 12905 CHAPMAN AVENUE

CITY (7) GARDEN GROVE STATE (8) CA ZIP (9) 92840

DUN & BRADSTREET (OPTIONAL) (10) _____ SIC CODE (4 DIGIT #) (11) 7216

OPERATOR NAME (12) _____ OPERATOR PHONE (13) _____

OWNER INFORMATION

OWNER NAME (14) _____ OWNER PHONE (15) _____

OWNER MAILING ADDRESS (16) _____

CITY (17) _____ STATE (18) CA ZIP (19) _____

ENVIRONMENTAL CONTACT

CONTACT NAME (20) _____ CONTACT PHONE (21) _____

MAILING ADDRESS (22) _____

CITY (23) _____ STATE (24) _____ ZIP (25) _____

EMERGENCY CONTACTS

Primary	Secondary
NAME: (26) _____	NAME: (31) _____
TITLE: (27) _____	TITLE: (32) <u>mgr</u>
BUSINESS PHONE: (28) <u>714/971-8315</u>	BUSINESS PHONE: (33) <u>714) 971-8315</u>
24-HOUR PHONE: (29) _____	24-HOUR PHONE: (34) _____
PAGER #: (30) _____	PAGER #: (35) _____

ACUTELY HAZARDOUS MATERIALS (AHM) / EXTREMELY HAZARDOUS SUBSTANCE (EHS)

ON SITE AHM/EHS (36) Yes No If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

ADDITIONAL LOCALLY COLLECTED INFORMATION

(37)

A. Type of Business Operation DRY CLEANERS G. Underground Storage Tanks Y N

B. Hours of Business Operation _____ H. Above ground Tank over 660 gal. Y N

C. Total Number of Employees 1

D. Property Owner Name IRWIN S. PADELFORD INC. Address _____

E. Schools, hospitals within 1,000 ft. of business property Y N

F. EPA I.D. Number CAL 000024800

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

Print Name of Document Preparer (38) JERRY BREWEMAN GGGD FIRE INTERN.

Signature of Owner/Operator (39) Heckem Joh Date (40) 7-27-00

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within 15 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.
- 5. Use of a previously undisclosed hazardous material.
- 6. A 100% increase in the quantity of a previously disclosed material.

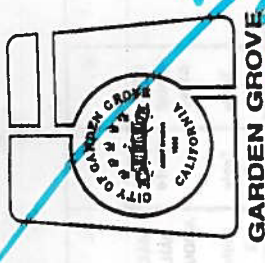
	YES	NO
1. Are there any underground storage containers located on the business property?	—	✓
2. Is trade secret protection requested for any of the information included in this disclosure?	—	✓
3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight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

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

Print Name of Owner: _____
Print Name of Document Preparer: _____
Signature of Owner/Operator: _____ Date: 2/28/94

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

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



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

BUSINESS EMERGENCY PLAN

Business Name: CANDY CANE CLEANER
Business Address: 12905 CHAPMAN AVE City G.G. State CA Zip 92640
Mailing Address: Same as above City _____ State _____ Zip _____

Business Phone (714) 991-8315 Business License # 134290

Owner/Operator: Name _____ Phone Number (310) 449-1511
Address _____ City _____ State CA Zip _____
Phone Number (310) 924-2238

Type of Business Operation: CLOTHING DRY CLEANING

EPA # CAD 98/414386 SIC Code _____
CAL 000024800

Emergency Contacts: Name _____

Address _____ City G.G. State CA Zip 92640

24 Hour Phone Number () _____ Phone Number _____

Property Owner: Name IRWIN & PADEFORD INC Phone Number _____

Address _____ City _____ State CA Zip _____

Total Number of Employees 1 Dun and Brad Street Numbers _____

Office Use Only

MLI# 16571 Short Long _____

OK 3-2-94

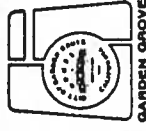
HAZARDOUS MATERIALS DISCLOSURE FORM

THIS FORM TO BE TYPEWRITTEN.

BUSINESS NAME: CANDY CANE CLEANERS
 ADDRESS: 12905 CHAPMAN AVE, GARDEN GROVE, CA.

MLI # _____ (office use only)

DATE: 2/28/94
 PAGE # _____



1. TRADE NAME	2. HAZARDOUS SUBSTANCES IN PRODUCT (top 3 as per % weight on MSDS)	3. CAS NO.	4. SARA Hazard Class Table 1	5. Physical State Table 2	6. MAX DAILY AMOUNT Table 3	7. AVG DAILY AMOUNT Table 3	8. DAYS ON SITE	9. CONTAINER TYPE Table 4	10. STORAGE CODE PRESSURE/TEMP. Table 5	11. LOCATION (NOTE BY QUANT AND DESCRIBE AREA)	12. STATE WASTE NUMBER (3 DIGIT CODE)	13. DOT/UN/NA NUMBER	14. HAZARD CLASS Table 6
1. Perchloroethylene (perc)	Tetrachloroethylene (100)	127-18-4	P.L	P.L	00 gallon	365	I	3:1	Im the back of Cleaning Machine	211	UN 1899	2.14	
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													

Table#1 SARA Hazard

Physical
1-Fire
2-Sudden Release of Pressure
3-Reactivity

Health
4-Immediate (Acute)
5-Delayed (Chronic)

Table#2

Physical State
P-Pure
M-Mixture
S-Solid (Report pounds)
L-Liquid (Report gallons)
G-Gas (Report cubic feet)

Table#3 Amount Chart

Value	Amount	Range
00	0	99
01	100	299
02	300	599
03	600	999
04	1000	5999
05	6000	9999
06	10000	19999
07	20000	49999+

Table#4 Container Type

A- Aboveground Tank
B- Bag(s)
C- Box(s)
D- Carboy(s)
E- Drum(s) or Barrel(s)
F- Fixed Pressurized Cylinders
G- Glass Containers
H- In Machinery or Equip.

Table#5 Storage Code

Pressure
1- Ambient
2 - Less than ambient
3 - Greater than ambient

Temperature
1-Ambient
2-Less than ambient, but not cryogenic.
3-Greater than ambient
4-Cryogenic

Ambient = room pressure or temperature

Table#6 Hazard Class (see MSDS sheets for info)

1- Blasting Agent
2- Carcinogen
3- Combustible Liquids
4- Corrosive
5- Cryogenics
6- Etiologic Agents
7- Explosive A
8- Explosive B
9- Explosive C
10- Flammable Compressed Gas
11- Flammable Liquid
12- Flammable Solid
13- Hypergolic
14- Irritant
15- Non Flammable Compressed Gas
16- Organic Peroxide
17- Oxidizer
18- Pesticide
19- Poison A (Compressed Poisonous Gas)
20- Poison B (Solid/Liquid)
21- Pyrophoric or Spontaneously Combustible
22- Radioactive

GARDEN GROVE FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE STATEMENT

BUSINESS NAME: CANDY CANE CLEANERS
TOTAL NUMBER OF EMPLOYEES _____
BUSINESS ADDRESS 12905 CHAPMAN AVE
CITY GARDEN GROVE **STATE** CA **ZIP** 92640
MAILING ADDRESS SAME AS ABOVE
CITY _____ **STATE** _____ **ZIP** _____
BUSINESS PHONE 714 971-8315 **FAX** () _____

OWNER/OPERATOR: NAME [REDACTED] **PHONE** [REDACTED]
ADDRESS [REDACTED]
CITY [REDACTED] **STATE** CA **ZIP** [REDACTED]
24-HOUR PHONE [REDACTED] **PHONE** [REDACTED]

PROPERTY OWNER: NAME IRWIN PADELFORD **PHONE** [REDACTED]
ADDRESS [REDACTED]
CITY [REDACTED] **STATE** CA **ZIP** [REDACTED]

IRWIN PADELFORD INC.

*** * * DISCLOSURE STATEMENT * * ***

I have reviewed the disclosure which I have on file at my business, and which is the same file as submitted to the Garden Grove Fire Department during our last disclosure period. All business names, processes, practices, chemical storage, use, and quantity amounts have remained unchanged from the disclosure on file, and shall remain in effect through the next disclosure period.

I understand, should any business practices change or should the business close before the next disclosure period, I am required by the State of California Health and Safety Code, and the Uniform Fire Code to notify the Garden Grove Fire Department of such changes or closures.

We at the business of _____ meet the above requirement for a short form disclosure. The undersigned is a responsible party within this business, and has the authority to make the proper determination of the company's practices. This signature is considered under the penalty of perjury.

Business Official Signature: [REDACTED] Date: 4/10/96

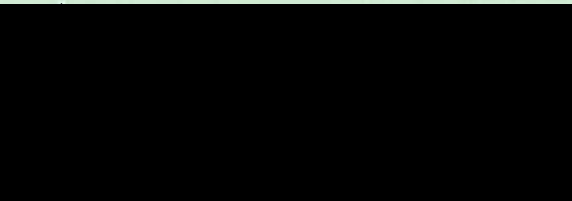
Office Use Only: MLI _____ Short Long _____
Date/By _____ (1) OK 4/10/96

Evacuation Drill Record

Evacuation drills shall be conducted annually. Records of drills shall be maintained for three years.

The signature of the proctor shall be a record that an evacuation drill has been conducted safely and orderly.

PROCTOR'S NAME _____
PROCTOR'S TITLE _____
PROCTOR'S SIGNATURE _____
FACILITY LOCATION _____



PROCTOR'S NAME _____
PROCTOR'S TITLE _____
PROCTOR'S SIGNATURE _____
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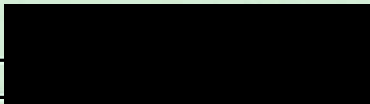
PROCTOR'S NAME _____
PROCTOR'S TITLE _____
PROCTOR'S SIGNATURE _____
FACILITY LOCATION _____

PROCTOR'S NAME _____
PROCTOR'S TITLE _____
PROCTOR'S SIGNATURE _____
FACILITY LOCATION _____

KEEP COPY ON SITE FOR FIRE DEPARTMENT INSPECTION.

Employee Training Record

FACILITATOR'S NAME



DATE 2/28/94

FACILITATOR'S TITLE

FACILITATOR'S SIGNATURE

Candy Case Cleaners

BUSINESS NAME

All employees whose name and signature appears below have been trained in accordance with provisions of the California Administrative Code, Title 19, Section 2732.

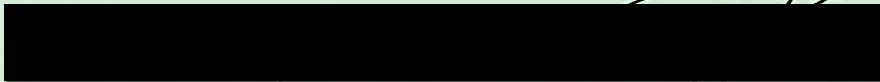
Provisions for compliance to the code are attached.

Each employee has been properly trained with regards to their position.

NAME

SIGNATURE

DATE



3-1-94

KEEP COPY ON SITE FOR FIRE DEPARTMENT INSPECTION.



**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: CANDY CANE CLEANERS Telephone: 714) 991-8315
Site Address: 12905 Chapman Ave G.G. 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.
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AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name [Redacted]

Signature [Redacted]

Job Title Mgr.

Date 4-20-01

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page 1 of ____

I. FACILITY IDENTIFICATION

FACILITY ID#	1. EPA ID # (Hazardous Waste Only)		2.
CAL000024800			

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

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730)

Does your facility...	If Yes, please complete these pages of the UPCF...		
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	4. ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	5. ✓ UST FACILITY (Formerly SWRCB Form A) 6. ✓ UST TANK (one page per tank) (Formerly Form B) 7. ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) ✓ UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	8. ✓ NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	9. ✓ EPA ID NUMBER - provide at the top of this page 10. ✓ RECYCLABLE MATERIALS REPORT (one per recycler) 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) 12. ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. ✓ REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS (You may also be required to provide additional information by your CUPA or local agency.)	15.
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**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: Candy Cane Cleaners **Telephone:** 714 971 8315
Site Address: 12905 Chapman Ave **Zip Code:** 92840

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Print Name [Redacted] Signature [Redacted]
 Job Title Owner Date 2-13-08
 Fire Department Inspector R. Walden ID # 3703



**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: CANDY CANE CLEANERS

Telephone: 714-971-8315

Site Address: 12905 CHAPMAN AVE

Zip Code: 92840

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

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Print Name [Redacted]

Signature [Redacted]

Job Title Front lady

Date 1-31-06

Handwritten mark