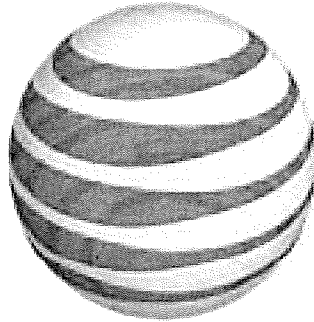


AT&T Site ID#: LAC734

Ops District: 3

Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

**Hazardous Materials Annual Inventory
Certification**

YEAR 2010

AT&T Mobility - KNOTT AVE/22 FWY (11712)

(Facility Name and ID)

12832 KNOTT AVENUE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

GARDEN GROVE FIRE DEPARTMENT / FA0036117

(Administering Agency / CUPA ID#)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
HAZARDOUS MATERIALS BUSINESS PLAN
CERTIFICATION FORM 2010**

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

Facility Name: AT&T Mobility - KNOTT AVE/22 FWY (11712) FA0036117

Facility Street Address: 12832 KNOTT AVENUE City: GARDEN GROVE Zip: 92840

I have personally reviewed the Hazardous Materials Business Plan currently on file with the CUPA dated 4/16/2009 and certify that: *(Check one.)*

- The Hazardous Materials Business Plan is complete and accurate and no revisions are necessary* *(See below for details); or*
- Revisions to the Hazardous Materials Business Plan are necessary. The following new or revised form(s) and/or information are enclosed to reflect the necessary changes:
- Business Activities form
 - Business Owner/Operator Identification form
 - Hazardous Materials Inventory form(s)
 - Site Map form
 - Emergency Response Plans and Procedures
 - Employee Training Program

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

- ✓ The information contained in the annual inventory forms most recently submitted to the administering agency 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 annual inventory forms; **and**
- ✓ No hazardous materials subject to the inventory requirements are being handled that are not listed on the most recently submitted annual inventory forms; **and**
- ✓ There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP; **and**
- ✓ The most recently submitted annual inventory forms contain the information required by Section 11022 of Title 42 of the United States Code.

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.

Signature of Owner/Operator:  Title: Agent for AT&T

Name of Owner/Operator *(Print)*: Steve Skanderson Date: 02/25/10

Return all forms to:
GARDEN GROVE FIRE DEPARTMENT
11301 ACACIA PARKWAY
GARDEN GROVE, CA. 92840
714-741-5636



City Of Garden Grove Fire Department

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

Hazardous Materials Business Information Form

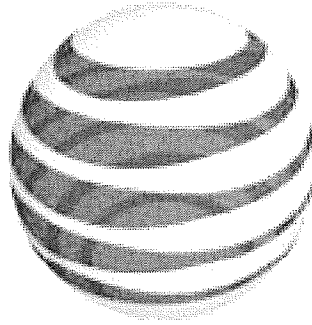
BUSINESS INFORMATION						
FACILITY # (Supplied by GGFD)	FA0036117	BEGINNING DATE	1 01/01/2010	ENDING DATE	2 12/31/2010	
BUSINESS NAME				4	BUSINESS PHONE	5
AT&T Mobility - KNOTT AVE/22 FWY (11712)					800-638-2822 *2	
BUSINESS SITE ADDRESS						6
12832 KNOTT AVENUE						
CITY	7 GARDEN GROVE	STATE	8 CA	ZIP	9 92840	
DUN & BRADSTREET	10 10-202-6754	SIC CODE (4 DIGIT #)	11 4812	FIRE DISTRICT	12	
COUNTY						13
ORANGE						
BUSINESS OPERATOR NAME				14	OPERATOR'S PHONE	15
AT&T Mobility					562-468-6161	
BUSINESS OWNER						
OWNER NAME				16	OWNER PHONE	17
New Cingular Wireless PCS, LLC dba AT&T Mobility					562-468-6161	
OWNER MAILING ADDRESS						18
EH&S, 12900 Park Plaza Dr, 339C						
CITY	19 Cerritos	STATE	20 CA	ZIP	21 90703	
ENVIRONMENTAL CONTACT						
CONTACT NAME				22	CONTACT PHONE	23
Environmental Health & Safety Department, attn: Robert Fields					562-468-6161	
CONTACT MAILING ADDRESS						24
EH&S, 12900 Park Plaza Dr, 339C						
CITY	25 Cerritos	STATE	26 CA	ZIP	27 90703	
PRIMARY	EMERGENCY CONTACTS			SECONDARY		
NAME	28	NAME	33			
Robert Fields		Wireless Network Control Center				
TITLE	29	TITLE	34			
Regulatory Affairs Analyst		Call Center				
BUSINESS PHONE	30	BUSINESS PHONE	35			
562-468-6161		800-638-2822 *2				
24-HR. PHONE	31	24-HR. PHONE	36			
[REDACTED]		800 KNOW EHS (800-566-9347)				
Email:	32	Pager#:	37			
RF0886@att.com						
ADDITIONAL LOCALLY COLLECTED INFORMATION						
DESCRIBE THE TYPE OF BUSINESS OPERATION:				38	TOTAL # OF EMPLOYEES	39
Telecommunications					0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)				40	ATTENTION	41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703					Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43	PHONE	44	
				562-468-6161		
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
					2/25/2010	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49			
Steve Skanderson		Stantec Consulting Services Inc.				
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50			
Sr. Project Manager		Sr. Project Manager				

AT&T Site ID#: LAC734

Ops District: 3

Ops Zone: 3C1

FILE THIS DOCUMENT IN THE
ENVIRONMENTAL COMPLIANCE
RED BINDER



at&t

Hazardous Materials Business Plan

YEAR 2009

AT&T Mobility - KNOTT AVE/22 FWY (13344/11712)

(Facility Name and ID)

12832 KNOTT AVENUE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

GARDEN GROVE FIRE DEPARTMENT FA0036117

(Administering Agency / CUPA ID#)

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SITE ASSESSMENT OR AUDIT.



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

FACILITY INFORMATION

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION	
FACILITY ID #	3 0 0 3 5 1 EPA ID # (Hazardous Waste Only)
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 AT&T Mobility - KNOTT AVE/22 FWY (13344/ 11712)	
II. ACTIVITIES DECLARATION	
NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page	
Does your facility...	If Yes, please complete these pages of the UPCF...
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4 ✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 ✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 ✓ UST FACILITY ✓ UST TANK (one per tank) ✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 capacity for the facility is 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 Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9 ✓ EPA ID NUMBER---provide at the top of this page <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 ✓ RECYCLABLE MATERIALS REPORT (one per recycler) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 ✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



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 2 of 4 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2	
						01/01/2009		12/31/2009		
BUSINESS NAME	4							BUSINESS PHONE	5	
AT&T Mobility - KNOTT AVE/22 FWY (11712)							800-638-2822 *2			
BUSINESS SITE ADDRESS	6									
12832 KNOTT AVENUE										
CITY	7					STATE	8	ZIP	9	
GARDEN GROVE					CA	92840				
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)				11	FIRE DISTRICT			12
10-202-6754		4812								
COUNTY	13									
ORANGE										
BUSINESS OPERATOR NAME	14					OPERATOR'S PHONE				15
AT&T Mobility					562-468-6161					

BUSINESS OWNER

OWNER NAME	16					OWNER PHONE	17		
New Cingular Wireless PCS, LLC dba AT&T Mobility					562-468-6161				
OWNER MAILING ADDRESS	18								
EH&S, 12900 Park Plaza Dr, 339C									
CITY	19				STATE	20	ZIP	21	
Cerritos				CA	90703				

ENVIRONMENTAL CONTACT

CONTACT NAME	22					CONTACT PHONE	23		
Environmental Health & Safety Department, attn: Robert Fields					562-468-6161				
CONTACT MAILING ADDRESS	24								
EH&S, 12900 Park Plaza Dr, 339C									
CITY	25				STATE	2	ZIP	27	
Cerritos				CA	90703				

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	28	NAME	33
Wireless Network Control Center		Carol Nichols	
TITLE	29	TITLE	34
Call Center		West Region, Compliance	
BUSINESS PHONE	30	BUSINESS PHONE	35
800-638-2822 *2		562-277-0939	
24-HR. PHONE	31	24-HR. PHONE	36
866-HELP-EHS (866-435-7347)		866-HELP-EHS (866-435-7347)	
PAGER #	32	PAGER #	37
		562-277-0939	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Telecommunications		0	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
EH&S, 12900 Park Plaza Dr, 339C, Cerritos, CA 90703		Robert Fields	
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44
		562-468-6161	
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
		4/14/2009	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Steve Skanderson		Stantec Consulting Inc.	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Sr. Project Manager		Sr. Project Manager	

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - KNOTT AVE/22 FWY (11712)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE				4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	1	6
			GRID #	7
				2, J

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	11
COMMON NAME Lead-Acid Battery				An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				* If EPCRA see instructions	
				* If EHS is "Yes", all amounts must be LBS	
CAS #	7439-92-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13	
TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14
		RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15	
		CURIES		16	
PHYSICAL STATE (Check one item only)		<input checked="" type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17
		FED HAZARD CATEGORIES		18	
		<input type="checkbox"/> a. FIRE		<input type="checkbox"/> b. REACTIVE	
		<input type="checkbox"/> c. PRESSURE RELEASE		<input type="checkbox"/> d. ACUTE HEALTH	
		<input checked="" type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	2376	MAXIMUM DAILY AMOUNT	2376	ANNUAL WASTE AMOUNT	0
				STATE WASTE CODE	n/a
UNITS <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS		<input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> d. TONS		DAYS ON SITE	
				365	
				LARGEST CONTAINER	
				99	
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK		<input type="checkbox"/> e. PLASTIC DRUM	
		<input type="checkbox"/> b. UNDERGROUND TANK		<input type="checkbox"/> f. NONMETALLIC DRUM	
		<input type="checkbox"/> c. TANK INSIDE BLDG		<input type="checkbox"/> g. METAL CONTAINER	
		<input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> h. CARBOY	
		<input type="checkbox"/> i. VAT		<input type="checkbox"/> m. CYLINDER	
		<input type="checkbox"/> j. FIBER DRUM		<input type="checkbox"/> n. GLASS CONTAINER	
		<input type="checkbox"/> k. BAG(S)		<input type="checkbox"/> o. PLASTIC CONTAINER	
		<input type="checkbox"/> l. BOX(S)		<input type="checkbox"/> p. IN MACH OR EQUIP	
				<input checked="" type="checkbox"/> t. OTHER Battery	
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT		<input type="checkbox"/> b. ABOVE AMBIENT	
				<input type="checkbox"/> c. BELOW AMBIENT	
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	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32

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.

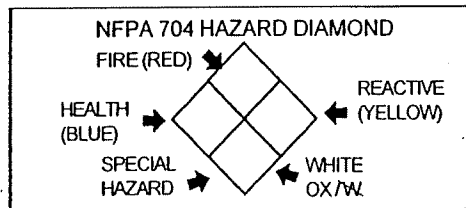
PLACARDING INFORMATION

UNDOT # 3796 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

 ADD

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 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - KNOTT AVE/22 FWY (11712)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	7
		1	
		GRID #	7
		2, d	

II. CHEMICAL INFORMATION

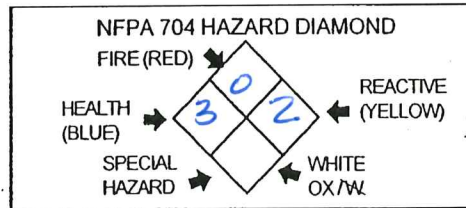
CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME Lead-Acid Battery		* If EPCRA see instructions		
CAS # 7664-93-9		FIRE CODE HAZARD CLASSES (supplied by GGFD)		
TYPE (Check one item only)		<input type="checkbox"/> a. PURE	<input checked="" type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE
PHYSICAL STATE (Check one item only)		<input type="checkbox"/> a. SOLID	<input checked="" type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS
AVERAGE DAILY AMOUNT		MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
69		69	0	n/a
UNITS		DAYS ON SITE		LARGEST CONTAINER
<input checked="" type="checkbox"/> a. GALLONS		365		3
<input type="checkbox"/> b. CUBIC FEET				
<input type="checkbox"/> c. POUNDS				
<input type="checkbox"/> d. TONS				
STORAGE CONTAINER (Check all that apply)		FED HAZARD CATEGORIES		
<input type="checkbox"/> a. ABOVEGROUND TANK		<input type="checkbox"/> a. FIRE		
<input type="checkbox"/> b. UNDERGROUND TANK		<input checked="" type="checkbox"/> b. REACTIVE		
<input type="checkbox"/> c. TANK INSIDE BLDG		<input type="checkbox"/> c. PRESSURE RELEASE		
<input type="checkbox"/> d. STEEL DRUM		<input checked="" type="checkbox"/> d. ACUTE HEALTH		
<input type="checkbox"/> e. PLASTIC DRUM		<input type="checkbox"/> e. CHRONIC HEALTH		
<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 checked="" type="checkbox"/> q. TANK WAGON				
<input type="checkbox"/> r. RAIL CAR				
<input type="checkbox"/> s. TOTE BIN				
<input checked="" type="checkbox"/> t. OTHER Battery				
STORAGE PRESSURE		STORAGE TEMPERATURE		
<input checked="" type="checkbox"/> a. AMBIENT		<input checked="" type="checkbox"/> a. AMBIENT		
<input type="checkbox"/> b. ABOVE AMBIENT		<input type="checkbox"/> b. ABOVE AMBIENT		
<input type="checkbox"/> c. BELOW AMBIENT		<input type="checkbox"/> c. BELOW AMBIENT		
<input type="checkbox"/> d. CRYOGENIC				

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	41	Sulfuric Acid (H ₂ SO ₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H ₂ O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT #	2796	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	Corrosive	34
Refer to shipping papers or MSDS		
EPCRA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	35
X		36
<i>If EPCRA, Please Sign Here</i>		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM
BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility:
(Vocal, paging system, manual alarm, etc.)
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 area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

The staging area is at the following location as shown on your site map.

Away from equipment/building.

Employee Responsibilities:

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

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

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

- Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
- Procedures to follow during a release to threatened release of a hazardous material (Evacuation to staging areas).
- Information contained in material safety data sheets.
- Warning labels / placards.
- Safe work practices.
- Use of on site emergency equipment and supplies.
- Use and location of personal protective equipment.
- Any chemical, hazardous material or substance that could be encountered in his/her work area.
- On-site alarm system for evacuation.
- Discuss possible release of hazardous materials scenario.

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
Office of Emergency Services (OES)
National Response Center

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

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 preventative actions which have been initiated by your business to abate the hazards relating to hazardous materials handling, use of storage.

Consideration shall include:

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

2. Compressed and / or cryogenic gas storage areas:
 - a 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 Sheets (MSDS) readily available for each hazardous material on the premises.
 - d Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
 - e Uniform Fire Code (UFC) requires separation between outside hazardous Material storage area or tanks and combustible materials (wood, bush, etc.)
 - f Posting of "No Smoking" signs where appropriate.

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

BUSINESS EMERGENCY PROGRAM

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

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

Your business is required by State law 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.

Within the cell site.

Show location on site map also using symbol in the legend.

Note: A fee is charged for replacement copy from the Garden Grove Fire Department.

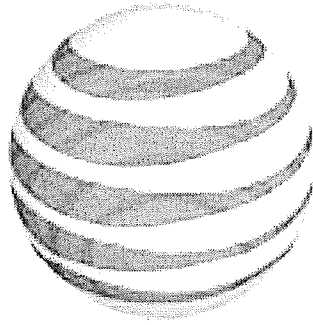
I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: 

NAME: Steve Skanderson

TITLE: Agent for AT&T

DATE: April 14, 2009



at&t

Hazardous Materials Business Plan

YEAR 2008

AT&T Mobility - KNOTT AVE/22 FWY (13344/ 11712)

(Facility Name and ID)

12832 KNOTT AVENUE

(Facility Address)

GARDEN GROVE

(Facility City)

ORANGE

(Facility County)

ORANGE

(Administering Agency)

PLEASE POST THIS DOCUMENT ON SITE
SO THAT IT WILL BE AVAILABLE IN
THE EVENT OF A GOVERNMENT AGENCY INSPECTION,
SITE ASSESSMENT OR AUDIT.



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

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION											
FACILITY ID #	3	0	0	3	5					1	EPA ID # (Hazardous Waste Only)
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3											
AT&T Mobility - KNOTT AVE/22 FWY (13344/ 11712)											

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	✓ UST FACILITY (Formerly SWRCB Form A) ✓ UST TANK (one page per tank) (Formerly Form B) ✓ 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 capacity for the facility is 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 Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	✓ EPA ID NUMBER---provide at the top of this page ✓ RECYCLABLE MATERIALS REPORT (one per recycler) ✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) ✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L) ✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) ✓ REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) ✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, § 25531 et seq. --- Stationary Source with more than a Threshold Quantity of a Regulated Substance in Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



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 2 of 4 3

BUSINESS INFORMATION													
FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2				
						01/01/2008		12/31/2008					
BUSINESS NAME AT&T Mobility - KNOTT AVE/22 FWY (11712)								4	BUSINESS PHONE			5	
									UNMANNED				
BUSINESS SITE ADDRESS 12832 KNOTT AVENUE													
CITY GARDEN GROVE							7	STATE CA	8	ZIP 92840			
DUN & BRADSTREET 10-202-6754					10	SIC CODE (4 DIGIT #) 4812		11	FIRE DISTRICT 12				
COUNTY ORANGE													
BUSINESS OPERATOR NAME AT&T Mobility								14	OPERATOR'S PHONE 425-580-4902				15

BUSINESS OWNER													
OWNER NAME New Cingular Wireless PCS, LLC dba AT&T Mobility								16	OWNER PHONE 425-580-4902				17
OWNER MAILING ADDRESS EH&S, P.O. Box 97061													
CITY Redmond							19	STATE WA	20	ZIP 98073-9761			

ENVIRONMENTAL CONTACT													
CONTACT NAME Environmental Health & Safety Department								22	CONTACT PHONE 425-580-4902				23
CONTACT MAILING ADDRESS EH&S, P.O. Box 97061													
CITY Redmond							25	STATE WA	26	ZIP 98073-9761			

PRIMARY				EMERGENCY CONTACTS				SECONDARY			
NAME Wireless Network Control Center				28	NAME Carol Nichols				33		
TITLE Call Center				29	TITLE West Region, Compliance				34		
BUSINESS PHONE 800-832-6662				30	BUSINESS PHONE 562-468-6296				35		
24-HR. PHONE 800-832-6662)				31	24-HR. PHONE 800-832-6662				36		
PAGER #				32	PAGER #				37		

ADDITIONAL LOCALLY COLLECTED INFORMATION														
DESCRIBE THE TYPE OF BUSINESS OPERATION: Telecommunications								38	TOTAL # OF EMPLOYEES 0				39	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) P.O. Box 97061, Redmond, WA 98073								40	ATTENTION EH&S Dept.				41	
PROPERTY OWNER NAME				42	ADDRESS				43	PHONE				44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.														
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE <i>Gary Chimienti</i>								45	DATE 2-19-08				46	
NAME OF SIGNER (print) Gary Chimienti				47	NAME OF DOCUMENT PREPARER (print) RHL Design Group, Inc.				49					
TITLE OF SIGNER Sr. Administrator, EH&S				48	TITLE OF DOCUMENT PREPARER Environmental Manager				50					

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

 DELETE

 REVISED 1

 Page 3 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - KNOTT AVE/22 FWY (11712)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	7

II. CHEMICAL INFORMATION

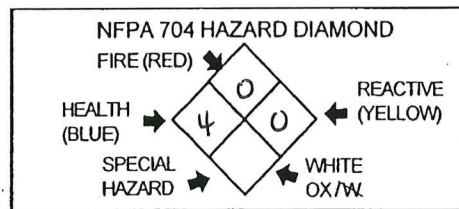
CHEMICAL NAME Lead	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME Lead-Acid Battery		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
CAS # 7439-92-1		FIRE CODE HAZARD CLASSES (supplied by GGFD) Corrosive	13
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES <input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18
AVERAGE DAILY AMOUNT 2376	MAXIMUM DAILY AMOUNT 2376	ANNUAL WASTE AMOUNT 0	22
UNITS <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE 365	LARGEST CONTAINER 99	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 <input 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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>	26	
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28	

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

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

PLACARDING INFORMATION

UNDOT # <u>3796</u>	33
Refer to shipping papers or MSDS	
DOT HAZARD CLASS _____	34
Refer to shipping papers or MSDS	35
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X _____	36
<i>If EPCRA, Please Sign Here</i>	



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

 ADD

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 REVISED 1

 Page 4 of 4 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME AT&T Mobility - KNOTT AVE/22 FWY (11712)	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION INSIDE CELL SITE			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	6
		GRID #	7

II. CHEMICAL INFORMATION

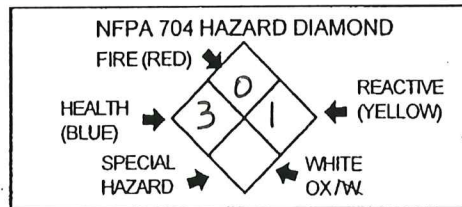
CHEMICAL NAME Battery Electrolyte		WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11		
COMMON NAME Lead-Acid Battery		An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			12		
CAS # 7664-93-9		FIRE CODE HAZARD CLASSES (supplied by GGF) <i>Corrosive</i>			13		
TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18	<input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
	68		68		0		n/a
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	24	LARGEST CONTAINER		25
	<i>*If EHS, amount must be in pounds.</i>		365		3		
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> j. BAG(S) <input type="checkbox"/> k. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER	<i>Battery</i>	
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	41	Sulfuric Acid (H₂SO₄)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	59	Water (H₂O)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	n/a
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT #	33
<u>2796</u>	
Refer to shipping papers or MSDS	
DOT HAZARD CLASS	34
<u>Corrosive</u>	
Refer to shipping papers or MSDS	
EPCRA	35
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
X	36
<i>Bay Chiment</i> If EPCRA, Please Sign Here	



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM
BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility:
(Vocal, paging system, manual alarm, etc.)
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 area shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

The staging area is at the following location as shown on your site map.

Away from equipment/building.

Employee Responsibilities:

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

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

The person discovering the spill will: Keep others out of the area, attempt to stop the flow of the leak, wear protective equipment and use spill kit to absorb the leak. If the leak/release is beyond the persons capabilities, they will call 9-1-1 immediately

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notification and Responsibilities

Training Requirements

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

Employee training provided on:

- Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
- Procedures to follow during a release to threatened release of a hazardous material (Evacuation to staging areas).
- Information contained in material safety data sheets.
- Warning labels / placards.
- Safe work practices.
- Use of on site emergency equipment and supplies.
- Use and location of personal protective equipment.
- Any chemical, hazardous material or substance that could be encountered in his/her work area.
- On-site alarm system for evacuation.
- Discuss possible release of hazardous materials scenario.

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
Office of Emergency Services (OES)
National Response Center

911
(800) 852-7550 OR (916) 845-8911
(800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PROGRAM

Personnel Emergency Notifications and Responsibilities

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 preventative actions which have been initiated by your business to abate the hazards relating to hazardous materials handling, use of storage.

Consideration shall include:

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

2. Compressed and / or cryogenic gas storage areas:
 - a _____ 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 Sheets (MSDS) readily available for each hazardous material on the premises.
 - d Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
 - e Uniform Fire Code (UFC) requires separation between outside hazardous Material storage area or tanks and combustible materials (wood, bush, etc.)
 - f Posting of "No Smoking" signs where appropriate.

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

BUSINESS EMERGENCY PROGRAM

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

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

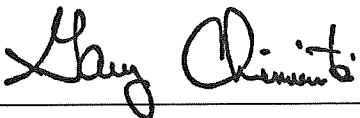
Your business is required by State law to retain a copy of this entire Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

Within the cell site.

Show location on site map also using symbol in the legend.

Note: A fee is charged for replacement copy from the Garden Grove Fire Department.

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ENCLOSED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: 

NAME: Gary Chimienti

TITLE: Sr. Administrator, EH&S

DATE: February 19, 2008

GENERAL NOTES

- FOR THE PURPOSE OF CONSTRUCTION DRAWING, THE FOLLOWING DEFINITIONS SHALL APPLY:
 CONTRACTOR - BECHTEL
 SUBCONTRACTOR - GENERAL CONTRACTOR (CONSTRUCTION)
 OWNER - AT&T WIRELESS SERVICES
- PRIOR TO THE SUBMISSION OF BIDS, THE BIDDING SUBCONTRACTOR SHALL VISIT THE CELL SITE TO OBTAIN FIRST HAND KNOWLEDGE OF THE SITE. ANY DISCREPANCY FOUND SHALL BE BROUGHT TO THE ATTENTION OF THE CONTRACTOR.
- ALL MATERIALS FURNISHED AND INSTALLED SHALL BE IN STRICT ACCORDANCE WITH ALL APPLICABLE CODES, REGULATIONS, AND ORDINANCES. SUBCONTRACTOR SHALL ISSUE ALL NECESSARY PERMITS AND OBTAIN ALL NECESSARY APPROVALS PRIOR TO THE START OF THE WORK. ALL WORK CHARGED OUT SHALL COMPLY WITH THE CALIFORNIA BUILDING CODE, LATEST EDITION. APPLICABLE CODES, REGULATIONS, AND ORDINANCES SHALL BE IN STRICT ACCORDANCE WITH ALL APPLICABLE MUNICIPAL AND COUNTY SPECIFICATIONS AND LOCAL JURISDICTIONAL CODES, ORDINANCES AND APPLICABLE REGULATIONS. ALL WORK SHALL BE IN ACCORDANCE WITH NFPA-70, 1999 NATIONAL ELECTRIC CODE AND CALIFORNIA ELECTRIC CODE.
- DRAWINGS PROVIDED HERE ARE NOT TO BE SCALED AND ARE INTENDED TO SHOW OUTLINE ONLY. UNLESS NOTED OTHERWISE, THE WORK SHALL INCLUDE FURNISHING MATERIALS, EQUIPMENT, APPURTENANCES, AND LABOR NECESSARY TO COMPLETE ALL INSTALLATIONS AS INDICATED ON THE DRAWINGS.
- MATERIAL SPECIFIED IN THE TABLE "BILL OF MATERIALS" WILL BE SUPPLIED BY THE CONTRACTOR TO THE SUBCONTRACTOR. ALL OTHER MATERIALS SHALL BE SUPPLIED BY THE SUBCONTRACTOR.
- THE SUBCONTRACTOR SHALL INSTALL ALL EQUIPMENT AND MATERIALS IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS UNLESS SPECIFICALLY STATED OTHERWISE.
- IF THE SPECIFIED EQUIPMENT CANNOT BE INSTALLED AS SHOWN ON THESE DRAWINGS, THE SUBCONTRACTOR SHALL PROPOSE AN ALTERNATIVE INSTALLATION SPACE FOR APPROVAL BY THE CONTRACTOR.
- SUBCONTRACTOR SHALL DETERMINE ACTUAL DRAWING OF EXISTING POWER, AIR, TV, CABLES, CABLES TO BTS CABINET (NOKIA) (BBU & 24VDC RP CABINET) AND OTHER UTILITIES. NEW TRAYS AS NECESSARY. SUBCONTRACTOR SHALL CONFIRM THE ACTUAL ROUTING WITH THE CONTRACTOR.
- THE SUBCONTRACTOR SHALL PROTECT EXISTING IMPROVEMENTS, FAVEMENTS, CURBS, LANDSCAPING AND STRUCTURES. ANY DAMAGED PART SHALL BE REPAIRED AT SUBCONTRACTOR'S EXPENSE TO THE SATISFACTION OF OWNER.
- SUBCONTRACTOR SHALL LEGALLY & PROPERLY DISPOSE OF ALL SCRAP MATERIALS SUCH AS COAXIAL CABLES AND OTHER ITEMS REMOVED FROM THE EXISTING FACILITY. ANTENNAS REMOVED SHALL BE RETURNED TO OWNER'S DESIGNATED LOCATION.
- SUBCONTRACTOR SHALL LEAVE PREMISES IN CLEAN CONDITION.
- ALL CONCRETE REPAIR WORK SHALL BE DONE IN ACCORDANCE WITH AMERICAN CONCRETE INSTITUTE (ACI) 301.
- ANY NEW CONCRETE NEEDED FOR THE CONSTRUCTION SHALL HAVE 4000 PSI STRENGTH AT 28 DAYS. ALL CONCRETE WORK SHALL BE DONE IN ACCORDANCE WITH ACI 318 CODE REQUIREMENTS.
- ALL STRUCTURAL STEEL WORK SHALL BE DONE IN ACCORDANCE WITH AISC SPECIFICATION.
- CONSTRUCTION SHALL COMPLY WITH SPECIFICATION 24623-033-395-4002-00002, "GENERAL CONSTRUCTION SERVICES FOR CONSTRUCTION OF AWS 35 SITES."
- SUBCONTRACTOR SHALL VERIFY ALL EXISTING DIMENSIONS AND CONDITIONS PRIOR TO COMMENCING CONSTRUCTION. DIMENSIONS OF EXISTING CONSTRUCTION SHOWN ON THE DRAWINGS MUST BE VERIFIED. SUBCONTRACTOR SHALL NOTIFY THE CONTRACTOR OF ANY DISCREPANCIES PRIOR TO ORDERING MATERIAL OR PROCEEDING WITH CONSTRUCTION.
- THE EXISTING CELL SITE IS IN FULL COMMERCIAL OPERATION. ANY CONSTRUCTION WORK BY SUBCONTRACTOR SHALL NOT INTERRUPT THE EXISTING NORMAL OPERATION. ANY WORK ON EXISTING STRUCTURES SHALL BE COMPLETED PRIOR TO COMMENCING CONSTRUCTION. ALL WORK SHALL BE SCHEDULED FOR AN APPROPRIATE MAINTENANCE WINDOW USUALLY IN LOW TRAFFIC PERIODS AFTER MIDNIGHT.
- SINCE THE CELL SITE IS ACTIVE, ALL SAFETY PRECAUTIONS MUST BE TAKEN WHEN WORKING AROUND HIGH LEVELS OF ELECTROMAGNETIC RADIATION. UPON CONTRACTOR'S PERMISSION, EQUIPMENT SHOULD BE SHUTDOWN PRIOR TO PERFORMING ANY WORK THAT COULD EXPOSE THE WORKERS TO HIGH LEVELS OF ELECTROMAGNETIC RADIATION. EXPOSURE MONITORS IS ADVISED TO BE ALERT OF ANY DANGEROUS EXPOSURE LEVELS.
- FITTINGS ANTENNA MOUNTS AND OTHER NEW MATERIALS TO BE INSTALLED TO MATCH THE EXISTING BUILDING/TOWER/POLE AS APPLICABLE.

Bechtel Telecommunications
 AWS - Complex Growth Project
 12800 PARK PLAZA DRIVE
 CERRITOS, CA 94703

KNOTT AVE/22 FWY
 SITE NO. C734
 12832 KNOTT AVE.
 GARDEN GROVE, CA
 USD: 11712



AT&T WIRELESS SERVICES, INC.
 2800 MARK PLAZA DRIVE
 CERRITOS, CA

NO.	DATE	BY	CHK	APP	DESCRIPTION

AWES COMPLEX GROWTH
 TITLE SHEET AND
 GENERAL NOTES

DRAWING NUMBER
 LAB-C734-01

TORQUE WRENCHES
 ① 4030661579
 ② WTC008
 ③ WTC008
 ④ WTC012
 ⑤ WTC013



AT&T WIRELESS SERVICES, INC.
 SITE NUMBER: C734
 SITE NAME: KNOTT AVE / 22 FWY

NAME: *Craig P. Em. / Hilda*

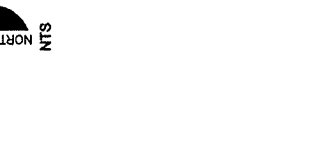
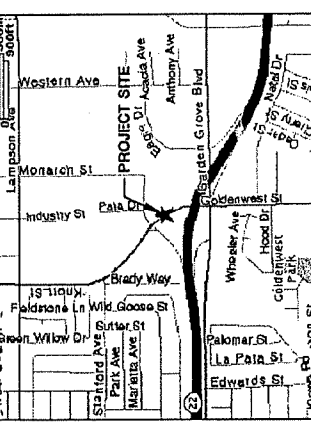
DRAWING INDEX		REV	PROJECT INFORMATION
LAB-C734-01	TITLE SHEET AND GENERAL NOTES	0	UNANNOUNCED TELECOMMUNICATIONS FACILITY 12832 KNOTT AVE. GARDEN GROVE, CA SOPE OF WORKS: LATITUDE: 33° 46' 33.98" LONGITUDE: -118° 11' 21.6" ELEVATION: 50 JURISDICTION: ORANGE COUNTY CURRENT USE: TELECOMMUNICATIONS FACILITY PROPOSED USE: TELECOMMUNICATIONS FACILITY
LAB-C734-02	EQUIPMENT LAYOUT PLAN	0	
LAB-C734-03	CABLES TO BTS CABINET (NOKIA) (BBU & 24VDC RP CABINET)	0	
LAB-C734-04	ANTENNA CONFIGURATION	0	
LAB-C734-05	BILL OF MATERIALS AND CONSTRUCTION NOTES	0	
LAB-C734-06	CONSTRUCTION DETAILS AND NOTES	0	

RESP. PARTY	SIGNATURE	DATE
Gen. Contractor	<i>[Signature]</i>	<i>[Date]</i>
Construction	<i>[Signature]</i>	<i>[Date]</i>
Engineering	<i>[Signature]</i>	<i>[Date]</i>

STRUCTURAL REVIEW
 NO STRUCTURAL ANALYSIS IS REQUIRED FOR THIS SITE.

APPLICABLE CODES AND STANDARDS

BUILDING CODE: UNIFORM BUILDING CODE 1997
 ALL WORK IS TO COMPLY WITH THE 1999 CALIFORNIA BUILDING CODE(CBC) AMENDMENTS AND STANDARDS, INCLUDING THE FOLLOWING CODES IN ORDER OF PRECEDENCE:
 THE 1997 UNIFORM BLDG. CODE STANDARDS AND AMENDMENTS; UNIFORM MECHANICAL CODE STANDARDS AND AMENDMENTS; UNIFORM FIRE CODE STANDARDS AND AMENDMENTS; UNIFORM PLUMBING CODE STANDARDS AND AMENDMENTS; LOCAL BUILDING CODE; CITY/COUNTY ORDINANCES.
 TIA/EIA-222-1996 F, 607 COMMERCIAL BUILDING GROUNDING AND BONDING REQUIREMENTS FOR TELECOMMUNICATIONS
 AISC, CONSTRUCTION MANUAL, 9th EDITION OR LATER.
 NEC (NATIONAL ELECTRIC CODE) 1999 (NFPA 70)
 NOKIA ULTRASTE DRAWING BSJ5369002C371 OR LATER REVISION
 WHERE THERE IS A CONFLICT BETWEEN CODES, AN EARLIER NAMED CODE TAKES PRECEDENCE OVER A LATER NAMED CODE.
 IN ANY SPECIFIC CASE OR CONFLICTS BETWEEN SECTIONS OF ANY CODE REGARDING MATERIALS, METHODS OF CONSTRUCTION, OR OTHER REQUIREMENTS, THE MOST RESTRICTIVE SHALL GOVERN. WHERE THERE IS CONFLICT BETWEEN A GENERAL REQUIREMENT AND A SPECIFIC REQUIREMENT, THE SPECIFIC REQUIREMENT SHALL GOVERN.





ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Reporting Form – Business Owner/Operator Identification Page

Page ____ of ____

I. IDENTIFICATION

FACILITY ID#		BEGINNING DATE	100	ENDING DATE	101
		09/01/2006		09/01/2007	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3	BUSINESS PHONE			102
CINGULAR WIRELESS PCS, LLC- KNOTT AVE/22 FWY (13344)		(425) 580-4902			
BUSINESS SITE ADDRESS (Where chemicals are used/handled/stored)					103
12832 KNOT AVE					
CITY	104	CA		ZIP CODE	105
GARDEN GROVE				92840	
DUN & BRADSTREET	106			SIC CODE	107
10-202-6754				(4 digit #) 4812	
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR			110
CINGULAR WIRELESS PCS, LLC		PHONE (425) 580-4902			

II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE			112
CINGULAR WIRELESS PCS, LLC		(425)480-4902			
OWNER MAILING					113
ADDRESS					
PO BOX 97061					
CITY	114	STATE	115	ZIP CODE	116
REDMOND		WA		98073	

III. BILLING INFORMATION

CONTACT NAME	117	CONTACT PHONE			118
CINGULAR WIRELESS PCS, LLC		(425)480-4902			
CONTACT MAILING					119
ADDRESS					
PO BOX 97061					
CITY	120	STATE	121	ZIP CODE	122
REDMOND		WA		98073	

IV. EMERGENCY CONTACTS

-PRIMARY-		IV. EMERGENCY CONTACTS		-SECONDARY-	
NAME	DEBRA OKANO	123	NAME	WIRELESS NETWORK CONTROL CENTER	128
TITLE	NETWORK MANAGER, COMPLIANCE	124	TITLE	CONTROL CENTER	129
BUSINESS PHONE	(562) 468-6495	125	BUSINESS PHONE	800-832-6662	130
24-HOUR PHONE	N/A	126	24-HOUR PHONE	800-832-6662	131
PAGER #	MOBILE: (949) 338-8434	127	PAGER #	N/A	132

Additional Locally Collected Information: 133

(a) Please describe the main operation of your business: WIRELESS TELECOMMUNICATIONS

(b) Do you have a license to purchase commercial grade pesticides? Yes No If yes, give number: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
	09/15/2006		JENNIFER SALGADO	
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137
DONALD HARRIS		DIRECTOR, ENVIRONMENTAL HEALTH & SAFETY		



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
If additional copies are necessary, this form may be reproduced.
For line-by-line instructions, refer to the green colored pages of the disclosure packet.
For assistance, contact the Disclosure Office at (714) 744-0463.

ADD DELETE REVISE 2006

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
CINGULAR WIRELESS PCS, LLC- KNOTT AVE/22 FWY (13344)
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
12832 KNOTT AVENUE
FACILITY ID # MAP # GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME LEAD (LEAD ACID BATTERIES)
COMMON NAME LEAD
CAS # 7439-92-1
FIRE CODE HAZARD CLASSES
TYPE a. PURE b. MIXTURE c. WASTE
PHYSICAL STATE a. SOLID b. LIQUID c. GAS
AVERAGE DAILY AMOUNT 2597
MAXIMUM DAILY AMOUNT 2597
LARGEST CONTAINER 108
of DAYS ON SITE 365
STORAGE CONTAINER
STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT
STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Contains 5 rows of data.

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

Additional locally collected information:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)?
(b) Is this material prepackaged for retail sale?
(c) Is this material a commercial grade pesticide?
(d) If this material is radioactive, what type of emitter is it?
(e) How is the material disposed of?
(f) Is a waste produced or left over after processing?
(g) How is the material used/What is the material used for? BATTERIES

Signature
FOR OFFICE USE ONLY
UNDER COMB EXEMPT
CARC RAD CGP
EXPL HTX RS
1 2 3



ORANGE COUNTY FIRE AUTHORITY

Hazardous Materials Inventory Statement

- Please type or print legibly in black ink.
If additional copies are necessary, this form may be reproduced.
For line-by-line instructions, refer to the green colored pages of the disclosure packet.
For assistance, contact the Disclosure Office at (714) 744-0463.

ADD DELETE REVISE 2006

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)
CINGULAR WIRELESS PCS, LLC- KNOTT AVE/22 FWY (13344)
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse)
12832 KNOTT AVENUE
FACILITY ID # MAP # GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME ELECTROLYTE
COMMON NAME ELECTROLYTE (LEAD ACID BATTERIES)
CAS # 7664-93-9
FIRE CODE HAZARD CLASSES
TYPE a. PURE b. MIXTURE c. WASTE
PHYSICAL STATE a. SOLID b. LIQUID c. GAS
AVERAGE DAILY AMOUNT 69
MAXIMUM DAILY AMOUNT 69
UNITS* a. GALLONS b. CUBIC FEET c. POUNDS d. TONS
LARGEST CONTAINER 3
of DAYS ON SITE 365
STORAGE CONTAINER a. ABOVEGROUND TAN b. UNDERGROUND TANK c. PRESSURIZED TANK d. MAGAZINE e. DRUM
f. PLASTIC CONTAINER g. METAL CONTAINER h. VAT i. IN MACHINERY j. ON TRUCK
k. BAG l. BOX m. CYLINDER n. GLASS CONTAINER o. VARIOUS
p. RAIL CAR q. SILO r. TANK INSIDE s. CARBOY t. TOTE BIN
u. TANK WAGON v. OTHER: BATTERIES
STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT
STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS, CAS #. Rows include SULFURIC ACID (H2SO4) and WATER (H2O).

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

Additional locally collected information:
(a) Is this material or any of its components a carcinogen (Refer to Attachment B)?
(b) Is this material prepackaged for retail sale?
(c) Is this material a commercial grade pesticide?
(d) If this material is radioactive, what type of emitter is it?
(e) How is the material disposed of?
(f) Is a waste produced or left over after processing?
(g) How is the material used/What is the material used for? BATTERIES

Signature FOR OFFICE USE ONLY UNDER COMB EXEMPT CARC RAD CGP EXPL HTX RS



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

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #		EPA ID # (Hazardous Waste Only)	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)			
CINGULAR WIRELESS PCS, LLC- KNOTT AVE/22 FWY (13344)			

II. ACTIVITIES DECLARATION

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

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) <input checked="" type="checkbox"/> UST TANK (closure portion--one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<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 onsite? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<input checked="" type="checkbox"/> EPA ID NUMBER---provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L) <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) <input checked="" type="checkbox"/> REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq ---Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

**UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION**

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # <i>(Agency Use Only)</i>										1. BEGINNING DATE		100. ENDING DATE		101.		
3	0	3	5					0	7	2						
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)										3. BUSINESS PHONE		102.				
New Cingular Wireless PCS, LLC- Knott Ave./22 FWY										425-580-6000						
BUSINESS SITE ADDRESS														103.		
12832 Knott Avenue																
CITY										104.		CA		105. ZIP CODE		
Garden Grove												92840				
DUN & BRADSTREET										106.		107. SIC CODE (4 digit #)				
10-202-6754												4812				
COUNTY														108.		
Orange																
BUSINESS OPERATOR NAME										109.		BUSINESS OPERATOR PHONE		110.		
New Cingular Wireless PCS, LLC												425-580-6000				

II. BUSINESS OWNER

OWNER NAME										111.		OWNER PHONE		112.			
Same												Same					
OWNER MAILING ADDRESS														113.			
PO BOX 97061																	
CITY										114.		STATE		115.		116. ZIP CODE	
Redmond												WA		98073			

III. ENVIRONMENTAL CONTACT

CONTACT NAME										117.		CONTACT PHONE		118.			
New Cingular Wireless PCS, LLC												562-468-6142					
CONTACT MAILING ADDRESS														119.			
12900 Park Plaza Drive																	
CITY										120.		STATE		121.		122. ZIP CODE	
Cerritos												CA		90703			

-PRIMARY-

IV. EMERGENCY CONTACTS

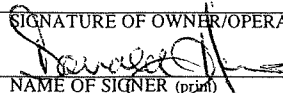
-SECONDARY-

NAME										127.		NAME		128.	
Elizabeth Martinez												Wireless Network Control Center			
TITLE										129.		TITLE		129.	
Network Manager															
BUSINESS PHONE										130.		BUSINESS PHONE		130.	
562-468-6142												800-632-6662			
24-HOUR PHONE										131.		24-HOUR PHONE*		131.	
None												800-632-6662			
PAGER #										127.		PAGER #		132.	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: _____ Phone No.: _____
Billing Address: _____

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										134. DATE		NAME OF DOCUMENT PREPARER		135.	
										6-16-05		Beau Gunderson			
NAME OF SIGNER (print)										136.		TITLE OF SIGNER		137.	
Donald Harris												Director, EH&S			

* See Instructions on next page.



BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	1	EPA ID # (Hazardous Waste Only)	2
---------------	---	---------------------------------	---

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)	3
AT&T Wireless - <i>12 NOTT AVE. / 22 FWY (13344)</i>	

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<ul style="list-style-type: none"> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<ul style="list-style-type: none"> UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) 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 capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	<ul style="list-style-type: none"> 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 Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<ul style="list-style-type: none"> EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 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.)

UNIFIED PROGRAM CONSOLIDATED FORM
FACILITY INFORMATION
BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION

FACILITY ID # (Agency Use Only)	1.	BEGINNING DATE	100.	ENDING DATE	101.
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3.	BUSINESS PHONE	102.		
AT&T Wireless- Knott Ave./22 FWY		425-580-6000			
BUSINESS SITE ADDRESS 12832 Knott Avenue					
CITY	104.	CA	ZIP CODE	105.	
Garden Grove		92840			
DUN & BRADSTREET	106.	SIC CODE (4 digit #)	107.		
12-251-4268		513322			
COUNTY Orange					
BUSINESS OPERATOR NAME	109.	BUSINESS OPERATOR PHONE	110.		
AT&T Wireless		425-580-6000			

II. BUSINESS OWNER

OWNER NAME	111.	OWNER PHONE	112.		
Same		Same			
OWNER MAILING ADDRESS 8645 154 th Ave. NE					
CITY	114.	STATE	115.	ZIP CODE	116.
Redmond		WA		98052	

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117.	CONTACT PHONE	118.		
EH&S Environmental Compliance		425-580-6000			
CONTACT MAILING ADDRESS Same as owner					
CITY	120.	STATE	121.	ZIP CODE	122.

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	123.	NAME	128.		
Wireless Network Control Center		M ike Garrett			
TITLE	124.	TITLE	129.		
		OMC OSS			
BUSINESS PHONE	125.	BUSINESS PHONE	130.		
800-832-6662		562-468-6344			
24-HOUR PHONE*	126.	24-HOUR PHONE*	131.		
Same		[REDACTED]			
PAGER #	127.	PAGER #	132.		

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Property Owner: _____ Phone No.: _____
Billing Address: _____

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

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
<i>[Signature]</i>	10/7/03		Bryan W. Brooks	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER	137.	
Dennis Ho-ll		OPS Mgr.		

* See Instructions on next page.

Non-Waste Hazardous Materials Inventory Statement

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

Date: 9/25/2003

Business Name: AT&T Wireless- Knott Ave./22 FWY

Type of Report on This Page: Add; Delete; Revise Page 3 of 10
(One page per building or area)

1. Haz. Class		2. Map and Grid or Location Code		3. Common Name		4. Hazardous Components (For mixtures only)		5. Type and Physical State		6. Quantities		7. Units		8. Storage Codes		9. Hazard Categories	
Chemical Name		EHS		CAS No.		Wt. %		EHS		EHS		CAS No.		EHS		CAS No.	
EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No		Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No		Facility ID # (Agency Use Only)		Max. Daily		Average Daily		Largest Cont.		Storage Pressure		Storage Temp.		Hazard Categories	
	Lead				7439921	100		<input checked="" type="checkbox"/> pure		2597	325	gallons	<input checked="" type="checkbox"/> ambient	<input checked="" type="checkbox"/> amb.		<input type="checkbox"/> fire	
	CAS No.: 7439921		<input type="checkbox"/> EHS					<input checked="" type="checkbox"/> solid		Curies: (if radioactive)	Storage Container:*	pounds	<input type="checkbox"/> > amb.	<input type="checkbox"/> < amb.		<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid		Days On Site: 365	battery	cu. feet	<input type="checkbox"/> > amb.	<input type="checkbox"/> < amb.		<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas				tons	<input type="checkbox"/> cryogenic			<input checked="" type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	
								<input type="checkbox"/> mixture								<input type="checkbox"/> fire	
								<input type="checkbox"/> solid								<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid								<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas								<input type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	
								<input type="checkbox"/> mixture								<input type="checkbox"/> fire	
								<input type="checkbox"/> solid								<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid								<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas								<input type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	
								<input type="checkbox"/> mixture								<input type="checkbox"/> fire	
								<input type="checkbox"/> solid								<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid								<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas								<input type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	
								<input type="checkbox"/> mixture								<input type="checkbox"/> fire	
								<input type="checkbox"/> solid								<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid								<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas								<input type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	
								<input type="checkbox"/> mixture								<input type="checkbox"/> fire	
								<input type="checkbox"/> solid								<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid								<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas								<input type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	
								<input type="checkbox"/> mixture								<input type="checkbox"/> fire	
								<input type="checkbox"/> solid								<input type="checkbox"/> reactive	
								<input type="checkbox"/> liquid								<input type="checkbox"/> pressure release	
								<input type="checkbox"/> gas								<input type="checkbox"/> acute health	
								<input type="checkbox"/> mixture								<input type="checkbox"/> chronic health	
								<input type="checkbox"/> pure								<input type="checkbox"/> radioactive	

If EPCRA, sign below:

Code	Storage Type	Code	Storage Type	Code	Storage Type	Code	Storage Type
A	Aboveground Tank	D	Steel Drum	M	Glass Bottle or Jug	P	Tank Wagon
B	Belowground Tank	E	Plastic/Non-metallic Drum	N	Plastic Bottle or Jug	Q	Rail Car
C	Tank Inside Building	F	Can	O	Tote Bin	R	Other

Facility Site Plan and Storage Map Instructions

(Hazardous Materials Business Plan Module)

A Site Plan (public document) and Storage Map (confidential document) must be included with your HMBP. For relatively small facilities, these documents may be combined into one drawing. However, if combined, the combined Site Plan/Storage Map will become a public document. If you are concerned about displaying the storage locations of hazardous materials to the public, you must provide a separate facility Storage Map. Since these drawings are intended for use in emergency response situations, larger facilities (*generally those with complex and/or multiple buildings*) should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Plan/Storage Map sheet has been provided on the previous page. You may complete that page or attach any other drawing(s) that contain(s) the information required below:

1. Site Plan (public document): This drawing shall contain, at a minimum, the following information:

- a. An indication of North Direction;
- b. Approximate scale (*e.g. "1 inch = 10 feet"*);
- c. Date the map was drawn;
- d. All streets bordering the facility;
- e. Locations of all buildings and other structures;
- f. Parking lots and internal roads;
- g. Hazardous materials loading/unloading areas;
- h. Outside hazardous materials storage or use areas;
- i. Storm drain and sanitary sewer drain inlets;
- j. Wells for monitoring of underground tank systems;
- k. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas.

2. Storage Map (confidential): The map(s) shall contain, at a minimum, the following information:

- a. General purpose of each section/area within each building (*e.g. "Office Area", "Manufacturing Area", etc.*);
- b. Location of each hazardous material/waste storage, dispensing, use, or handling area (*e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.*). Each area shall be identifiable by a Grid Number, to be used in item 204 on the Hazardous Materials Inventory - Chemical Description pages of the Business Plan.
- c. For tanks, the capacity limit in gallons and common name of the hazardous material contained in each tank.
- d. Entrances to and exits from each building and hazardous material/waste room/area;
- e. Location of each utility emergency shut-off point (*i.e. gas, water, electric.*);
- f. Location of each monitoring system control panel (*e.g. underground tank monitoring, toxic gas monitoring, etc.*).

Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 6 of 10

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

Bells; Horns/Sirens; Verbal (i.e. shouting); Other (specify) _____ **Facility is not manned.** _

b. Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

2. a. Emergency Contacts*:

Fire/Police/Ambulance Phone No. 911
State Office of Emergency Services Phone No. (800) 852-7550

b. Post-Incident Contacts*:

Orange County Hazmat Compliance Phone No. (714) 744-6699
California EPA Department of Toxic Substances Control Phone No. (510) 540-3739
Cal-OSHA Division of Occupational Safety and Health Phone No. (408) 452-7288
Air Quality Management District Phone No. (415) 771-6000
Regional Water Quality Control Board Phone No. (510) 622-2300

* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

c. Emergency Resources:

Poison Control Center Phone No. (800) 876-4766
Nearest Hospital: Name: Garden Grove Hospital Phone No.: (714) 537-5160
Address: 12601 Garden Grove Blvd. City: Garden Grove

3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

none

4. Emergency Procedures:Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall:
 - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
 - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
 - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
 - iv. Notify appropriate local authorities (*i.e. call 911*).
 - v. Notify the State Office of Emergency Services at 1-800-852-7550.
 - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
 - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
 - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
 - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
 - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
 - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the Orange County Hazmat unit and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the Orange County Hazmat unit and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Earthquake Vulnerability: [19 CCR §2731(e)]

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

Battery racks.

7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**	
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators			
	<input type="checkbox"/> Chemical Monitoring Equipment (<i>describe</i>)			
	<input type="checkbox"/> Chemical Protective Aprons/Coats			
	<input type="checkbox"/> Chemical Protective Boots			
	<input checked="" type="checkbox"/> Chemical Protective Gloves		Tech. Truck	
	<input type="checkbox"/> Chemical Protective Suits (<i>describe</i>)			
	<input checked="" type="checkbox"/> Face Shields		Tech. Truck	
	<input type="checkbox"/> First Aid Kits/Stations (<i>describe</i>)			
	<input type="checkbox"/> Hard Hats			
	<input type="checkbox"/> Plumbed Eye Wash Stations			
	<input type="checkbox"/> Portable Eye Wash Kits (<i>i.e. bottle type</i>)			
	<input type="checkbox"/> Respirator Cartridges (<i>describe</i>)			
	<input type="checkbox"/> Safety Glasses/Splash Goggles		Tech. Truck	
	<input type="checkbox"/> Safety Showers			
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other (<i>describe</i>)				
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems			
	<input type="checkbox"/> Fire Alarm Boxes/Stations			
	<input type="checkbox"/> Fire Extinguisher Systems (<i>describe</i>)	On site	common fire extinguisher	
	<input type="checkbox"/> Other (<i>describe</i>)			
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (<i>describe</i>)	Tech. Truck	Universal spill kit.	
	<input type="checkbox"/> Berms/Dikes (<i>describe</i>)			
	<input type="checkbox"/> Decontamination Equipment (<i>describe</i>)			
	<input type="checkbox"/> Emergency Tanks (<i>describe</i>)			
	<input type="checkbox"/> Exhaust Hoods			
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (<i>describe</i>)			
	<input type="checkbox"/> Neutralizers (<i>describe</i>)			
	<input type="checkbox"/> Overpack Drums			
	<input type="checkbox"/> Sumps (<i>describe</i>)			
<input type="checkbox"/> Other (<i>describe</i>)				
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (<i>describe</i>)			
	<input type="checkbox"/> Intercoms/ PA Systems			
	<input type="checkbox"/> Portable Radios			
	<input checked="" type="checkbox"/> Telephones	On-site		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors			
<input type="checkbox"/> Other (<i>describe</i>)				
Additional Equipment <i>(Use Additional Pages if Needed.)</i>	<input checked="" type="checkbox"/> First aid kit.	On site		
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

** Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 9 of 10

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, that are conducted at least (specify) _____ Twice Yearly _____ (e.g. "Quarterly", etc.)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. Emergency Response Team Members are capable of and engaged in the following:

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) _____ Twice Yearly _____ (e.g. "Quarterly", etc.)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials recordkeeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (*) are required.]:

<input checked="" type="checkbox"/>	Current employees' training records <i>(to be retained until closure of the facility)</i> *
<input checked="" type="checkbox"/>	Former employees' training records <i>(to be retained at least three years after termination of employment)</i> *
<input checked="" type="checkbox"/>	Training Program(s) <i>(i.e. written description of introductory and continuing training)</i> *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)

Check the appropriate box:

<input checked="" type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. <i>(A blank copy of each document used must be attached to this HMBP.)</i>

Purpose: This Tab is for Invoices that have Garden Grove only charges.
 For charges which are PA and EH, log on the EH& PA log

Notes: Post office Return Mail will be Automatically credited by OC EHD staff
 Other Return Mail/letters (e.g. disputed balances from clients) will be forwarded to PA staff for requested action. These will not be credited until requested by PA.
 GARDEN GROVE
 CUPA RETURN LOG - CY 2003

TKN #	Logged By	PA Chgs Only	FA#	INV #	COMPANY NAME	SITE ADDRESS	P.O. RETURN	LETTER / DISP BAL	DATE SENT TO PA	NOTES	DATE CREDITED	CREDIT	PA Staff Authorizing Request	DATE
13	RRP	X	FA0036117		AT & T WIRELESS	12892 KNOTT ST. GARDEN GROVE		X		(PAID) ADDRESS CHANGE: ATTN EHS COMPLIANCE 8645 154TH AVE NE REDMOND, WA 98052 NEW CONTACT # (425) 580-7515				
14														
15														
16														
17														
18														
19														
OPEN														

File 72

PA Staff to fill in this bc



Los Angeles Cellular Telephone Company

- 9210 Katella #B
- 10700 Katella #G
- 12832 Knott
- 9401 Westminster

January 2, 1996

Mr. Steve Shirley
Garden Grove Fire Department
11301 Acacia Parkway
Garden Grove, CA 92840

Re: Hazardous Material Disclosure Invoices - LACTC Site Nos. 51, 91, 299, & 734

Dear Mr. Shirley:

Attached is our Check #282921 in the amount of \$732.00, covering payment of the Hazmat Disclosure fees for our four sites.

We regret the delay, but the original invoices did not reach our office. For this reason, we would like to request that any invoice or correspondence be addressed to us as follows:

Los Angeles Cellular Telephone Company
Attention: Real Estate Property Management Department
 P. O. Box 6028
 Cerritos, CA 90702-6028

The above change should prevent any future delays and ensure prompt payment.

Thank you for your kind attention.

Sincerely,

Ray Connors
Manager, Real Estate
Property Management Department

Enclosure

~~paid or~~
 Processed 01-20-97
 Check # 282921
 Note: our invoices
 were mailed
 to correct
 address.
 \$732.00 for
 all 4 businesses \$183.00
 each

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.



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

GARDEN GROVE

entered as

BUSINESS EMERGENCY PLAN

"LA CELLULAR #3"

Business Name Los Angeles Cellular Telephone Company
 Business Address 12832 Knott Avenue City Garden Grove State CA Zip 92641
 Mailing Address P. O. Box 6028 City Cerritos State CA Zip 90702

Business Phone (310) 924-0000 Business License # 314-9363-8

Owner/Operator: Name Ray Connors Phone Number (310) 468-6059
(310) 924-0000

Address 17785 Center Court Drive, North City Cerritos State CA Zip 90703

Type of Business Operation Unmanned cellular telephone repeater station.

EPA # _____ SIC Code 4899

Emergency Contacts: Name Charles Montgomery

Address 17785 Center Court Drive, North City Cerritos State CA Zip 90703

24 Hour Phone Number (213) 400-0014 Residence Phone Number (310) 523-4586
 Pager: (310) 490-1443

Property Owner: Name GANAHL Lumber Co. Phone Number (714) 372-5900

Address 1220 E. Ball Road City Anaheim State CA Zip 92815

Total Number of Employees 0* Dun and Brad Street Numbers 11-502-4590
 *Unmanned Facility.

Office Use Only

MLI# _____ Short _____ Long _____

OK 10/8/96 MB
 #1

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

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: Ray Connors

Print Name of Document Preparer: George Rack

Signature of Owner/Operator: Ray Connors Date: 10-3-96

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

BUSINESS NAME: LOS ANGELES CELLULAR TELEPHONE COMPANY
 ADDRESS: 12832 Knott Avenue, Garden Grove, CA 92641
 MLI # _____ (office use only)

HAZARDOUS MATERIALS DISCLOSURE FORM

THIS FORM TO BE TYPEWRITTEN.

DATE: 10-3-96

PAGE # 1



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 QUADRANT AND DESCRIBE AREA)	12. STATE WASTE NUMBER (3 DIGIT CODE)	13. DOT/UN/NA NUMBER	14. HAZARD CLASS Table 6
1. Sulfuric Acid - H ₂ SO ₄	Sulfuric Acid 18-23%	7664939	1 4	L	00	00	365	L	1 1	Inside of Equipment Room	N/A	2657	4
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 <table border="1"> <thead> <tr> <th>Value</th> <th>Amount</th> <th>Range</th> </tr> </thead> <tbody> <tr><td>00</td><td>0</td><td>99</td></tr> <tr><td>01</td><td>100</td><td>299</td></tr> <tr><td>02</td><td>300</td><td>599</td></tr> <tr><td>03</td><td>600</td><td>999</td></tr> <tr><td>04</td><td>1000</td><td>5999</td></tr> <tr><td>05</td><td>6000</td><td>9999</td></tr> <tr><td>06</td><td>10000</td><td>19999</td></tr> <tr><td>07</td><td>20000</td><td>49999+</td></tr> </tbody> </table>	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. I- Insulated Tank(Cryogenics) J- Metal Containers K- Movable Pressurized Cylinders L- Plastic Containers M- Rail Car N- Silo O- Tank inside building P- Underground Tank Q- Other	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) 20- Poison B (Solid/Liquid) 21- Pyrophoric or Spontaneously Combustible 22- Radioactive
Value	Amount	Range																														
00	0	99																														
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06	10000	19999																														
07	20000	49999+																														

BUSINESS EMERGENCY PLAN

Business Name LOS ANGELES CELLULAR TELEPHONE COMPANY

Business Address 12832 Knott Avenue City Garden Grove State CA Zip 92641

Mailing Address P. O. Box 6028 City Cerritos State CA Zip 90702

Business Phone (310) 924-0000

FAX Number (310) 403-1823

Owner/Operator: Name Ray Connors Phone Number (310) 468-6059

Address 17785 Center Court Dr., North City Cerritos State CA Zip 90703

Primary Contact : Name Charles Montgomery

Address 17785 Center Court Dr., North City Cerritos State CA Zip 90703

24 Hour Phone Number (213) 400-0014 Residence
Pager: (310) 490-1443 Phone Number (310) 523-4586

Type of Business Operation Unmanned cellular telephone repeater station.

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:
Alarm sounds in building - Generally, one or two individuals are in attendance when building is populated. Building has only one entrance.
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:

Unmanned facility.

(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.)

All hazardous materials are contained in approved containers and secured to building walls. Employees are trained in safe handling.

Once materials are installed, they are typically handled by trained, certified contractors only.

(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.

On-site field and senior technicians will notify company officials, who in turn will notify appropriate Hazmat and DES officials. Local community officials will be alerted via 911 when appropriate.

(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 x Safe work practices are exercised in daily routines.
 - b x Employees who handle hazardous materials are properly trained.
 - c x 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___

Evacuation Drill Record*

*(NOT APPLICABLE - UNMANNED FACILITY)

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 _____
FACILITY LOCATION _____

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

KEEP COPY ON SITE FOR FIRE DEPARTMENT INSPECTION.

