



GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION

11301 Acacia Parkway
Garden Grove, CA 92840
Business: 714 741-5600 Haz Mat: 714 741-5636

Hazardous Materials Business Emergency Plan And
Inventory Certification Statement

Business Name: Alc Exchange Telephone: (714) 636-1900
Site Address: 10542 Stanford Ave, Garden Grove, CA 92840 Zip Code: 92840

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

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**


Note: A business may comply with the annual inventory reporting requirements using this certification statement if both of the following apply:

1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the quantity of any hazardous material as reported in the most recently submitted annual inventory form.
 - No hazardous material subject to the inventory requirements is being handled that is not listed on the most recently submitted annual inventory form.

THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEMICAL INVENTORY HAS BEEN REVIEWED.
(Please check applicable boxes.)

- No changes are required to the HMBEP submitted to the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the HMBEP. The changes/revisions are attached to this certification.
- No changes are required to the chemical inventory that was previously on file with the Garden Grove Fire Department.
- All the necessary changes/revisions have been made to the chemical inventory. The changes/revisions are attached to this certification.

AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE

Print Name David Saucedo J. Signature 
Job Title Mgr Date 6/15/10
Fire Department Inspector B. HOLLAND ID # 0020



GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION

11301 Acacia Parkway
Garden Grove, CA 92840
Business: 714 741-5600 Haz Mat: 714 741-5636

Hazardous Materials Business Emergency Plan And
Inventory Certification Statement

Business Name: AC AUTO EXCHANGE Telephone: (714) 636-1900
Site Address: 10542 STANFORD AVE. Zip Code: 92840

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

A business that handles hazardous materials shall review AND certify their Hazardous Materials Business Emergency Plan (HMBEP) once every three years from the date of acceptance by the Garden Grove Fire Department. A business may comply with the annual chemical inventory reporting requirement by submitting a certification statement to the Garden Grove Fire Department. **A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code).**

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Print Name David Saucedo J

Signature 

Job Title Mgr

Date 7/18/07

Fire Department Inspector M. KORDICH

ID # 3307

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	<u>1472</u>					
BUSINESS NAME	<u>AC EXCHANGE</u>					
APPROVED BY:	<u>MK</u>	DATE:	<u>07-03-07</u>			
NEW BUSINESS	<u>NO</u>		UPDATE	<u>2010</u>		
FEE	1	2	3	4	5	6
PICK	<u>4D</u>	<input checked="" type="checkbox"/>	BUSLIST	<input type="checkbox"/>	CALARP:	<input type="checkbox"/>
				CUPA:	<input type="checkbox"/>	GIS <input type="checkbox"/>



BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)										BEGINNING DATE		ENDING DATE	
3	0	0	3	5						5/09/04		12/31/04	
BUSINESS NAME										BUSINESS PHONE			
AC EXCHANGE AUTO COMPRESSOR										(714) 636 1900			
BUSINESS SITE ADDRESS													
10542 STANFORD AVE													
CITY							STATE		ZIP				
GARDEN GROVE							CA		92840				
DUN & BRADSTREET										SIC CODE (4 DIGIT #)		FIRE DISTRICT	
												GARDEN GROVE	
COUNTY													
ORANGE													
BUSINESS OPERATOR NAME												OPERATOR'S PHONE	
AC EXCHANGE AUTO AIR												(714) 636-1900	

BUSINESS OWNER

OWNER NAME												OWNER PHONE	
ALAN DO													
OWNER MAILING ADDRESS													
[REDACTED]													
CITY										STATE		ZIP	
[REDACTED]										CA		[REDACTED]	

ENVIRONMENTAL CONTACT

CONTACT NAME												CONTACT PHONE	
ALAN DO												[REDACTED]	
CONTACT MAILING ADDRESS													
[REDACTED]													
CITY										STATE		ZIP	
[REDACTED]										CA		92870	

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME												NAME	
ALAN DO												LORENE DO NGUYEN	
TITLE												TITLE	
OWNER												OFFICE MANAGER	
BUSINESS PHONE										BUSINESS PHONE			
[REDACTED]										[REDACTED]			
24-HR. PHONE										24-HR. PHONE			
[REDACTED]										[REDACTED]			
PAGER #										PAGER #			
[REDACTED]										[REDACTED]			

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:												TOTAL # OF EMPLOYEES	
SALES & SERVICE AUTO AIR CONDITIONING												8	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)												ATTENTION	
[REDACTED]												[REDACTED]	
PROPERTY OWNER NAME										ADDRESS		PHONE	
HOFMANN / SCHUTH										# 201 CA		[REDACTED]	
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	
[REDACTED]												5/09/04	
NAME OF SIGNER (print)										NAME OF DOCUMENT PREPARER (print)			
ALAN DO										ALAN DO			
TITLE OF SIGNER										TITLE OF DOCUMENT PREPARER			
OWNER										OWNER			



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

Page 1 of 1 2

ADD DELETE REVISED 1

FACILITY ID# 30035 BUSINESS NAME AC EXCHANGE AUTO AIR

I. FACILITY INFORMATION

CHEMICAL LOCATION CENTER OF WAREHOUSE AREA (NITROGEN)

CONFIDENTIAL LOCATION EPCRA Yes No 5 MAP # 6 GRID # 7

II. CHEMICAL INFORMATION

CHEMICAL NAME NITROGEN GAS WASTE Yes No 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME NITROGEN GAS 9 An EHS Chemical Yes No 12
"If EHS is "Yes", all amounts must be LBS

CAS # 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) NONE 13

TYPE (Check one item only) a PURE b MIXTURE c WASTE 14 RADIOACTIVE Yes No 15 CURIES NONE 16

PHYSICAL STATE (Check one item only) a SOLID b LIQUID c GAS 17 FED HAZARD CATEGORIES a FIRE b REACTIVE PRESSURE RELEASE 18
 d ACUTE HEALTH e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 2 cu ft 19 MAXIMUM DAILY AMOUNT 4 cu ft 20 ANNUAL WASTE AMOUNT NONE 21 STATE WASTE CODE NONE 22

UNITS a GALLONS b CUBIC FEET 23 DAYS ON SITE 365 24 LARGEST CONTAINER 230 cu ft 25
 c POUNDS d TONS
"If EHS, amount must be in pounds"

STORAGE CONTAINER (Check all that apply) a ABOVE GROUND TANK e PLASTIC DRUM i VAT m CYLINDER q TANK WAGON 26
 b UNDERGROUND TANK f NONMETALLIC DRUM j FIBER DRUM n GLASS CONTAINER r RAIL CAR
 c TANK INSIDE BLDG g METAL CONTAINER k BAG(S) o PLASTIC CONTAINER s TOTE BIN
 d STEEL DRUM h CARBOY l BOX(S) p IN MACH OR EQUIP t OTHER

STORAGE PRESSURE a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT 27

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

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

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

PLACARDING INFORMATION

UNDOT # UN 1066 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS 2.2 34 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36 If EPCRA, Please Sign Here

NFPA 704 HAZARD DIAMOND
 FIRE (RED)
 HEALTH (BLUE)
 SPECIAL HAZARD
 REACTIVE (YELLOW)
 WHITE OX/W 37

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page ___ of ___ 2

FACILITY ID#	30035	38 BUSINESS NAME	A/C EXCHANG
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I. FACILITY INFORMATION

CHEMICAL LOCATION	BACK WHEREHOUSE SW CORNOR		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5 MAP #	1
		6 GRID #	F7

II. CHEMICAL INFORMATION

CHEMICAL NAME	MINERAL OIL	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	MINERAL OIL	9	An EHS Chemical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12	* If EPCRA see instructions "If EHS is "Yes", all amounts must be LBS			
CAS #	64742-52-5	10	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 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 type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE	18	<input type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	5 GAL	19	MAXIMUM DAILY AMOUNT	1 gal	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
UNITS	<input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER		25	
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 checked="" type="checkbox"/> e PLASTIC DRUM <input type="checkbox"/> f NONMETALLIC DRUM <input type="checkbox"/> g METAL CONTAINER <input type="checkbox"/> h CARBOY	<input type="checkbox"/> i VAT <input type="checkbox"/> j FIBER DRUM <input type="checkbox"/> k BAG(S) <input type="checkbox"/> l BOX(S)	<input type="checkbox"/> m CYLINDER <input type="checkbox"/> n GLASS CONTAINER <input type="checkbox"/> o PLASTIC CONTAINER <input type="checkbox"/> p IN MACH OR EQUIP	<input type="checkbox"/> q TANK WAGON <input type="checkbox"/> r RAIL CAR <input type="checkbox"/> s TOTE BIN <input type="checkbox"/> t OTHER	26			
STORAGE PRESSURE	<input 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 95-100 ⁹⁹	Sunair Refrigerant Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-52-5 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 #	_____	33	
DOT HAZARD CLASS	_____	34	
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO	35	
X	_____	36	37

Refer to shipping papers or MSDS

Refer to shipping papers or MSDS

If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 10542 STANFORD AVE.
Occupant or DBA: AC EXCHANGE
Owner/Manager: ALLEN DO

Date: 07-07-07
File No: 1472
Phone: (714) 636-1900

California Health and Safety Code, Section 6.95, you are required to properly complete the Business Emergency Plan (BMP) packet. You are required to return the BEP packet, Hazardous Materials Disclosure Forms, and all material safety data sheets within fifteen (15) days to the Garden Grove Fire Department. HazMat Coord. (714) 741-5636

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

Violation(s): CA Health and Safety Code Chapter 6.95, Article 1 and Title 19, §2729 et seq., California Code of Regulations (CCR)

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)]; CFC 8001.3.2
- Failure to review and/or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]
- Chemical inventory is incomplete and/or requires update. [HSC 25509]
- The Emergency Response Plan is inadequate and/or does not address the following issues and shall be immediately revised and resubmitted: [HSC 25504(b)&(c)]
 - Notification Procedures
 - Mitigation Procedures
 - Evacuation Procedures
 - Employee Training
- Business Owner/Operator page is incomplete or needs to be updated. [HSC 25509]
- Failure to provide name, title, and 24-hour number of emergency contact(s). [HSC 25509(a)(7)]
- Site Map is incomplete or insufficient. [HSC 25509]
- Failure to report a release or threatened release. [HSC 25507]
- Failure to report a change in business or chemical inventory within 30 days of the following event(s): [HSC 25510]
 - 100% or more increase in the quantity of a disclosed material
 - Addition of a previously undisclosed material MINERAL OIL
 - Change in business address
 - Change in business ownership
 - Change of business name
 - Other (See comments below):

Violation(s): California Fire Code 2001, Articles 79 & 80, Title 19 Part 9, California Code of Regulations (CCR)

- Provide for secondary containment for hazardous materials liquids and solids (CFC 8003.1.3.3)
- Provide spill control for hazardous materials liquids (CFC 8003.1.3.2)
- Provide approved cabinet if more than 10 gallons of flammable liquids (CFC 7902.5)
- Provide placarding and signs (NFPA 704, CFC Article 79 §7901.9, Article 80 §8001.7-8)
- No Violations Found

Additional Violations and/or Notes:

Responsible Party: [REDACTED] Re-inspection Date: 07-17-07

The above are violations of California law and require immediate correction. Failure to correct violations is subject to civil penalties.

Fire Dept. Inspector: M. KORDICH ID #: 3307
Condition Upon Re-inspection: CLEARED Date: 07-18-07



BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5										1. EPA ID # (Hazardous Waste Only)	2.
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BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3.

AC EXCHANGE

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. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B) 6. <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) 7. <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 aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page 10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) 11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L) 12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) 13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) 14. <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)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	<u>1472</u>					
BUSINESS NAME	<u>AC Exchange Auto Compressor</u>					
APPROVED BY:	<u>SK</u>	DATE:	<u>6/1/04</u>			
NEW BUSINESS	<input checked="" type="checkbox"/>	UPDATE	<u>6/1/01</u>			
FEE	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
PICK	<input type="checkbox"/> 4D	<input checked="" type="checkbox"/> BUSLIST	<input type="checkbox"/> CALARP:	<input type="checkbox"/> CUPA:	<input type="checkbox"/> GIS	<input type="checkbox"/>



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)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	A.C. EXCHANGE AUTO AIR			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	10542 STANFORD AVENUE				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92840
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	7389	FIRE DISTRICT	2421
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14	OPERATOR'S PHONE	15		

BUSINESS OWNER

OWNER NAME	PRESIDENT ALAN DO	OWNER PHONE	[REDACTED]		
OWNER MAILING ADDRESS	10542 STANFORD AVE				
CITY	GARDEN GROVE	STATE	CA	ZIP	92840

ENVIRONMENTAL CONTACT

CONTACT NAME	22	CONTACT PHONE	23		
CONTACT MAILING ADDRESS	24				
CITY	25	STATE	26	ZIP	27

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME	ALAN DO	28	NAME	LORENE DONGUYEN	33
TITLE	PRESIDENT/MANAGER	29	TITLE	OFFICE MANAGER	34
BUSINESS PHONE	30	BUSINESS PHONE	35		
24-HR. PHONE	[REDACTED]	31	24-HR. PHONE	[REDACTED]	36
PAGER #	[REDACTED]	32	PAGER #	[REDACTED]	37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	AUTO AIR CONDITIONING REPAIR & SERVICES	38	TOTAL # OF EMPLOYEES	9	39	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40				ATTENTION	41
PROPERTY OWNER NAME	HOFFMANN/SCHULTZ	42	ADDRESS	[REDACTED]	43	
PHONE	[REDACTED]	44	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	[REDACTED]	45	DATE	5/5/16	46	
NAME OF SIGNER (print)	ALAN DO	47	NAME OF DOCUMENT PREPARER (print)	ALAN DO	49	
TITLE OF SIGNER	MANAGER	48	TITLE OF DOCUMENT PREPARER	MANAGER.	50	



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page 1 of 2 2

FACILITY ID#	30035	BUSINESS NAME	AC EXCHANGE
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I. FACILITY INFORMATION

CHEMICAL LOCATION	NITROGEN BOTTLE LOCATED CENTER OF BUILDING		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	CENTER OF BUILDING
		GRID #	

II. CHEMICAL INFORMATION

CHEMICAL NAME	NITROGEN	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	NITROGEN	* If EPCRA see instructions			
CAS #	7727-37-9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		*If EHS is "Yes", all amounts must be LBS			
FIRE CODE HAZARD CLASSES (supplied by GGF)					

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	CURIES	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" 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 type="checkbox"/> e. CHRONIC HEALTH			

AVERAGE DAILY AMOUNT	225	MAXIMUM DAILY AMOUNT	225	ANNUAL WASTE AMOUNT	N/A	STATE WASTE CODE	NO
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	225 CUFT		

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT <input checked="" 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 type="checkbox"/> t. OTHER
--	--

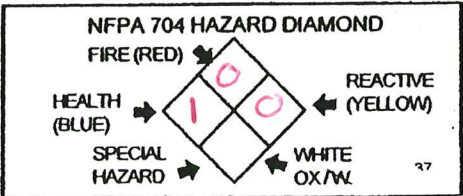
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input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

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
100	NITROGEN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7727-37-9
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29		<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 #	1066	Refer to shipping papers or MSDS
DOT HAZARD CLASS	2.2	Refer to shipping papers or MSDS
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
X		If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



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

CUPA

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID: 3 0 0 3 5 1 4 7 2 | EPA ID # (Hazardous Waste Only)

BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)

AC EXCHANGE AUTO AIR

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 checked="" type="checkbox"/> NO ^{PN} 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks? 2. Intent to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 <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 aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)? 5. Consolidate hazardous waste generated at a remove site? 6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input 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 Forms 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)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 2

BUSINESS EMERGENCY PLAN SHORT VERSION

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

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

IN THE EVENT OF AN EMERGENCY,

CALL 911

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

All businesses using, handling or storing hazardous materials that are required to disclose must complete a 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. S-3 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.

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

BUSINESS EMERGENCY PLAN

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.)
-

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 as shown on your site plan map.

FRONT OF SHOP

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.)
-
-

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications 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 or 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) 427-4341
(800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

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 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 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

BUSINESS EMERGENCY PLAN

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

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

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

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

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

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

SIGNATURE: 

NAME: _____

ALAN RO

TITLE: _____

OWNER

DATE: _____

5/9/04



MATERIAL SAFETY DATA SHEET

PROAIR WELD CO.
14371 EUCLID ST. #2A
GARDEN GROVE, CA 92843
714-265-5850

PRODUCT NAME: NITROGEN

1. Chemical Product and Company Identification

BOC Gases,
Division of
The BOC Group, Inc.
575 Mountain Avenue
Murray Hill, NJ 07974

BOC Gases
Division of
BOC Canada Limited
5975 Falbourn Street, Unit 2
Mississauga, Ontario L5R 3W6

TELEPHONE NUMBER: (908) 464-8100
24-HOUR EMERGENCY TELEPHONE NUMBER:
CHEMTREC (800) 424-9300

TELEPHONE NUMBER: (905) 501-1700
24-HOUR EMERGENCY TELEPHONE NUMBER:
(905) 501-0802
EMERGENCY RESPONSE PLAN NO: 20101

PRODUCT NAME: NITROGEN
CHEMICAL NAME: Nitrogen
COMMON NAMES/SYNONYMS: Nitrogen, compressed; Nitrogen gas
TDG (Canada) CLASSIFICATION: 2.2
WHMIS CLASSIFICATION: A

PREPARED BY: Loss Control (908)464-8100/(905)501-1700
PREPARATION DATE: 6/1/95
REVIEW DATES: 6/7/96

2. Composition, Information on Ingredients

INGREDIENT	% VOLUME	PEL-OSHA ¹	TLV-ACGIH ²	LD ₅₀ or LC ₅₀ Route/Species
Nitrogen FORMULA: N ₂ CAS: 7727-37-9 RTECS #: QW9700000	99.995 to 99.999	Simple Asphyxiant	Simple Asphyxiant	Not Available

¹ As stated in 29 CFR 1910, Subpart Z (revised July 1, 1993)

² As stated in the ACGIH 1994-95 Threshold Limit Values for Chemical Substances and Physical Agents

3. Hazards Identification

EMERGENCY OVERVIEW
Simple Asphyxiant - This product does not contain oxygen and may cause asphyxia if released in a confined area. Maintain oxygen levels above 19.5%. Nonflammable.

PRODUCT NAME: NITROGEN

ROUTE OF ENTRY:

Skin Contact Yes	Skin Absorption No	Eye Contact Yes	Inhalation Yes	Ingestion No
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HEALTH EFFECTS:

Exposure Limits No	Irritant No	Sensitization No
Teratogen No	Reproductive Hazard No	Mutagen No
Synergistic Effects None reported		

Carcinogenicity: -- NTP: No IARC: No OSHA: No

EYE EFFECTS:

No adverse effects anticipated.

SKIN EFFECTS:

No adverse effects anticipated.

INGESTION EFFECTS:

No adverse effects anticipated.

INHALATION EFFECTS:

Product is a non-toxic simple asphyxiant. Effects of oxygen deficiency resulting from simple asphyxiants may include: rapid breathing, diminished mental alertness, impaired muscular coordination, faulty judgement, depression of all sensations, emotional instability, and fatigue. As asphyxiation progresses, nausea, vomiting, prostration, and loss of consciousness may result, eventually leading to convulsions, coma, and death.

Oxygen deficiency during pregnancy has produced developmental abnormalities in humans and experimental animals.

NFPA HAZARD CODES

Health: 0
 Flammability: 0
 Reactivity: 0

HMIS HAZARD CODES

Health: 0
 Flammability: 0
 Reactivity: 0

RATINGS SYSTEM

0 = No Hazard
 1 = Slight Hazard
 2 = Moderate Hazard
 3 = Serious Hazard
 4 = Severe Hazard

4. First Aid Measures

EYES:

Never introduce ointment or oil into the eyes without medical advice! If pain is present, refer the victim to an ophthalmologist for treatment and follow up.

PRODUCT NAME: NITROGEN

SKIN:

Remove contaminated clothing and flush affected areas with lukewarm water. If irritation persists, seek medical attention.

INGESTION:

Ingestion is unlikely as product as a gas at room temperature.

INHALATION:

PROMPT MEDICAL ATTENTION IS MANDATORY IN ALL CASES OF OVEREXPOSURE. RESCUE PERSONNEL SHOULD BE EQUIPPED WITH SELF-CONTAINED BREATHING APPARATUS. Victims should be assisted to an uncontaminated area and inhale fresh air. Quick removal from the contaminated area is most important. Unconscious persons should be moved to an uncontaminated area, and if breathing has stopped, administer artificial resuscitation and supplemental oxygen. Further treatment should be symptomatic and supportive.

5. Fire Fighting Measures

Conditions of Flammability: Nonflammable		
Flash point: None	Method: Not Applicable	Autoignition Temperature: None
LEL(%): None		UEL(%): None
Hazardous combustion products: None		
Sensitivity to mechanical shock: None		
Sensitivity to static discharge: None		

FIRE AND EXPLOSION HAZARDS:

None. Nonflammable.

EXTINGUISHING MEDIA:

None required. Use as appropriate for surrounding materials.

6. Accidental Release Measures

Evacuate all personnel from affected area. Use appropriate protective equipment. If leak is in container or container valve, contact the appropriate emergency telephone number listed in Section 1 or call your closest BOC location.

7. Handling and Storage

Electrical classification:

Non-hazardous.

This gas mixture is noncorrosive and may be used with all common structural materials.

Use only in well-ventilated areas. Valve protection caps must remain in place unless container is secured with valve protection outlet piped to use point. Do not drag, slide or roll cylinders. Use a suitable hand truck for cylinder movement. Use a pressure reducing regulator when connecting cylinder to lower pressure (<3000 psig) piping or systems. Do not heat cylinder by any means to increase the discharge rate of product from the cylinder. Use a check valve or trap in the discharge line to prevent hazardous back flow into the cylinder.

MSDS: G-7

Revised: 6/7/96

PRODUCT NAME: NITROGEN

Protect cylinders from physical damage. Store in cool, dry, well-ventilated area of non-combustible construction away from heavily trafficked areas and emergency exits. Do not allow the temperature where cylinders are stored to exceed 125°F (52°C). Cylinders should be stored upright and firmly secured to prevent falling or being knocked over. Use a "first in-first out" inventory system to prevent full cylinders being stored for excessive periods of time.

For additional recommendations, consult Compressed Gas Association Pamphlets P-1, P-14, P-9, and Safety Bulletin SB-2.

Never carry a compressed gas cylinder or a container of a gas in cryogenic liquid form in an enclosed space such as a car trunk, van or station wagon. A leak can result in a fire, explosion, asphyxiation or a toxic exposure.

8. Exposure Controls, Personal Protection

EXPOSURE LIMITS¹:

INGREDIENT	% VOLUME	PEL-OSHA ²	TLV-ACGIH ³	LD ₅₀ or LC ₅₀ Route/Species
Nitrogen FORMULA: N ₂ CAS: 7727-37-9 RTECS #: QW9700000	99.995 to 99.999	Simple Asphyxiant	Simple Asphyxiant	Not Available

¹ Refer to individual state of provincial regulations, as applicable, for limits which may be more stringent than those listed here.

² As stated in 29 CFR 1910, Subpart Z (revised July 1, 1993)

³ As stated in the ACGIH 1994-1995 Threshold Limit Values for Chemical Substances and Physical Agents.

ENGINEERING CONTROLS:

Local exhaust to prevent accumulation of high concentrations so as to reduce the oxygen level in the air to less than 19.5%.

EYE/FACE PROTECTION:

Safety goggles or glasses as appropriate for the job.

SKIN PROTECTION:

Protective gloves of material appropriate for the job.

RESPIRATORY PROTECTION:

Positive pressure air line with full-face mask and escape bottle or self-contained breathing apparatus should be available for emergency use.

OTHER/GENERAL PROTECTION:

Safety shoes or other footwear as appropriate for the job.

PRODUCT NAME: NITROGEN

9. Physical and Chemical Properties

PARAMETER	VALUE	UNITS
Physical state (gas, liquid, solid)	: Gas	
Vapor pressure	: Not Available	
Vapor density (Air = 1)	: 0.97	
Evaporation point	: Not Available	
Boiling point	: -320.4	°F
	: -195.8	°C
Freezing point	: -345.9	°F
	: -209.9	°C
pH	: Not Applicable	
Specific gravity	: Not Available	
Oil/water partition coefficient	: Not Available	
Solubility (H2O)	: Very slightly soluble	
Odor threshold	: Not Applicable	
Odor and appearance	: Colorless, odorless gas	

10. Stability and Reactivity

STABILITY:

Stable

INCOMPATIBLE MATERIALS:

None

HAZARDOUS POLYMERIZATION:

Does not occur.

11. Toxicological Information

Oxygen deficiency during pregnancy has produced developmental abnormalities in humans and experimental animals.

No data given in the Registry of Toxic Effects of Chemical Substances (RTECS) or Sax, Dangerous Properties of Industrial Materials, 7th ed.

12. Ecological Information

No data given.

13. Disposal Considerations

Do not attempt to dispose of residual waste or unused quantities. Return in the shipping container PROPERLY LABELED, WITH ANY VALVE OUTLET PLUGS OR CAPS SECURED AND VALVE PROTECTION CAP IN PLACE to BOC Gases or authorized distributor for proper disposal.

PRODUCT NAME: NITROGEN

14. Transport Information

PARAMETER	United States DOT	Canada TDG
PROPER SHIPPING NAME:	Nitrogen, compressed	Nitrogen, compressed
HAZARD CLASS:	2.2	2.2
IDENTIFICATION NUMBER:	UN 1066	UN 1066
SHIPPING LABEL:	NONFLAMMABLE GAS	NONFLAMMABLE GAS

15. Regulatory Information

SARA TITLE III NOTIFICATIONS AND INFORMATION

SARA TITLE III - HAZARD CLASSES:

Sudden Release of Pressure Hazard

16. Other Information

Compressed gas cylinders shall not be refilled without the express written permission of the owner. Shipment of a compressed gas cylinder which has not been filled by the owner or with his/her (written) consent is a violation of transportation regulations.

DISCLAIMER OF EXPRESSED AND IMPLIED WARRANTIES:

Although reasonable care has been taken in the preparation of this document, we extend no warranties and make no representations as to the accuracy or completeness of the information contained herein, and assume no responsibility regarding the suitability of this information for the user's intended purposes or for the consequences of its use. Each individual should make a determination as to the suitability of the information for their particular purpose(s).