

GARDEN GROVE FIRE DEPARTMENT

Life Safety & Hazardous Materials Disclosure Program

11301 Acacia Parkway, Garden Grove, CA 92842 Bus 714-741-5600 Fax 714-741-5640 File # 199 Fire District 2524

Inspector FPB Shift N

Next Insp 7 / 2014

Emergency Contact Group 12 Load 129 Sprinklers F/P/N F 5 yr. Cert. 7 / 2010 Haz Mz Fire Permits 801031 HAZARDOUS MATERIALS - use, handling or storage, 240004 CARE FACILITY, NON AMB occup load 7 or more. 741031 NON-FLAM. COMP. GASES. An inspection at the above location/occupany revealed the following violations(s): ASSEMBLY OCCUPANCIES Post maximum occupancy load sign (CFC 1004.3) Remove combustible decorative material (CFC 807.1.2) Remove storage under stairway (CFC 315.3.2) SIGNS Provide address visible from the street (CFC 505.1) Provide hazardous materials warning signs (CFC 2703.5). EXITS Provide hazardous materials warning signs (CFC 1008.1.10) Remove locks, chains, bolts or bars from exit door (CFC 1008.1.9) Remove exit obstruction (CFC 1003.6) Provide/maintain illuminated exit sign(s) (CFC 1011.1) ACCESS Provide maintain illuminated exit sign(s) (CFC 1011.1) ACCESS Provide e_extinguishers 2A10BC _40BC _K (CFC 906.1) Service and tag extinguishers (CFC 901.6) Hang extinguisher(s) (CFC 901.6) Hang extinguisher(s) (CFC 901.6) Service and a extinguisher(s) (CFC 901.8) Clean filters, ducts , hood above cooking surface (CFC 904.1) Service and tag extinguisher(s) (CFC 901.8) Service and tag extinguisher(s) (CFC 901.8) MISCELLANEOUS MISCELLANEOUS MISCELLANEOUS Failure to report a release or threatened release Failure to report a release or threatened release Failure to report a release or threatened release Failure to submit annual cartification. Failure to report a release or threatened release Failure to report a release or t	pant or DBA	ALTA GARDENS (CARE CENTI	ΞR		Bus	iness Tel	e.	714 530-	-6322
Emergency Contact Group 12 Load 129 Sprinklers F/P/N F 5 yr. Cert. 7 / 2010 Haz Mc Fire Permits 801031 HAZARDOUS MATERIALS - use, handling or storage, 240004 CARE FACILITY, NON AMB occup load 7 or more. 741031 NON-FLAM. COMP. GASES. An inspection at the above location/occupany revealed the following violations(s): ASSEMBLY OCCUPANCIES Post maximum occupancy load sign (CFC 1004.3) ELECTRICAL SAFETY PRE-CAUTIONS Discontinue use of extension cords (CFC 605.5) Remove combustible decorative material (CFC 807.1.2) Generous estorage under stairway (CFC 315.3.2) Discontinue use of extension cords (CFC 605.5) CFC 605.3) CFC 605.3) CFC 605.3) Provide address visible from the street (CFC 505.1) Provide hazardous materials warning signs (CFC 2703.5) Provide hazardous materials warning signs (CFC 2703.5) Provide paperoved panic hardware (CFC 1008.1.9) Remove locks, chains, botts or bars from exit door (CFC 1008.1.9) Remove exit obstruction (CFC 1003.6) Provide/maintain illuminated exit sign(s) (CFC 1011.1) Remove obstructions to fire apparatus access (CFC 503.4) Provide extinguisher (SCC 506.1) Remove obstructions to fire apparatus access (CFC 503.4) Provide extinguisher(s) (CFC 901.6) Provide extinguisher(s) (CF	Address	13075 BLACKBIRI	O St		· · · · · · · · · · · · · · · · · · ·	Suite	Zip		9	2843
Emergency Contact Group 12 Load 129 Sprinklers F/P/N F 5 yr. Cert. 7 / 2010 Haz Mis Fire Permits 801031 HAZARDOUS MATERIALS - use, handling or storage, 240004 CARE FACILITY, NON AMB occup load 7 or more. 741031 NON-FLAM. COMP. GASES. An inspection at the above location/occupany revealed the following violations(s): ASSEMBLY OCCUPANCIES ELECTRICAL SAFETY PRE-CAUTIONS Discontinue use of extension cords (CFC 605.5) Genome combustible decorative material (CFC 807.1.2) Discontinue use of extension cords (CFC 605.5) Genome storage under stainway (CFC 315.3.2) Genome storage under stainway (CFC 315.3.2) Provide address visible from the street (CFC 505.1) Genome storage under stainway (CFC 2703.5) Provide hazardous materials warning signs (CFC 2703.5) Provide/replace electrical Cover Socket Power State (CFC 605.1) Provide/maintain approved panic hardware (CFC 1008.1.10) Remove exit obstruction (CFC 1003.6) HAZ-MAT SAFETY PRE-CAUTIONS Provide approved safety container(s) for flammable liquids (CFC 5704.3.4.4) Provide approved safety container(s) for flammable liquids (CFC 5704.3.4.9) Provide outside Knox Box (CFC 506.1) Remove obstructions to fire apparatus access (CFC 503.4) Failure to implement and/or electronically submit a HMBP www.esubmit.oggev.com	iness Owner	r ALTA CARE CEN	TER LLC				Tel		949 282-	5812
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Post Business License Fire Department permit (CFC 105.3.5)		icense Fire Depart	ment permit (C	CFC 105.3.5)	V		CLAS	S II VIO	LATION	
NO VIOLATIONS CLASS I VIOLATION	DLATIONS			; .			CLAS	S I VIOI	LATION	
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Business representative signature ABS Starps Date > 5/24/19			()	Vares				3/3	7 (14	
Inspector Name/ ID# 5.50 113 5505 Date 5/29/)~\ Cleared 5/2004	~~~	<i>I</i>		, , , , , , , , , , , , , , , , , , ,				69/	<u>, , , , , , , , , , , , , , , , , , , </u>	_

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET

SHORT VERSION

FOR OFFICIAL USE ONLY					
FACILITY ID NO. 199					
BUSINESS NAME Olta Hardon Care Facility					
BUSINESS ADDRESS 13075 Blackbird Cin					
APPROVED BY 6 DATE 3/20/11					
NEW BUSINESS YES NO UPDATE					
PICK 4D BUSLIST CALARP: CUPA: GIS					
FEE					



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

Hazardous Materials Business Information Form

		Pa	ge of	3
BUSINESS	INFORMATION		(1) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	
FACILITY# 3 0 0 3 5	BEGINNING DATE 3 20 11	1	ENDING DATE 3/20/14	2
BUSINESS NAME OLTA Jardens Care Faci	lity	4	BUSINESS PHONE	5
BUSINESS SITE ADDRESS 13075 Blackbind Ci	1			6
GARDEN GROVE	7 STAT		^{ZIP} 97843	9
DUN & BRADSTREET	10 SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
ORANGE				13
BUSINESS OPERATOR NAME	14 OPERA	TOR'S PHO	ONE	15
BUSINES	S OWNER			
OWNER NAME OUTS Care Center LLC		16	OWNER PHONE (114) 530 ~ 6 3 22	17
OWNER MAILING ADDRESS				
СІТУ				
ENVIRONMEN	ITAL CONTACT			
CONTACT NAME		22	CONTACT PHONE	23
CONTACT MAILING ADDRESS				24
CITY	. 25 STATE	26	ZIP	27
PRIMARY EMERGENC	Y CONTACTS		SECONDARY	
NAME Stail Cerrous	NAME CUDE RE	MO		33
TITLE administrater 29	TITLE Maint.	_0 .	rector	34
BUSINESS PHONE (714) 530 6322 30	BUSINESS PHONE /	632	22	35
24-HR. PHONE 31	24-HR. PHONE	6) 5) -		36
PAGER# 32	PAGER#	* .*		37
ADDITIONAL LOCALLY CO	OLLECTED INFORMATION	N		
DESCRIBE THE TYPE OF BUSINESS OPERATION:		38	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		40	ATTENTION	41
PROPERTY OWNER NAME Skilled Health Care LLC 42 ADDRESS	Toothell Ranel	43	PHONE	44
Certification: Based on my inquiry of those individuals responsib have personally examined and am familiar with the information subm	le for obtaining the information	Lcert	ify under penalty of law that	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	illed and believe the information			46
NAME OF SIGNER (print) CONSER	NAME OF DOCUMENT PREPARER (print	/ \ 3///	19
TITLE OF SIGNER AMINIS FRATOR 48	TITLE OF DOCUMENT PREPARER		E	50
Business Info Form 1 – 03/06/03				



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

201	AH															
	⊠ A	DD	DEFE	TE	REVISED	1						Pa	ge _	of	-	2
FACILITY	D# 3 0	0 3	5		381	BUSINESS A		GARDI	ENS	CAF	RE CE	ENTE	R			3
					l. FA	CILITY	INFOR	MATION								
СНЕМІСА	L LOCATION															4
	5	Sta. 1	-By Rm	12	& Shower	r Rm,	Sta	a 2 – F	3y	Rm 3	31&32	. St	ta.	3 -Nu	rse S	Sta
CONFIDE EPCRA	NTIAL LOCATION				т	MAP#						ID#			····	7
				,	II. CH	EMICAL	INFO	RMATIO	N							
CHEMICA	L NAME							WASTE	П	Yes	8 TR	ADE SECI	RET	Yes	⊠ но	11
]		OXYGEN	ī						L	1 163					[X] NO	,,
COMMON		ONIGH	,				l				9 40	EHS Chei		nstructions		40
	SAME													Yes	☐ No	12
CAS#	7782-4	4-7	10 FIRE	CODE HA	AZARD CLASSES ((supplied by	GGFD)					nois re	⇒ , an e	amounts must be	S FR2	13
TYPE (c)	Xorie item only)	K] a. PUF	RE] b.	MIXTURE	c. w	/ASTE	14 R	ADIOACTIVE		Yes	Γ¥νο	15	CUR	UES		16
PHYSICAL	STATE	a. SOL	1D 🛮 Ь.	LIQUID	□X. GAS	17	ED HAZA ATEGOR		a. FIF		b. REA			PRESSURE F	ELEASE	18
(Check one	A CONTRACT OF THE PARTY								d. AC	UTE HEA	LTH		e.	. CHRONIC HE	ALTH	
AVERAGE AMOUNT	DAILY		19 MAXIMU AMOUN	IM DAILY T		20	ANNUAL	L WASTE AM	OUN		21	STATE	E WAS	TE CODE		22
UNITS	a. GALLO	24-	b. CUBIC FEET	2:	3 DAYS ON SIT	ΙΕ		******		non-	LARGES		INER			25
177 Taker - 1860	TECH SELECTED B	DS nt must be in p	d. TONS ounds.									365				
STORAGE	CONTAINER		BOVEGROUND	_	e. PLASTIC DE		☐ i.			K] m	CYLINDER	t		q. TANKV	/AGON	26
		7 TO THE REAL PROPERTY AND THE REAL PROPERTY	NDERGROUND T ANK INSIDE BLD	=	f. NONMETALL ☐ g. METAL CON			FIBER DRUI BAG(S)	M	-	GLASS CO PLASTIC C			r. RAIL CA		l
			TEEL DRUM	=	h. CARBOY	· I All I E I		BOX(S)			IN MACH (S. TOTE B	IN	
《中央》	PRESSURE		a. AMBIEI	NT	☐ b.	ABOVE AN	BIENT		c.	BELOW A	AMBIENT					27
STORAGE	TEMPERATU	ii.	a. AMBIEI	NT	□ b.	ABOVE AN	MBIENT	Į.	☐ c.	BELOW A	AMBIENT		☐ d.	CRYOGENIC		28
. %	WT	· H/	AZARDOUS	COMF	PONENT (For	mixture (or waste	only)			EHS	5		C	AS#	;
1	29							3	30	☐ Yes		No	31			32
2	29	······································	T-21-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					3	30	☐ Yes	D	No	31			32
3	29							3	10	☐ Yes	0	No	31			32
4	29		***************************************				~	3	0	☐ Yes		No :	31			32
5	29								0	☐ Yes	_		31			32
If more haza	rdous compone	ents are present	t at greater than 1	% by weigh	t if non-carcinogeni	c, or 0.1% b	y weight II	carcinogenic	, attac	ch addition	əl sheets o	l paper ca	pturing	the regulred inf	ormation.	
		•			PLACA	RDING	INFOR	MATION	1	,						
UNDOT	#						22		Г	1	NFPA 70	04 HAZ	ARD I	DIAMOND		
011001	<i></i>	Refer	to shipping	papers	or MSDS		33		- [FIRE (REI	_	\			
			,, ,	• •						HEAL	TH.	\wedge	\nearrow	REAC		
DOT HA	ZARD CL		<u> </u>				34	•		(BLU	-	\setminus		> 🖊 (VETT)		l
			Refer to shi	pping p	apers or MS	DS					SPECIAL HAZARD	*	/	WHITE	37]
EPCRA	☐ YES	□ NO	j.				35		L	wa-w	, ,,,,,,,,,			OX/W		
								_		·- • • •		005:-				
X		If EP	CRA, Pleas	e Sign	Here		36	ภ						F CHEMIC. NEEDED	AL	



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

TA.	
☐ ADD ☐ DELETE ☐ REVISED 1	Page of 2
3 0 0 3 5 Bus	SINESS NAME ALTA GARDENS CARE CENTER
I. FACIL	LITY INFORMATION
CHEMICAL LOCATION By the generator	4
CONFIDENTIAL LOCATION Yes No 5 MAP	P# 6 GRID# 7
II. CHEMI	IICAL INFORMATION
CHEMICAL NAME	WASTE Yes 8 TRADE SECRET Yes No 11
DIESEL FUEL NO. 2	* If EPCRA see instructions
	An EHS Chemical Yes No 12 "If EHS is "Yes", all amounts must be LBS
CAS # 10 FIRE CODE HAZARD CLASSES (supplemental form) for the code of the code	plied by GGFD)
TYRE (Coexan limitary)	
PRIVE ASSET ASSET BY B. LIOUID C. GAS 17 Comment of the comment of	17 FEB 12 A00
AVERAGE DAILY 19 MAXIMUM DAILY AMOUNT	20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 22
UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE L c. POUNDS d. TONS 'If EHS, amount must be in pounds.	365 24 LARGEST CONTAINER 25
STORAGE CONTAINER D. a. ABOVEGROUND TANK Check all that apply D. b. UNDERGROUND TANK D. f. NONMETALLIC DE C. TANK INSIDE BLDG D. g. METAL CONTAIN D. CARBOY	DRUM . I. FIBER DRUM . n. GLASS CONTAINER . r. RAIL CAR
	OVE AMBIENT C. BELOW AMBIENT 27
The state of the s	OVE AMBIENT . d. CRYOGENIC 28
%WT HAZARDOUS COMPONENT (For mixt	cture or waste only) EHS CAS #
29	30 Yes No 31 32
29	30 Yes No 31 32
29	30 Yes No 31 32
29	30 Yes No 31 32
29	30 Yes No 31 32
	0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.
PLACARDII	ING INFORMATION
NDOT#	NFPA 704 HAZARD DIAMOND
Refer to shipping papers or MSDS	FiRE (RED)
OT HAZARD CLASS	HEALTH → REACTIVE (YELLOW)
Refer to shipping papers or MSDS PCRA ☐ YES ☐ NO	SPECIAL WHITE OX/W. 37
	35
X	MAKE AS MANY COPIES OF CHEMICAL
· - · · · · · · · · · · · · · · · · · ·	INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

M	Π				
ADD DELETE	REVISED 1	***	Page –	of	. 2
3 0 0 3 5	BUSINESS NAME A]	LTA GARDENS C	ARE CENTE	3	3
- Daniel Control of the Control of t	I. FACILITY INFO	RMATION			
CHEMICAL LOCATION			-		4
By Room 27 & 28					
CONFIDENTIAL LOCATION Yes FPCRA	No 5 MAP#	6	GRID#		7
	II. CHEMICAL INFO	RMATION			
CHEMICAL NAME		WASTE Yes	TRADE SECRET	Yes No	11
HELIUM			• If EPCRA see in	ารเกมตร์เอกร	
COMMON NAME		9	An EHS Chemical	Yes No	12
CAS # 10 FIRE CODE HAZA	RD CLASSES (supplied by GGFD)		"If EHS is "Yes", all a	mounts must be LBS	13
7440-59-7					
TOPE (Che Xora remova) a. PURE b. MIXTURE			No 15 CURI	ES	16
PHYSICALESTATE [] a. SOLID [] b. LIQUID	c. GAS 17 FED HAZA	RDE a. FIRE b	. REACTIVE C.	PRESSURE RELEASE	18
		d. ACUTE HEALTH	1 De.	CHRONIC HEALTH	
AVERAGE DAILY 19 MAXIMUM DAILY AMOUNT AMOUNT	20 ANNUA	L WASTE AMOUNT	21 STATE WAST	E CODE	22
UNITS a. GALLONS b. CUBIC FEET 23 c. POUNDS d. TONS H EHS, amount must be in pounds.	DAYS ON SITE	24 LA	RGEST CONTAINER		25
STORAGE CONTAINER a. ABOVE GROUND TANK	e. PLASTIC DRUM [] i.	VAT DA CYL	INDER	g. TANK WAGON	26
THE PARTY OF THE P			ASS CONTAINER [T. RAIL CAR	
Section 1980 and 1980				S. TOTE BIN	
STORAGE PRESSURE	b. ABOVE AMBIENT	c. BELOW AME	BIENT		27
STORAGE TEMPERATURE	b. ABOVE AMBIENT	c. BELOW AME	SIENT d. C	CRYOGENIC	28
%WT HAZARDOUS COMPO	NENT (For mixture or waste	only)	EHS	CAS#	;
1 29		30 ☐ Yes	□ No 31		32
2 29		30 ☐ Yes	□ No 31		32
3 29		30 ☐ Yes	□ No 31		32
29		30 ☐ Yes	□ No 31		32
29		30 ☐Yes	□ No 31		32
more hazardous components are present at greater than 1% by weight if r	on-carcinogenic, or 0.1% by weight if		1	he required information.	
	PLACARDING INFOR	MATION			
JNDOT #		NEI	PA 704 HAZARD D	IAMOND]	
Refer to shipping papers or	MSDS 33		E (RED)		
		. HEALTH		REACTIVE (YELLOW)	1
OT HAZARD CLASS Refer to shipping pap	ers or MSDS	(BLUE) SPE	CINE	WHITE	
PCRA TYES TNO			🏊 🔪 🔽	DX/W ³⁷	
,	35				
X	The second secon		NY COPIES OF		
If EPCRA, Please Sign He	ere ³⁶	INVENTO	RY FORM AS N	EEDED	

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY					
FACILITY ID NO. # 199					
BUSINESS NAME ALTA GARDIENS CARE					
APPROVED BY: B DATE: 8-31-05					
NEW BUSINESS UPDATE					
FEE 1 2 3 (4) 5 6					
PICK 4D BUSLIST CALARP: CUPA: GIS					

BUSINESS EMERGENCY PLAN

Business Name Palm Grove Care Center
Business Address 13075 Blackbird St. City G.G. State Co. Zip 92843
Business Address 13075 Blackbird St. City G.G. State 2 Zip 92843 Mailing Address 13075 Blackbird St. City G.G. State 2 Zip 92843
Business Phone $(\frac{714}{})$ 530 -6322
Fax Number (714) 530 - 6603
Owner/Operator: Name Summit Case Carporation Phone Number
Address
Primary Contact: Name Tony Ricci
Address
24 Hour Phone Number
Type of Business Operation Skilled Nursing

PART I EMERGENCY NOTIFICATIONS

GARDEN GROVE FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

PART I 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.

A) AGENCY NOTIFICATIONS

	<u>Organization</u>	Phone Number
1.	Fire Department	911
2. 3.	Police Department Paramedics	911 911
<i>3</i> . 4.	Office of Emergency Services	(800) 852-7550 or
		(916) 427-4341

The State Office of Emergency Services shall be notified by the handler upon a release or threatened release of a hazardous material.

INFORMATION REQUIRED

- * Name of person and business.
- * Business street address.
- * Location of the incident.
- * Type incident (spill, gas release, etc...).
- * Nature and volume of materials involved.
- * Extent of injuries.
- * Possible hazards to human health and/or the environment.

B)	MISCELLANEC	OUS CONTACT INFORMATIO	<u>N</u> PHONE NUMBER
		s Waste Contractor — NA —	_ ()
	2. Insurance Name: <u>A</u> o	Company on Risk Services Inc.	(213) <u>630</u> - <u>3231</u>
	3. Poison Co	ntrol Center	(714) 634 - 5988

PART II

BUSINESS PERSONNEL EMERGENCY NOTIFICATIONS AND RESPONSIBILITIES

GARDEN GROVE FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

PART II BUSINESS PERSONNEL EMERGENCY NOTIFICATIONS AND RESPONSIBILITIES

A) **EMPLOYEE EVACUATION**

1. T	he type of alarm signals that will be used to initiate an evacuation of the facility $C \circ ds = \sum_{n=1}^{\infty} \sum_{n=1$
	Code red - FIRE Code trigge - Disaster
	Code black-bomb
2. Ev	code orange (Describe) hazardons spill vacuation routes, emergency exits, and staging areas for employees at the facility
a.	Work area:
	Evacuation route:
	Emergency exits:
	Staging area:
b.	Work area:
	Evacuation route:
	Emergency exits:
	Staging area:
c.	Work area:
	Evacuation route:
	Emergency exits:
	Staging area:
d.	Work area:
	Evacuation route:
	Emergency exits:
	Staging area

GARDEN GROVE FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

"EMERGENCY COORDINATOR TASK COMPLETION S	HEEI"
Date and time the incident was reported:	Date:
	Time:
Identify the nature and extent of the incident.	
Activate internal facility alarms or communication syste	ems.
Notify the Fire Department.	
Designate an employee to direct emergency response un scene.	its to the incident
Initiate prearranged mitigation and evacuation plans.	
Secure all emergency shut-off valves. (as required)	
Initiate internal company notifications.	
Account for all evacuated personnel.	
Have resource material available for use by responding drawings, Material Safety Date Sheets (MSDS), etc).	agencies (maps,
Identify actions taken by the business to control the inci	dent.
Secure the incident scene to include treatment, storage of hazardous materials or waste involved.	r disposal of
Other: (specify)	
THIS FORM SHALL BE GIVEN TO THE EMERGENCY I	RESPONDERS

UPON THEIR ARRIVAL AT THE FACILITY.

GARDEN GROVE FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

C) <u>EMPLOYEE RESPONSIBILITIES:</u>	
JOBTITLE: Director of Environmental Services	
EMERGENCY FUNCTION(S)	
a. secure facility + utilities	
b. set up triage areas	
c. supply bedding + linen	
emergency function(s) a. secure facility + utilities b. set up triage areas c. supply bedding + linen d. direct staff as nessassary / needed	
JOBTITLE: Director of Nursing	
EMERGENCY FUNCTION(S)	
a. continue patient care b. assist + care for casualties	
h assist + care for casualties	
assist patients of prograptions	
c. assist patients of evacuations d. maintain record of treatment given	
d	
JOB TITLE: Administrator	
EMERGENCY FUNCTION(S)	
a. direct facility procedures & comply with author b. inform department heads what information recin c. determines situation that warrants disaster plan	rif
b. inform department heads what information recin	va
a determines situation that warrants disaster plan	
a handle information center and releases	

PART III TRAINING

GARDEN GROVE FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

UTILIZE ADDITIONAL COPIES AS REQUIRED

EVACUATION DRILLS SHALL BE CONDUCTED ANNUALLY OR MORE FREQUENTLY IF REQUIRED

Records of drills shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill, and the signature of the facilitator.

PART III TRAINING (SEE YELLOW INSTRUCTION GUIDE PG. 8)

OUTLINE THE STEPS YOUR BUSINESS SHALL TAKE TO MEET THE TRAINING REQUIREMENTS NOTED IN THIS SECTION.

- A) METHODS FOR SAFE HANDLING OF HAZARDOUS MATERIALS:
- B) PROCEDURES FOR NOTIFICATION OF AND COORDINATION WITH EMERGENCY AGENCIES:
- C) USE OF EMERGENCY RESPONSE EQUIPMENT AND SUPPLIES UNDER THE CONTROL OF THE HANDLER:
- D) EMERGENCY MITIGATION PROCEDURES IN RESPONSE TO A RELEASE OR THREATENED RELEASE OF A HAZARDOUS MATERIAL:
- E) RECORDS OF TRAINING (SEE YELLOW INSTRUCTION GUIDE PG. 9)

PART IV PREVENTION

GARDEN GROVE FIRE DEPARTMENT BUSINESS EMERGENCY PLAN

PART IV PREVENTION

LIST ACTIONS WHICH HAVE BEEN ACCOMPLISHED TO ABATE HAZARDS RELATING TO THE USE, HANDLING, OR STORAGE OF HAZARDOUS MATERIALS

HAZARDOUS MATERIALS	PREVENTATIVE MEASURES
1. Oxygen Sta. / between sms 12 + Shower	stands; chained to walls
2. Oxygen - Sta II between ms 31+32	stands; chained to walls
3. Helium - Sta I between ims 26+27	stand
4. Compressed air - maintenance shop	stand + capped after use
5. propane - south end/maint Shop	block well; fire carbinet, No smoki.
6. asoline - south end main! Shop	blockwall; fire cobinet; No smoking s
7. maps ags-south and maist shop	blockwall; fice abinets No smoking s
8. disiel = southwest end of building in parking lot Cognecator	tank built to state requirement
	tocked enclosure.
Comments relating to the listed storage areas:	
6. ordered new metal containers	with flame accestors
stored in fire rated cas	inet

PART V A) SITE LAYOUT MAP

B) Site Plan

Use the symbols below to indicate on the attached sheet specific areas on the Site Plan. The Site Plan should be neat, clean, and drawn to scale if possible.

12	HAZARDOUS MATERIAL LISTED BY SYMBOL AND NUMBER.	NOTE: THIS NUMBER SHOULD CORRESPOND WITH NUMBERS LISTED ON DISCLOSURE FORM.
E	ELECTRICAL MAIN	
G	GAS MAIN	
W	WATER MAIN	
	EVACUATION AREA	
♠ N	NORTH DIRECTIONAL ARROW	
КВ	INDICATE KNOX BOX LOCATIONS (lock box	for keys)
AS	AUTOMATED SPRINKLERED BUILDING	NEEDED ON ALL SPRINKLERED BUILDINGS.
≺	FIRE DEPARTMENT SPRINKLER CONNECTIO	N
	FIRE HYDRANT	

FIRE DOORS

Facility Address _____

T N

WX

V 2



HMBEP certification. doc

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: ALTA GIRDEN CARE CENTER	Telephone	: <u>714530 632</u> 2
Site Address: 13075 BLACKBIRD ST		92843
The California Health & Safety Code, Division 20, Chapter 6.95 the following:	5, Section 25505(c) and S	Section 25503.3(c) provide
A business that handles hazardous materials shall review A Emergency Plan (HMBEP) once every three years from the Department. A business may comply with the annual chemical certification statement to the Garden Grove Fire Department. A lether annual inventory submission requirements of the Emerg Act (Section 11022, Title 42, United States Code).	e date of acceptance by al inventory reporting rec business may not utilize	y the Garden Grove Fire quirement by submitting a this certification to meet
Note: A business may comply with the annual inventory reporting both of the following apply:	ng requirements using thi	is certification statement if
 The business has previously filed an inventory reporting form The business attests to the following: The information contained in the annual inventory form Department is complete, accurate, and up to date. There has been no change in the quantity of any haz submitted annual inventory form. No hazardous material subject to the inventory requirem recently submitted annual inventory form. 	most recently submitted	rted in the most recently
THIS IS TO CERTIFY THAT THE HMBEP AND/OR CHEM (Please check applicable boxes.)	MICAL INVENTORY F	HAS BEEN REVIEWED.
☐ No changes are required to the HMBEP submitted to the Gard	den Grove Fire Departme	ent.
All the necessary changes/revisions have been made to the H certification.	MBEP. The changes/rev	visions are attached to this
No changes are required to the chemical inventory that was Department.	as previously on file wit	th the Garden Grove Fire
All the necessary changes/revisions have been made to the attached to this certification.	e chemical inventory.	The changes/revisions are
AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY I PERSONALLY EXAMINED AND AM FAMILIAR WIT BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND	H THE INFORMATION	LAW THAT I HAVE ON SUBMITTED AND
Print Name SPENCER CARROLL	Signature	
Print Name SPENCER CARROLL Job Title AMINISTRATOR	Date <u>5/27/08</u>	/
White Copy – Return to Garden Grove Fire Department	Yellow	Copy – Retain for Business Records



CITY OF GARDEN GROVE, CALIFORNIA MAILING ADDRESS: P.O. BOX 3070, GARDEN GROVE, CALIFORNIA 92842 714-741-5600

BUSINESS EMERGENCY PLAN

Business Name ALTA GARDENS CARE CENTER	
Business Address 13075 BLACKBIRD STREET	CityG.GState _CA_Zip 92843
Mailing Address SAME AS ABOVE	City State Zip
Business Phone ($\frac{714}{714}$) $\frac{530-6322}{530-6603}$ Busine	ess License #
Owner/Operator: Name ALTA CARE CENTER, LLC Address 13075_BLACKBIRD STREET	
Type of Business Operation SKILLED NURSING	•
EPA #	SIC Code
Emergency Contacts: Name KIM KELLEHER	
Address 13075 Blackbird Street	City <u>Garden</u> State <u>CA</u> Zip <u>92843</u> Grove
24 Hour Phone Number	Phone Number
Property Owner: Name PALMCREST ASSOC. LTD	Phone Number (<u>310</u>) <u>577-6600</u>
Address	City MARINA DEL State CA Zip 90292
Total Number of Employees <u>105</u> Dun and B	rad Street Numbers
Office Use Only	C'D/APPRV'D DATE:
MLI# Short LongFEE MIS	E. 1 2 14 NEW BUS. X EXISTG: UPDATE. SC: UTU (3 CON: 3 BUS LIST: 42 PICK. 43

ALS DISCLOSURE FORM

) BE TYPEWRITTEN.

DATE: 9/25/97

PAGE #1 of 1



				•		GAROCH	OROVE
	8.	9.	10	11	12	13.	14.
4	DAYS ON SITE	TYPE	- STORAGE CODE PRESSURE/ TEMP.	LOCATION (NOTE BY QUORANT AND DESCRIBE AREA)	STATE WASTE NUMBER (3 DIGIT CODE)	DOT/ UN/NA NUMBER	HAZARD CLASS
		Table 4	Table 5		(3 DIGIT CODE)		Table 6
)	365 -	A ن	1-1	Y-PARKING LOT, SOUTHWEST CORNER OF BUILDING / (GENERATOR)	313	NA1993	11
1 -	365	K	3 - 1	W-STORAGE BETWEEN ROOMS 31 + 32 Z-STORAGE BETWEEN ROOM 12 + SHOWER		UN1072	17
-	365	K	3-1	W-STORAGE BETWEEN ROOMS 27 + 28	-:	UN1046	15
			-				
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	***************************************		-				
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		7(= // "=	Storage Co.				

enics)

Table#5 Storage Code

Cylinders

Pressure / Temperature

- 1- Ambient
 - 2- Less than ambient
- 1- Ambient
- 2 Less than ambient, but not cryogenic
- 3- Greaterthan ambient
- 3 Greater than ambient
- 4 Cryogenic
- * Ambient = room pressure or temperture

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

- 1- Blasting Agent 9- Explosive C
- 2- Carcinogen
- 17- Oxidizer

- 3- Combustible
- 11- Flammable Liquid
- 10- Flammable Compressed Gas 18- Pesticide
- Liquids
- 12- Flammable Solid
- 19- Poison A (Compressed Poisonous Gas)

- 4- Corrosive
- 13- Hypergolic
- 14- Irritant
 - - Compressed Gas
- Combustible

20- Poison B (Solid/Liquid)

21- Pyrophic or Spontaneously

- 5- Cryogenics 6- Etiologic Agents 15- Non Flammable
- 7- Explosive A 8- Explosive B 16- Organic Peroxide
- 22- Radioactive

BUSINESS NAME: PALMGROVE CARE CENTER

MLI # _____ (office use only)

ADDRESS: 13075 BLACKBIRD STREET GARDEN GROVE, 92843

HAZARDOUS MAT

THIS FORM

						_	
1.		.2.		3.	4.	5.	6.
TRADE NAM	ИE	1	HAZARDOUS SUBSTANCES IN PRODUCT op 3 as per % weight on MSDS)	CAS NO.	SARA Hazard Class	Physica State	CAM IIAG
				•	Table 1	Table 2	Table 3
1. DIESEL NO. 2		DIESE	L OIL NO. 2	68334-30-5	1-5	M-L	00
2. OXEGON (PORTABL	LE)	OXEGO	N	7782-44-7	$\exists \cdot ,$		
				7702-44-7	2-4	P-G	04
3. HELIUM (PORTABL	E)	INERT	GAS-HELIUM	7440-59-7		P-G	03
					-		-
4.					-		
5					- •		
6.	•						
7.] .		
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1 4					1		
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				\[\[\tau_1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>		
Table#1 SARA Hazard	<u>Table#2</u>		TABLE # 3 Amount Chart	Table#4 Container	<u>Lype</u>		

Table#1 SARA	<u>Hazard</u>	Table#2	TABLE #	3 Amoun	t Chart	Table#4 Container Type	
2-Sudden Release	Health 4-Immediate (Acute) 5-Delayed (Chronic)	S-Solid (Report pounds) L-Liquid (Report gallons)	Value 00 01 02 03 04 05 06 07	Amount 0 100 300 600 1000 6000 10000 20000	Range 99 299 599 999 5999 19999 49999+	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 Tar J- Metal Contair K- Movable Pres L- Plastic Contai M- Rail Car N- Silo O- Tank inside bt P- Underground Co- Other

	1. Change of business address.		
	2. Change of business ownership.		
	3. Change of business name.		
	4. Cessation of business.		
	5. Use of a previously undisclosed hazardous material.		
	6. A 100% increase in the quantity of a previously disclosed material.		
		YES	NO
-	1. Are there any underground storage containers located on the business property?	<u>.</u>	X
	2. Is trade secret protection requested for any of the information included in this disclosure?		X
	3. Are there school(s), hospital(s), extended day care or long term health facilities within 1000 feet (straight line distance) of business property? GARDEN 6	X FROVE MED. (CENTER
	4. Are extremely Hazardous Materials or Acutely Hazardous Materials being handled on business property (State and Federal reporting)?		X
	I certify, under penalty of law that I have personally examined and am father information submitted and believe the submitted information is true and complete.	amiliar with e, accurate,	
	Print Name of Owner:SKILLED HEALTHCARE		
	Print Name of Document Preparer: LARRY HARDIN		_
	Signature of Owner/Operator:	823105	
	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

A Hazardous Materials Disclosure Business is required by law to notify the Garden Grove Fire Department within <u>15 days</u> of any of the following events:



CITY OF GARDEN GROVE FIRE DEPARTMENT

POEN GAOL	
DEPARTME	

Roger Cove

CONTACT MAILING ADDRESS

CITY

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636 Hazardous Materials Business Information Form Page __ of __ **BUSINESS INFORMATION** FACILITY# (Supplied by GGFD)/ BEGINNING DATE **ENDING DATE** 8/19/2005 12/31/2005 **BUSINESS NAME BUSINESS PHONE** ALTA GARDENS CARE CENTER 714-530-6322 **BUSINESS SITE ADDRESS** 13 075 BLACKBIRD STREET CITY STATE ZIP 9 **GARDEN GROVE** CA 92843 **DUN & BRADSTREET** 10 SIC CODE (4 DIGIT #) FIRE DISTRICT 12 COUNTY 13 **ORANGE BUSINESS OPERATOR NAME** OPERATOR'S PHONE 15 **BUSINESS OWNER** OWNER NAME OWNER PHONE 17 ALTA CARE CENTER, LLC 714-530-632**2** OWNER MAILING ADDRESS 18 13075 blackbird Street STATE 21 Garden Grove 92843 CA **ENVIRONMENTAL CONTACT CONTACT NAME**

FORM 1

23

24

27

PRIMARY	EMERGENCY	CONTACTS SECONDARY	
NAME	28	NAME	33
Kim Kelleher		Larry Hardin	
TITLE	29	TITLE	34
Administrator		Maintenance Supervisor	
BUSINESS PHONE	30	BUSINESS PHONE	35
714-530-6322		7-14-530-6322	
24-HR. PHONE	31	24-HR. PHONE	36
	j		
PAGER #	32	PAGER#	37

ADDITIONAL LOCALLY COLLECTED INFORMATION DESCRIBE THE TYPE OF BUSINESS OPERATION: **TOTAL # OF EMPLOYEES** 38 39 Skilled Nursing 105 BILLING ADDRESS (IF DIFFERENT FROM ABOVE) **ATTENTION** 41 Same as above PROPERTY OWNER NAME 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 45 DATE -

		1 19/05	40
NAME OF SIGNER (print) Kim Kelleher	47	NAME OF DOCUMENT PREPARER (print) Larry Hardin	49
TITLE OF SIGNER Advantage	48	TITLE OF DOCUMENT PREPARER	50



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

Telephone

Site Address: Zip Code: Zip Code:
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:
 The business has previously filed an inventory reporting form and; 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 Job Title
White Copy - Return to Garden Grove Fire Department Yellow Copy - Retain for Business Record



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: VIII (VIII) (VIII) Telephone: 74)530 1322 Site Address: 150+5 1000 VIII (VIII) Code: 92843
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o Title Maintenance pirector Date 6-05-00
Title Maintenance pirector Date 6-05-00