



# 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

Occupant or DBA	ALTA GARDENS CARE CENTER		Business Tel	714 530-6322
Address	13075 BLACKBIRD St	Suite	Zip	92843
Business Owner	ALTA CARE CENTER LLC		Tel	949 282-5812
Emergency Contact			Tel	
Group	I2	Load	129	Sprinklers F/P/N
				F
				5 yr. Cert.
				7 / 2010
				Haz Mat <input checked="" type="checkbox"/>

Fire Permits 801031 HAZARDOUS MATERIALS - use, handling or storage, 240004 CARE FACILITY, NON AMB. - occupant load 7 or more. 741031 NON-FLAM. COMP. GASES.

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

### ASSEMBLY OCCUPANCIES

- Post maximum occupancy load sign (CFC 1004.3)
- Remove combustibile 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/maintain approved panic hardware (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 outside Knox Box (CFC 506.1)
- Remove obstructions to fire apparatus access (CFC 503.4)

### FIRE PROTECTION EQUIPMENT AND SYSTEMS

- Provide \_\_\_ extinguishers \_\_\_2A10BC \_\_\_40BC \_\_\_K (CFC 906.1)
- Service and tag extinguisher(s) (CFC 901.6)
- Hang extinguisher(s) 3.5'-5' from floor (CFC 906.9)
- Clean filters, ducts , hood above cooking surface (CFC 904.1)
- Service auto-extinguishing system semi-annually (CFC 904.11.6.2)
- 5 yr certification on sprinkler/standpipe system (Title 19, Sect. 904)

### MISCELLANEOUS

- Lower storage  18" below sprinklers or  2' from ceiling (CFC 315.3.1)
- Secure compressed gas cylinders (CFC 5303.5.3)
- Post  Business License  Fire Department permit (CFC 105.3.5)

NO VIOLATIONS

ADDITIONAL VIOLATIONS AND/OR NOTES

### ELECTRICAL SAFETY PRE-CAUTIONS

- Discontinue use of extension cords (CFC 605.5)
- Keep 30" clear for access in front of electrical panel (CFC 605.3)
- Provide/replace electrical  Cover  Socket  Power Strip (CFC 605.1)

### HAZ-MAT SAFETY PRE-CAUTIONS

- Provide approved cabinet if more than 10 gal. flammable liquids (CFC 5704.3.4.4)
- Provide approved safety container(s) for flammable liquids (CFC 5704.3.1)

### HAZARDOUS MATERIALS DISCLOSURE

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP [www.esubmit.ocgov.com](http://www.esubmit.ocgov.com) *Esubmit completed*
- Chemical inventory is incomplete and/or requires updating
- The Emergency Response Plan is inadequate and/or does not adequately address Notification, Mitigation, Evacuation and/or Employee Training
- Site Map is incomplete or insufficient
- Failure to report a change in business or chemical inventory within 30 days of the following :
  - 100% or more increase in the quantity of a disclosed material
  - Addition of a previously undisclosed material
  - Change of business name and owner
- Failure to report a release or threatened release
- Failure to submit annual certification

NO VIOLATIONS

MINOR VIOLATION

CLASS II VIOLATION

CLASS I VIOLATION

Business representative signature *Jose S. Lopez*

Date *5/29/14*

Inspector Name/ ID # *S. Soltik 3303*

Date *5/29/14*

Cleared *5/29/14*  Mailback card due  Re-inspection date  Final Notice

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

#### REPORTING FORMS PACKET

**SHORT VERSION**

FOR OFFICIAL USE ONLY	
FACILITY ID NO.	<u>199</u>
BUSINESS NAME	<u>Alta Garden Care Facility</u>
BUSINESS ADDRESS	<u>13075 Blackbird Cir</u>
APPROVED BY	<u>G</u> DATE <u>3/20/11</u>
NEW BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO UPDATE _____
PICK	<u>4D</u> BUSLIST <u>  </u> CALARP: <u>  </u> CUPA: <u>  </u> GIS <u>  </u>
FEE	_____



# CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

## Hazardous Materials Business Information Form

Page \_\_\_\_ of \_\_\_\_ 3

### BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
BUSINESS NAME	Alta Gardens Care Facility			BUSINESS PHONE	5
BUSINESS SITE ADDRESS	13075 Blackbird Cir				6
CITY	GARDEN GROVE	STATE	CA	ZIP	92843
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	Same	OPERATOR'S PHONE	14 15		

### BUSINESS OWNER

OWNER NAME	Alta Care Center LLC	OWNER PHONE	16 17
OWNER MAILING ADDRESS	[REDACTED]		
CITY	[REDACTED]		

### ENVIRONMENTAL CONTACT

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

### PRIMARY

### EMERGENCY CONTACTS

### SECONDARY

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

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
PROPERTY OWNER NAME	42	ADDRESS	43
Spilled Health Care LLC		Jostell Ranch	PHONE [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	45	DATE	46
[Signature]		5/23/11	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
GAIL CONSER		[REDACTED]	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Administrator		[REDACTED]	



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD

DELETE

REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	ALTA GARDENS CARE CENTER
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## I. FACILITY INFORMATION

CHEMICAL LOCATION	Sta. 1 -By Rm 12 & Shower Rm, Sta 2 -By Rm 31&32, Sta. 3 -Nurse Sta		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

## II. CHEMICAL INFORMATION

CHEMICAL NAME	OXYGEN	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	SAME	* If EPCRA see instructions			
CAS #	7782-44-7	FIRE CODE HAZARD CLASSES (supplied by GGFD)	An EHS Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No		
*If EHS is "Yes", all amounts must be LBS					
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 checked="" type="checkbox"/> c. PRESSURE RELEASE	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE		
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	LARGEST CONTAINER		
STORAGE CONTAINERS (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"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input checked="" type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input 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.

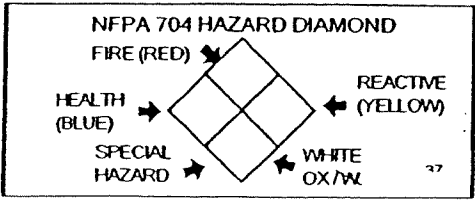
## PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

EPCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD  DELETE  REVISED 1

Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	ALTA GARDENS CARE CENTER	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION 4

By the generator

CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7
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## II. CHEMICAL INFORMATION

CHEMICAL NAME	DIESEL FUEL NO. 2		WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input type="checkbox"/> No	11
COMMON NAME					9	An EHS Chemical	<input type="checkbox"/> Yes <input type="checkbox"/> No	12
CAS #	68334-30-5	FIRE CODE HAZARD CLASSES (supplied by GGFD)		13				
TYPE	<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	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	ED HAZARD CATEGORIES		<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE	18		
AVERAGE DAILY AMOUNT		19	MAXIMUM DAILY AMOUNT	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	<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"/> 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 type="checkbox"/> t. OTHER	26		
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27						
STORAGE TEMPERATURE	<input 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 #
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	31

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

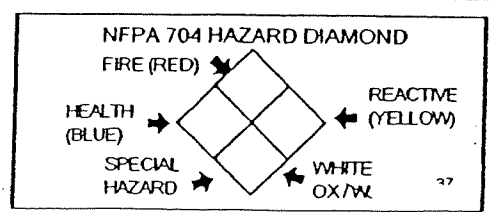
## PLACARDING INFORMATION

UNDOT # \_\_\_\_\_ 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

PCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



# HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD     DELETE     REVISED 1    Page \_\_\_\_\_ of \_\_\_\_\_ 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	ALTA GARDENS CARE CENTER	3
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## I. FACILITY INFORMATION

CHEMICAL LOCATION 4  
By Room 27 & 28

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

## II. CHEMICAL INFORMATION

CHEMICAL NAME **HELIUM** 8 WASTE  Yes  No 11 TRADE SECRET  Yes  No 11

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

CAS # **7440-59-7** 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) 13

TYPE (Check one item only)  a. PURE  b. MIXTURE  c. WASTE 14 RADIOACTIVE  Yes  No 15 CURIES 16

PHYSICAL STATE (Check all that apply)  a. SOLID  b. LIQUID  c. GAS 17 FEDERAL HAZARD CATEGORIES  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE 18  
 d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 19 MAXIMUM DAILY AMOUNT 20 ANNUAL WASTE AMOUNT 21 STATE WASTE CODE 22

UNITS  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 23 DAYS ON SITE **365** 24 LARGEST CONTAINER 25  
\*If EHS, amount must be in pounds.

STORAGE CONTAINER (Check all that apply)  a. ABOVEGROUND 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	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

\*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.

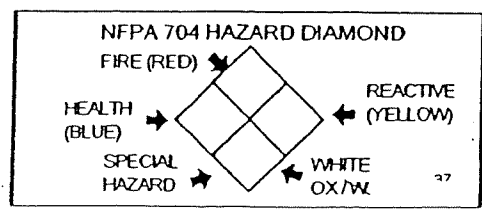
## PLACARDING INFORMATION

INDOT # \_\_\_\_\_ 33  
Refer to shipping papers or MSDS

DOT HAZARD CLASS \_\_\_\_\_ 34  
Refer to shipping papers or MSDS

PCRA  YES  NO 35

X \_\_\_\_\_ 36  
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

# GARDEN GROVE



## FIRE DEPARTMENT

### HAZARDOUS MATERIALS DISCLOSURE PROGRAM

### REPORTING FORMS PACKET PART 1

FOR OFFICIAL USE ONLY						
FACILITY ID NO.	<u>#199</u>					
BUSINESS NAME	<u>ALTA GARDENS CARE</u>					
APPROVED BY:	<u>[Signature]</u>		DATE:	<u>8-31-05</u>		
NEW BUSINESS	_____			UPDATE	<u>/</u>	
FEE	1	2	3	<u>(4)</u>	5	6
PICK	<u>4D</u>	<u>/</u>	BUSLIST	_____	CALARP:	_____
					CUPA:	<u>/</u>
					GIS	_____

**BUSINESS EMERGENCY PLAN**

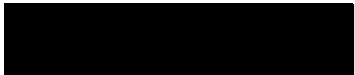
Business Name Palm Grove Care Center

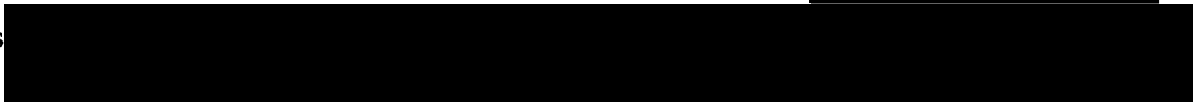
Business Address 13075 Blackbird St. City G.G. State Ca. Zip 92843

Mailing Address 13075 Blackbird St. City G.G. State Ca. Zip 92843

Business Phone (714) 530-6322

Fax Number (714) 530-6603

Owner/Operator: Name Summit Care Corporation 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>	<u>Phone Number</u>
1. Fire Department	911
2. Police Department	911
3. Paramedics	911
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) MISCELLANEOUS CONTACT INFORMATION

	<u>PHONE NUMBER</u>
1. Hazardous Waste Contractor Name: <u>- NA -</u>	( ) -
2. Insurance Company Name: <u>Aon Risk Services Inc.</u>	<u>(213) 630 - 3231</u>
3. Poison Control Center	<u>(714) 634 - 5988</u>

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. The type of alarm signals that will be used to initiate an evacuation of the facility:

code red - FIRE  
code triage - Disaster  
code black - bomb  
code orange - (Describe) - hazardous spill

2. Evacuation 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

B) "EMERGENCY COORDINATOR TASK COMPLETION SHEET"

\_\_\_ Date and time the incident was reported: Date: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_ Identify the nature and extent of the incident.

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\_\_\_ Activate internal facility alarms or communication systems.

\_\_\_ Notify the Fire Department.

\_\_\_ Designate an employee to direct emergency response units to the incident scene.

\_\_\_ 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 agencies (maps, drawings, Material Safety Data Sheets (MSDS), etc...).

\_\_\_ Identify actions taken by the business to control the incident.

\_\_\_ Secure the incident scene to include treatment, storage or disposal of hazardous materials or waste involved.

\_\_\_ Other: (specify)

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THIS FORM SHALL BE GIVEN TO THE EMERGENCY RESPONDERS  
UPON THEIR ARRIVAL AT THE FACILITY.

GARDEN GROVE FIRE DEPARTMENT  
BUSINESS EMERGENCY PLAN

C) EMPLOYEE RESPONSIBILITIES:

JOB TITLE: Director of Environmental Services

EMERGENCY FUNCTION(S)

- a. secure facility & utilities
- b. set up triage areas
- c. supply bedding & linen
- d. direct staff as necessary/needed

JOB TITLE: Director of Nursing

EMERGENCY FUNCTION(S)

- a. continue patient care
- b. assist & care for casualties
- c. assist patients of evacuations
- d. maintain record of treatment given

JOB TITLE: Administrators

EMERGENCY FUNCTION(S)

- a. direct facility procedures & comply with authority
- b. inform department heads what information received
- c. determines situation that warrants disaster plan
- d. 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  
STORAGE LOCATION

1. Oxygen - Sta. I between rms 12 + Showers
2. Oxygen - Sta II between rms 31 + 32
3. Helium - Sta II between rms 26 + 27
4. Compressed air - maintenance shop
5. propane - south end / maint. shop
6. gasoline - south end / maint. shop
7. mapp gas - south end / maint. shop
8. disiel - south west end of building  
in parking lot (agenerator)

PREVENTATIVE MEASURES

- stands; chained to walls  
stands; chained to walls  
stand  
stand + capped after use  
block wall; fire cabinet, no smoking signs  
block wall; fire cabinet, no smoking signs  
block wall; fire cabinet, no smoking signs  
tank built to state requirements  
locked enclosure.

Comments relating to the listed storage areas:

6. ordered new metal containers with flame arrestors  
stored in fire rated cabinet

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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.


 HAZARDOUS MATERIAL LISTED BY SYMBOL AND NUMBER.

**NOTE: THIS NUMBER SHOULD CORRESPOND WITH NUMBERS LISTED ON DISCLOSURE FORM.**


 ELECTRICAL MAIN

 GAS MAIN


 WATER MAIN


 EVACUATION AREA


 NORTH DIRECTIONAL ARROW

 INDICATE KNOX BOX LOCATIONS (lock box for keys)

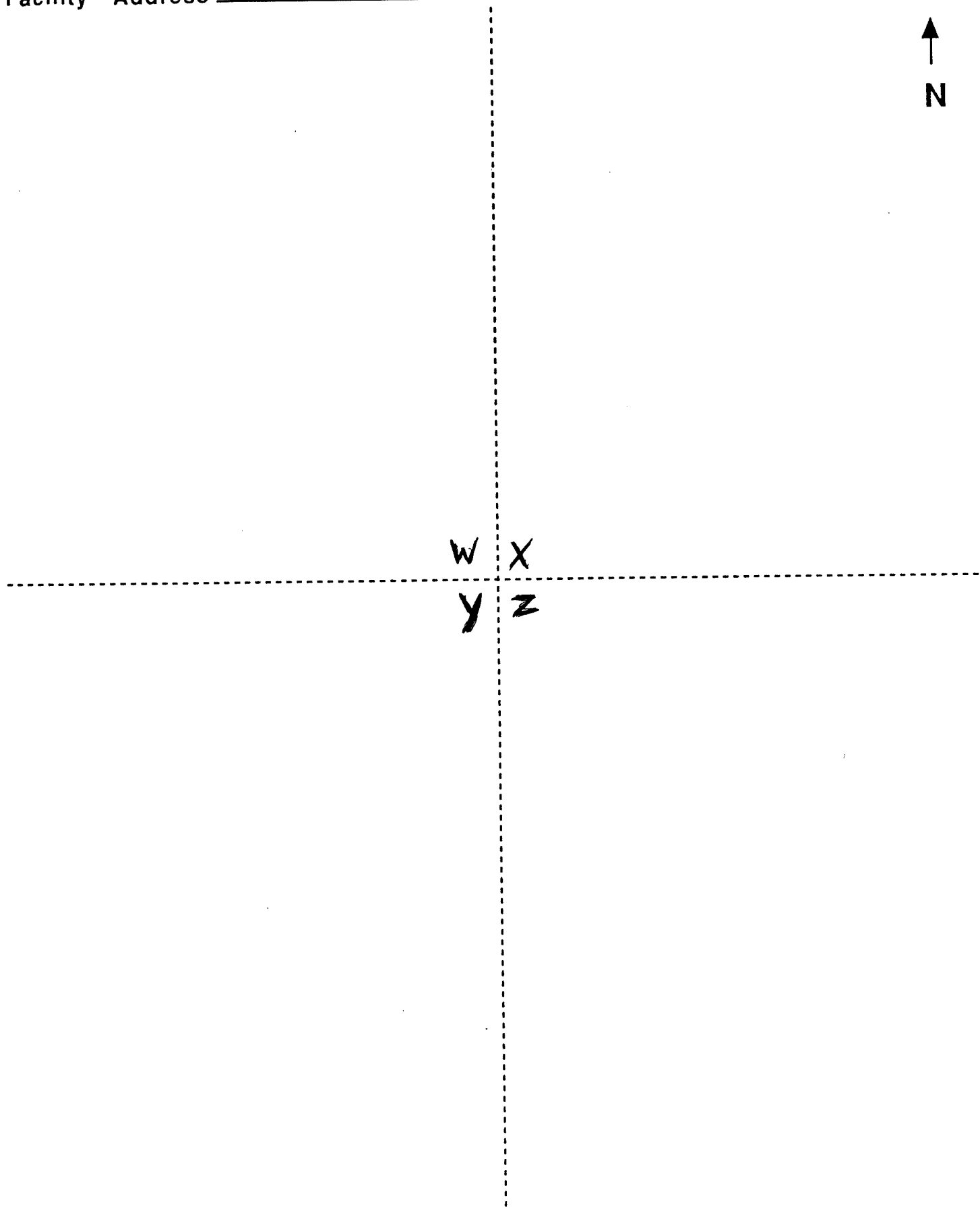
 AUTOMATED SPRINKLERED BUILDING **NEEDED ON ALL SPRINKLERED BUILDINGS.**

 FIRE DEPARTMENT SPRINKLER CONNECTION

 FIRE HYDRANT

 FIRE DOORS

Facility Address \_\_\_\_\_





**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 GARDEN CARE CENTER Telephone: 714 530 6322  
Site Address: 13075 BLACKBIRD ST Zip Code: 92843

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.

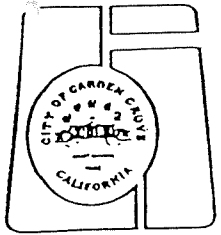
AS AN AUTHORIZED REPRESENTATIVE, I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND BELIEVE THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Print Name SPENCER CARROLL

Signature 

Job Title ADMINISTRATOR

Date 5/27/08



GARDEN GROVE

# 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 City G.G State CA Zip 92843

Mailing Address SAME AS ABOVE City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (714) 530-6322 Business License # \_\_\_\_\_

Fax Number (714) 530-6603

Owner/Operator: Name ALTA CARE CENTER, LLC Phone Number (714) 530-6322

Address 13075 BLACKBIRD STREET City GARDEN GROVE State CA Zip 92843

Type of Business Operation SKILLED NURSING

EPA # \_\_\_\_\_ SIC Code \_\_\_\_\_

Emergency Contacts: Name KIM KELLEHER

Address 13075 Blackbird Street City Garden Grove State CA Zip 92843

24 Hour Phone Number [REDACTED] Phone Number [REDACTED]

Property Owner: Name PALMCREST ASSOC. LTD Phone Number (310) 577-6600

Address [REDACTED] City MARINA DEL REY State CA Zip 90292

Total Number of Employees 105 Dun and Brad Street Numbers \_\_\_\_\_

### Office Use Only

MLI# \_\_\_\_\_ Short \_\_\_\_\_ Long \_\_\_\_\_ FEE: 1 2 3 4 NEW BUS.  EXISTG: \_\_\_\_\_ UPDATE \_\_\_\_\_

REC'D/APPR'VD \_\_\_\_\_ DATE: \_\_\_\_\_  
MISC: UTL fac & cont ?  
TIER II: 11/3 FAC: 11/3 CON: 11/3 BUS LIST: 11/3 PICK: 11/3

# ALS DISCLOSURE FORM

TO BE TYPEWRITTEN.

DATE: 9/25/97

PAGE # 1 of 1



8. DAYS ON SITE	9. CONTAINER TYPE <small>Table 4</small>	10. STORAGE CODE PRESSURE/ TEMP. <small>Table 5</small>	11. LOCATION <small>(NOTE BY QUADRANT AND DESCRIBE AREA)</small>	12. STATE WASTE NUMBER <small>(3 DIGIT CODE)</small>	13. DOT/ UN/NA NUMBER	14. HAZARD CLASS <small>Table 6</small>
365	A	1-1	Y-PARKING LOT, SOUTHWEST CORNER OF BUILDING / (GENERATOR)	313	NA1993	11
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

<u>Table#5 Storage Code</u>	
Pressure	Temperature
1- Ambient	1- Ambient
2- Less than ambient	2 - Less than ambient, but not cryogenic
3- Greater than ambient	3 - Greater than ambient
	4 - Cryogenic
* Ambient = room pressure or temperature	

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



BUSINESS NAME: PALMGROVE CARE CENTER  
 ADDRESS: 13075 BLACKBIRD STREET GARDEN GROVE, 92843  
 MLI # \_\_\_\_\_ (office use only)

**HAZARDOUS MAT**  
 THIS FORM

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. MAJ DAIL AMOR  Table 3
1. DIESEL NO. 2	DIESEL OIL NO. 2	68334-30-5	1-5	M-L	00
2. OXEGON (PORTABLE)	OXEGON	7782-44-7	2-4	P-G	04
3. HELIUM (PORTABLE)	INERT GAS-HELIUM	7440-59-7	2-5	P-G	03
4.					
5.					
6.					
7.					
8.					
9.					
10					
11					
12					
13					
14					
15					

<b>Table#1 SARA Hazard</b>		<b>Table#2</b>	<b>TABLE # 3 Amount Chart</b>		<b>Table#4 Container Type</b>	
Physical	Health	Physical State	Value	Amount	Range	A- Aboveground Tank
1-Fire	4-Immediate (Acute)	P-Pure	00	0	99	I- Insulated Tank
2-Sudden Release of Pressure	5-Delayed (Chronic)	M-Mixture	01	100	299	J- Metal Contain
3-Reactivity		S-Solid (Report pounds)	02	300	599	K- Movable Pres
		L-Liquid (Report gallons)	03	600	999	L- Plastic Contai
		G-Gas (Report cubic feet)	04	1000	5999	M- Rail Car
			05	6000	9999	N- Silo
			06	10000	19999	O- Tank inside bt
			07	20000	49999+	P- Underground
						Q- Other

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

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

	YES	NO
1. Are there any underground storage containers located on the business property?	_____	<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? GARDEN GROVE MED. CENTER	<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: SKILLED HEALTHCARE

Print Name of Document Preparer: LARRY HARDIN

Signature of Owner/Operator: [Signature] Date: 8/23/05

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

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



# CITY OF GARDEN GROVE 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 GCFD)		3	0	0	3	5	BEGINNING DATE		1	ENDING DATE		2	
							8/19/2005			12/31/2005			
BUSINESS NAME								4	BUSINESS PHONE				5
ALTA GARDENS CARE CENTER									714-530-6322				
BUSINESS SITE ADDRESS													6
13 075 BLACKBIRD STREET													
CITY							7	STATE		8	ZIP		9
GARDEN GROVE								CA			92843		
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)			11	FIRE DISTRICT			12
COUNTY													13
ORANGE													
BUSINESS OPERATOR NAME								14	OPERATOR'S PHONE				15

### BUSINESS OWNER

OWNER NAME								16	OWNER PHONE				17
ALTA CARE CENTER, LLC									714-530-6322				
OWNER MAILING ADDRESS													18
13075 blackbird Street													
CITY							19	STATE		20	ZIP		21
Garden Grove								CA			92843		

### ENVIRONMENTAL CONTACT

CONTACT NAME								23					
Roger Cove													
CONTACT MAILING ADDRESS													24
[REDACTED]													
CITY													27
[REDACTED]													

### PRIMARY EMERGENCY CONTACTS SECONDARY

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						
[REDACTED]			[REDACTED]								
PAGER #		32	PAGER #		37						
[REDACTED]			[REDACTED]								

### ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:								38	TOTAL # OF EMPLOYEES				39	
Skilled Nursing									105					
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)								40	ATTENTION				41	
Same as above														
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								45	DATE				46
[REDACTED]									8/19/05				
NAME OF SIGNER (print)				47	NAME OF DOCUMENT PREPARER (print)				49				
Kim Kelleher					Larry Hardin								
TITLE OF SIGNER				48	TITLE OF DOCUMENT PREPARER				50				
Administrator					Environmental Svcs								



**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: Palm Grove Care Center  
Site Address: 13075 Blackbird St.

Telephone: (714) 530-6322  
Zip Code: 92843

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

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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 Michael Brew  
Job Title Administration

Signature Michael Brew  
Date 3/5/01



**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: Palm Grove Care Center Telephone: (714) 530-1322  
Site Address: 13075 Blackbrae St. Garden Grove Zip Code: 92843

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

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Print Name Juan Llamas Signature Juan L.  
Title Maintenance Director Date 6-05-00