



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 # 312
 Fire District 2214
 Inspector FPB Shift N
 Next Insp 11 / 2012

Occupant or DBA TIME WARNER COMMUNICATIONS Business Tel 714 903-8375
 Address 7441 CHAPMAN Ave Suite _____ Zip 92841
 Business Owner TIME WARNER CABLE Tel _____
 Emergency Contact TRACY WAGNER 714-620-4193 Tel 714-903-4151
 Group B Load _____ Sprinklers F/P/N _____ 5 yr. Cert. 2 / 2015 Haz Mat

Fire Permits 791035 FLAM/COMB OUT/ABOVE +60 GAL, 801031 HAZARDOUS MATERIALS - use, handling or storage,

An inspection at the above location/occupancy 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 315.2.4)

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) - *FRONT DOOR, NOT WORKING*
- 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) *DISPATCH 1, ALL.*
- 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 315.2.1)
- Secure compressed gas cylinders (CFC 3003.5.3)
- Post Business License Fire Department permit (CFC 105.3.5)
- NO VIOLATIONS

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 3404.3.4.3)
- Provide approved safety container(s) for flammable liquids (CFC 3404.3.1)

HAZARDOUS MATERIALS DISCLOSURE

(HSC CHAPTER 6.95 Section 25404, 25500 - 25520)

- Failure to implement and/or electronically submit a HMBP www.esubmit.ocgov.com
- 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 or owner
- Failure to report a release or threatened release
- Failure to submit annual certification
- NO VIOLATIONS MINOR VIOLATION
- CLASS I VIOLATION
- CLASS II VIOLATION

ADDITIONAL VIOLATIONS AND/OR NOTES

* REMOVE PHONE Box - NOT WORKING ACCESS

Business representative signature Tracy Wagner Date 8/12/13
 Inspector Name/ ID # 2867 Date 8/12/13

Cleared 8/27/13 Mailback card due 1/1/13 Re-inspection date 8/26/13 Final Notice 1/1/13

2012 HAZARDOUS MATERIALS BUSINESS PLAN UPDATE

Time Warner Cable Inc.

**290 Harbor Drive
Stamford, CT 06902**

CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)

(Facility Name / ID)

7441 Chapman Avenue

(Facility Address)

Garden Grove

(Facility City)

Orange

(Facility County)

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



1525 Faraday Avenue, Suite 290 ♦ Carlsbad, California 92008 ♦ 760.602.3839 Fax 760.602.3838

HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction
Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: City of Garden Grove Fire Department - Hazardous Materials Devision
Agency Mailing Address: 11301 Acacia Parkway
Garden Grove, CA 92842

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

Facility Name: CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)
Facility Street Address: 7441 Chapman Avenue City: Garden Grove
Date of Current HMBP: February 28, 2011

I certify that: (Check the appropriate box.)

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.
- or**
- Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.

Name of Owner/Operator (Print): Lesley Schafer, Agent for Time Warner Title: Compliance Specialist
Cable
Phone: (760) 602-3839 Signature:  Date: 2/28/12

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

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; **and**
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; **and**
- The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; **and**
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; **and**
- There have been no substantial changes in the facility's operations that would require revision of the current HMBP.



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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

I. FACILITY INFORMATION													
FACILITY ID#	3	0	0	3	5						1.	EPA ID # (Hazardous Waste Only)	2.

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

CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)

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...	
<p>A. HAZARDOUS MATERIALS</p> <p>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?</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intent to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<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)
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>1. 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?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remove site?</p> <p>6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?</p>	<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 #-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"/> REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<p>E. LOCAL REQUIREMENTS</p> <p>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</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15.	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)



CITY OF GARDEN GROVE FIRE DEPARTMENT

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

FORM 1

Hazardous Materials Business Information Form

Page 1 of 1 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGFD)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		01/01/2012		12/31/2012	
BUSINESS NAME				4 BUSINESS PHONE	
CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)				(714) 903-8375	
BUSINESS SITE ADDRESS					
7441 Chapman Avenue					
CITY			7	STATE	8
GARDEN GROVE				CA	
DUN & BRADSTREET			10	SIC CODE (4 DIGIT #)	11
78-417-4976				4841	
FIRE DISTRICT			12		
Garden Grove					
COUNTY					
ORANGE					
BUSINESS OPERATOR NAME				14 OPERATOR'S PHONE	
Time Warner Cable, Inc.				(714) 903-8375	

BUSINESS OWNER

OWNER NAME				16 OWNER PHONE	
Time Warner Cable, Inc.				(704) 731-3976	
OWNER MAILING ADDRESS					
7820 Crescent Executive Drive					
CITY			19	STATE	20
Charlotte				NC	
ZIP			21		
28217					

ENVIRONMENTAL CONTACT

CONTACT NAME				22 CONTACT PHONE	
Steve Reisner				(704) 731-3976	
CONTACT MAILING ADDRESS					
7820 Crescent Executive Drive					
CITY			25	STATE	26
Charlotte				NC	
ZIP			27		
28217					

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME		28	NAME		33
Jason Whelchel			Regional Network Operations Center		
TITLE		29	TITLE		34
Manager, Engineering Ops			Regional Network Operations Center		
BUSINESS PHONE		30	BUSINESS PHONE		35
(714) 903-8449			(888) 766-2521 x1		
24-HR. PHONE		31	24-HR. PHONE		36
(951) 232-6315			(888) 766-2521 x1		
PAGER #		32	PAGER #		37

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:			38	TOTAL # OF EMPLOYEES		39	
Telecommunications							
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			40	ATTENTION		41	
PROPERTY OWNER NAME		42	ADDRESS		43	PHONE	44
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.							
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE				45	DATE		46
					2/28/12		
NAME OF SIGNER (print)			47	NAME OF DOCUMENT PREPARER (print)			49
Lesley Schafer, Agent for Time Warner Cable, Inc.				ARCADIS U.S., Inc.			
TITLE OF SIGNER			48	TITLE OF DOCUMENT PREPARER			50
Compliance Specialist				n/a			



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

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

CHEMICAL NAME	WASTE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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COMMON NAME	Lead / Acid Batteries	An EHS Chemical <input type="checkbox"/> Yes <input type="checkbox"/> No
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CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES	n/a
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH
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AVERAGE DAILY AMOUNT	123.77	MAXIMUM DAILY AMOUNT	123.77	ANNUAL WASTE AMOUNT	n/a	STATE WASTE CODE	n/a
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UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	3.09
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input checked="" type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER Batteries
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 40	Sulfuric Acid	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 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 #	1830	Refer to shipping papers or MSDS
DOT HAZARD CLASS	8	Refer to shipping papers or MSDS
EPCRA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
X		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

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Outside by Diesel Generator		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME	Petroleum hydrocarbons	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Diesel Fuel	If EPCRA see instructions			
CAS #	68476-34-6	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Combustible liquid, Class II		
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	n/a
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT 1000	19	MAXIMUM DAILY AMOUNT 1000	20	ANNUAL WASTE AMOUNT	n/a 21
UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER	1000
STORAGE CONTAINER (Check all that apply)	<input checked="" 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 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 checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

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

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

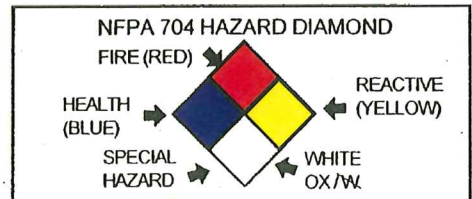
PLACARDING INFORMATION

UNDOT # 1978 33
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 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

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FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	CA-892 Headend / Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	In hub room	4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5
MAP #		6
GRID #		7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Bromotrifluoromethane	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	Halon	If EPCRA see instructions		9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #		FIRE CODE HAZARD CLASSES (supplied by GGFD)		10	13			
75-63-8								
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	n/a	16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE	18	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	193	19	MAXIMUM DAILY AMOUNT	193	20	ANNUAL WASTE AMOUNT	n/a	21
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	193	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 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	26	
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27	STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28			

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

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 # 1009 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



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD
 DELETE
 REVISED
 1

Page 6 of 8 2

FACILITY ID#	3 0 0 3 5								38	BUSINESS NAME Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)	3
--------------	-----------	--	--	--	--	--	--	--	----	---	---

I. FACILITY INFORMATION

CHEMICAL LOCATION Within Generator Unit			4			
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead				WASTE	<input type="checkbox"/> Yes	8	TRADE SECRET	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	11		
COMMON NAME Battery Electrode Delete				9		An EHS Chemical		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	12		
CAS # 7439-92-1				10		FIRE CODE HAZARD CLASSES (supplied by GGFD)		13				
				Toxic Solid								
TYPE (Check one item only)		<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	15	CURIES	16	
PHYSICAL STATE (Check one item only)		<input checked="" type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES		<input type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18	
								<input type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT		2,624		19	MAXIMUM DAILY AMOUNT	2,624		20	ANNUAL WASTE AMOUNT	N/A		
UNITS		<input checked="" type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	23	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	DAYS ON SITE		365		LARGEST CONTAINER	3.39
STORAGE CONTAINER (Check all that apply)		<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26	<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR
		<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN		<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input checked="" type="checkbox"/> t. OTHER <u>Battery</u>
STORAGE PRESSURE		<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27							
STORAGE TEMPERATURE		<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28						

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

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

PLACARDING INFORMATION

UNDOT # <u>1794</u>	33	
Refer to shipping papers or MSDS		
DOT HAZARD CLASS <u>Class 6 Division 1</u>	34	
Refer to shipping papers or MSDS		
EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35	
<u>X</u>	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 7 of 8 2

FACILITY ID#	3 0 0 3 5	BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Within battery units in headend area.		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP #	GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME	Sulfuric Acid	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMON NAME	Battery Electrolyte Delete	An EHS Chemical		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If EHS is "Yes", all amounts must be LBS
CAS #	7664-93-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)			
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	N/A
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" 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	576	MAXIMUM DAILY AMOUNT	576	ANNUAL WASTE AMOUNT	N/A
UNITS	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> c. POUNDS	<input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> d. TONS	DAYS ON SITE	365	LARGEST CONTAINER
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> 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 checked="" type="checkbox"/> t. OTHER <u>Battery</u>
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC				

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

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

PLACARDING INFORMATION

UNDOT #	1830	33
Refer to shipping papers or MSDS		
DOT HAZARD CLASS	8	34
Refer to shipping papers or MSDS		
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	35
X		36
If EPCRA, Please Sign Here		



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

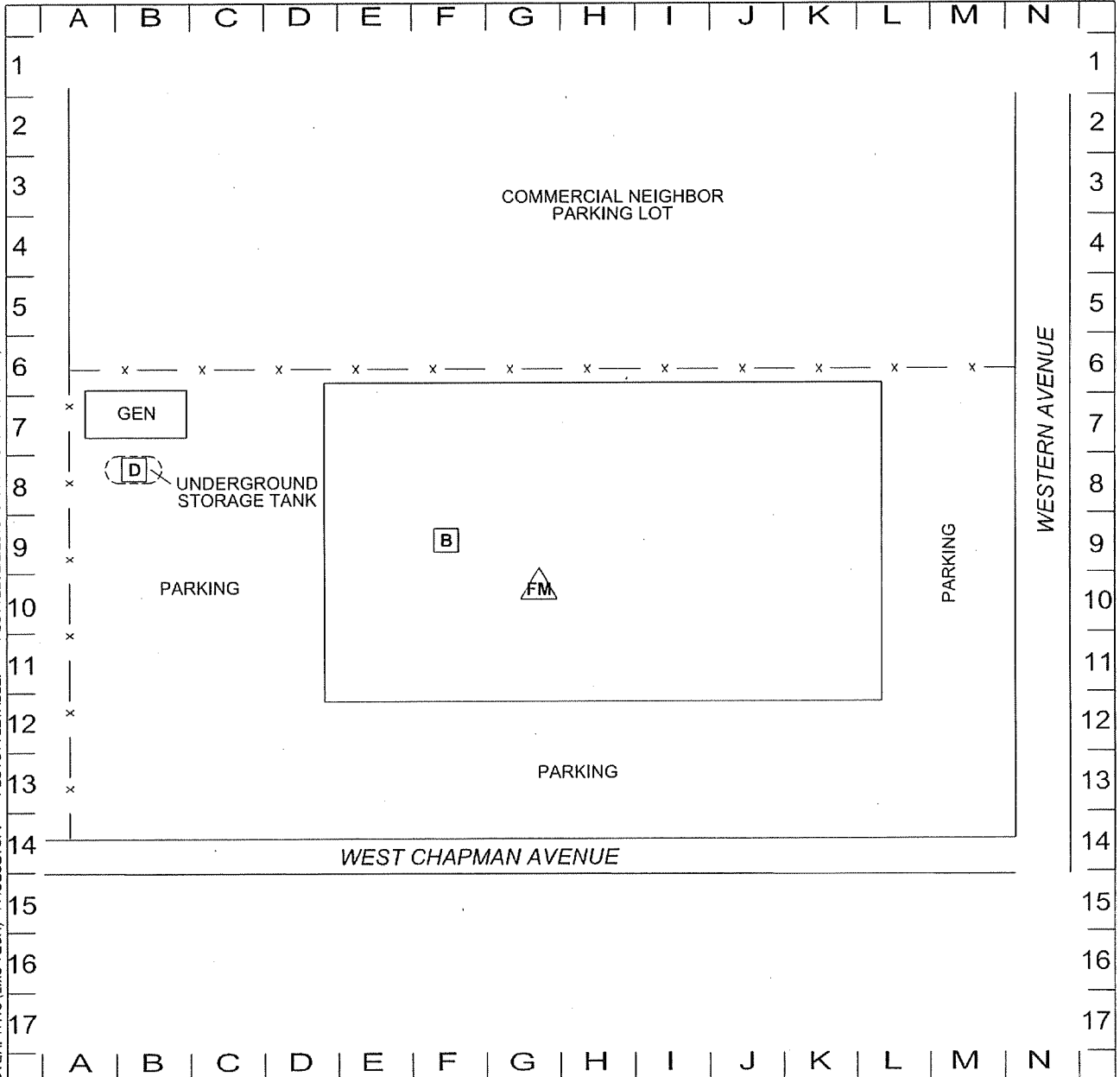
ORANGE COUNTY FIRE DEPARTMENT

UNIFIED PROGRAM (UP) FORM

CONSOLIDATED CONTINGENCY PLAN

Hazardous Materials Facility Site Map

CITY: Costa Mesa DIV: GROUP: ENV. CAD. DB: ENV. CAD. PM: (Read) K:\Data\Graphics\WK013000\WK013224\0001\7441 Chapman Avenue Garden Grove\7441 Chapman Avenue Garden Grove.dwg
 LAYOUT: 1.1 SAVED: 2/2/2010 1:13 PM ACADVER: 17.1S (LMS, TECH) PAGES: 17 PLOTSTYLETABLE: PLOTSTYLETABLE: PLOTTED: 2/2/2010 1:14 PM BY: ROBITAILLE, BEVERLY



BUSINESS NAME		DATE	
HEADEND / CALL CENTER GARDEN GROVE (TIME WARNER CABLE INC.)		2/1/2010	
ARCADIS	ADDRESS	CITY	ZIP
	7441 CHAPMAN AVENUE	GARDEN GROVE	92841

LEGEND

- LEAD/ACID BATTERIES
- DIESEL FUEL
- FM-200

NOT TO SCALE



**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: Headend/Call Center - Garden Grove **Telephone:** 714-903-8375
Site Address: 7441 Chapman Avenue **Zip Code:** 92641

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 Lesley Schafer **Signature** _____
Job Title Senior Staff Engineer - LFR, Inc. **Date** _____



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: Headend/Call Center - Garden Grove **Telephone:** 714-903-8549
Site Address: 7441 Chapman Avenue **Zip Code:** 92641

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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 - 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.
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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 Shane Noreen

Signature 

Job Title Project Engineer - ARCADIS c/o TWC, Inc.

Date 02-28-11

2010 HAZARDOUS MATERIALS BUSINESS PLAN UPDATE

Time Warner Cable Inc. **290 Harbor Drive** **Stamford, CT 06902**

Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)

(Facility Name / ID)

7441 Chapman Avenue

(Facility Address)

Garden Grove

(Facility City)

Orange

(Facility County)

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





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

CUPA

BUSINESS ACTIVITIES

FACILITY INFORMATION

I. FACILITY INFORMATION

FACILITY ID#	3 0 0 3 5	1.	EPA ID # (Hazardous Waste Only)	2.
--------------	-----------	----	---------------------------------	----

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

Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)

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...	
<p>A. HAZARDOUS MATERIALS</p> <p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4.</p>	<p>✓ HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form3)</p>
<p>B. UNDERGROUND STORAGE TANKS (USTs)</p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intent to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7.</p>	<p>✓ UST FACILITY (Formerly SWRCB Form A)</p> <p>✓ UST TANK (one page per tank)(Formerly Form B)</p> <p>✓ UST FACILITY</p> <p>✓ UST TANK (one per tank)</p> <p>✓ UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C)</p> <p>✓ UST TANK (closure portion-one page per tank)</p>
<p>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</p> <p>1. 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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8.</p>	<p>✓ NO FORM REQUIRED TO CUPAS</p>
<p>D. HAZARDOUS WASTE</p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remove site?</p> <p>6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13.</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14.</p>	<p>✓ EPA ID #-provide at the top of this page</p> <p>✓ RECYCLABLE MATERIALS REPORT (one per recycler)</p> <p>✓ ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)</p> <p>✓ ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)</p> <p>✓ CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</p> <p>✓ REMOVE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</p> <p>✓ HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</p>
<p>E. LOCAL REQUIREMENTS</p> <p>Cal-ARP: California Accidental Release Prevention Program <i>H&SC Chapter 6.95, Article 2, §25531 et seq</i> - Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15.</p>	<p>✓ REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)</p>



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

BUSINESS INFORMATION									
FACILITY # (Supplied by GGFD)	3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2
						01/01/2010		12/31/2010	
BUSINESS NAME	4							BUSINESS PHONE	5
Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)						714-903-8375			
BUSINESS SITE ADDRESS									
7441 Chapan									
CITY	7					STATE	8	ZIP	9
GARDEN GROVE						CA	92641S		
DUN & BRADSTREET	10				SIC CODE (4 DIGIT #)	11		FIRE DISTRICT	12
78-417-4976					4841		Garden Grove		
COUNTY									
ORANGE									
BUSINESS OPERATOR NAME	14						OPERATOR'S PHONE	15	
Time Warner Cable, Inc.						714-903-8375			
BUSINESS OWNER									
OWNER NAME	16							OWNER PHONE	17
Time Warner Cable, Inc.						203-328-0600			
OWNER MAILING ADDRESS									
290 Harbor Drive									
CITY	19					STATE	20	ZIP	21
Stamford						CT	06902		
ENVIRONMENTAL CONTACT									
CONTACT NAME	22							CONTACT PHONE	23
Dale Bowles						714-903-8375			
CONTACT MAILING ADDRESS									
7441 Chapman Avenue									
CITY	25				STATE	26	ZIP	27	
Garden Grove					CA	92641			
PRIMARY		EMERGENCY CONTACTS					SECONDARY		
NAME	28				NAME	33			
Dale Bowles					RNOC				
TITLE	29				TITLE	34			
Manager, Network Ops.					Regional Network Operations Center				
BUSINESS PHONE	30				BUSINESS PHONE	35			
714-903-8375					888-766-2521 Option 1				
24-HR. PHONE	31				24-HR. PHONE	36			
714-412-8128					888-766-2521 Option 1				
PAGER #	32				PAGER #	37			
N/A					N/A				
ADDITIONAL LOCALLY COLLECTED INFORMATION									
DESCRIBE THE TYPE OF BUSINESS OPERATION:	38							TOTAL # OF EMPLOYEES	39
Telecommunications									
BILLING ADDRESS (IF DIFFERENT FROM 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	
						2/26/2010			
NAME OF SIGNER (print)	47				NAME OF DOCUMENT PREPARER (print)	49			
Lesley Schafer - Agent for Time Warner Cable, Inc.					ARCADIS US, Inc.				
TITLE OF SIGNER	48				TITLE OF DOCUMENT PREPARER	50			
Staff Engineer - ARCADIS US, Inc.					Staff Engineer - ARCADIS US, Inc.				

Hazardous Materials Disclosure Program

Business Emergency Plan

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	911
Office of Emergency Services (OES)	(800) 852-7550 or (916) 427-4341
National Response Center	(800) 424-8802
Individual(s) Responsible for Calling These Agencies	
Dale Bowles	

Provide the following information when you call:

- Name of the person and business.
 - Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
- Business street address.
 - 7441 Chapman, Garden Grove
- Location of the incident.
- Type of incident (spill, gas release, etc.)
- The name(s) of the chemical substance(s) involved.
- The amount of the chemical substances involved.
- The extent of injuries, if any.
- Possible hazards to human health and/or the environment.
- Emergency call-back phone number (714) 412 -8128

If a chemical spill or release at your facility could create a toxic cloud or a liquid stream that could drift beyond your facility, then, identify nearby facilities that could be in imminent danger.

To the North:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____
To the South:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____
To the East:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____
To the West:	
Facility _____	Phone: (____) _____
Facility _____	Phone: (____) _____

OPTIONAL NOTIFICATIONS

1. Hazardous Waste Contractor
 Name: _____ (____) _____

2. Insurance Company
 Name: _____ (____) _____

3. Poison Control Center - 24-Hour 1-(800) 876-4766

EVACUATION PLANS AND PROCEDURES

Evacuation Alarms - Describe the type of alarm signals that will be used to start an evacuation at this facility: (Vocal, paging system, manual alarm, etc.)

Emergency coordinators will notify facility employees of an emergency by verbal, telephone, intercom, portable radio, public address system or alarm system means. Employees will exit the nearest exterior door and meet at the staging area as shown in the attached in Site Map. Emergency Co-ordinators will be available at the staging area to assist emergency responders.

Evacuation Drills

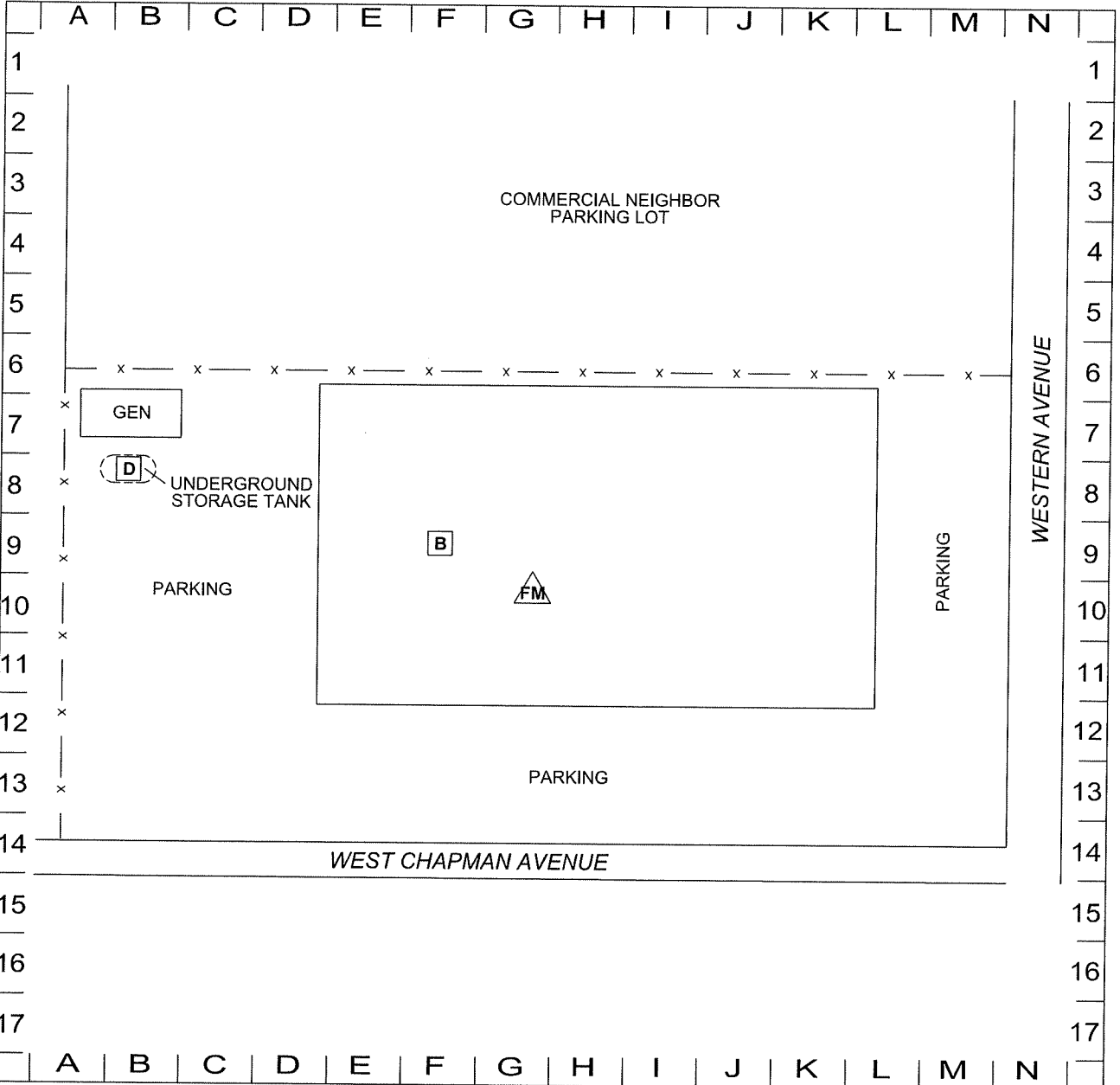
Evacuation drills and records proving you have held such drills are required by California law. The drill record does NOT have to be provided to the Fire Department with this business plan, but shall be maintained for a period of three years and shall be available for review by Fire Department personnel. The record shall include the facilitator's name, title, facility location, date of drill, and the signature of the facilitator.

ORANGE COUNTY FIRE DEPARTMENT

UNIFIED PROGRAM (UP) FORM

CONSOLIDATED CONTINGENCY PLAN

Hazardous Materials Facility Site Map



CITY: Costa Mesa DIV: IGROUP: ENV_CAD DB: ENV_CAD PM: (Redd) K:\Data\Graphics\WK013000\WK013224\00017441 Chapman Avenue Garden Grove\7441 Chapman Avenue Garden Grove.dwg
 LAYOUT: 1. SAVED: 2/2/2010 1:13 PM ACADVER: 17.1S (LMS TECH) PAGES: SETUP: PLOTSTYLETABLE: PLOTTED: 2/2/2010 1:14 PM BY: ROBITAILLE, BEVERLY

BUSINESS NAME			DATE		
HEADEND / CALL CENTER GARDEN GROVE (TIME WARNER CABLE INC.)			2/1/2010		
	ADDRESS		CITY		ZIP
	7441 CHAPMAN AVENUE		GARDEN GROVE		92841

LEGEND

- LEAD/ACID BATTERIES
- DIESEL FUEL
- FM-200

NOT TO SCALE



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page 6 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Within Generator Unit			4
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6
			GRID #	7

II. CHEMICAL INFORMATION

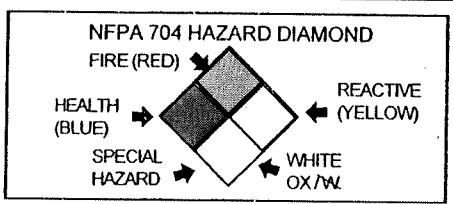
CHEMICAL NAME	Lead	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
COMMON NAME	Battery Electrode			9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	
CAS #	7439-92-1	FIRE CODE HAZARD CLASSES (supplied by GGFD)	Toxic Solid					13
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16	
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH				18
AVERAGE DAILY AMOUNT	2,624	19	MAXIMUM DAILY AMOUNT	2,624	20	ANNUAL WASTE AMOUNT	N/A	21
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	3.39	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 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 checked="" type="checkbox"/> t. OTHER Battery			26
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT							27
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC							28

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

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

PLACARDING INFORMATION

UNDOT #	1794	33
	Refer to shipping papers or MSDS	
DOT HAZARD CLASS	Class 6 Division 1	34
	Refer to shipping papers or MSDS	
EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 7 of 8 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Headend/Call Center - Garden Grove (Time Warner Cable, Inc.)
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Within battery units in headend area.
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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	Sulfuric Acid	WASTE	<input type="checkbox"/> Yes 8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11
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COMMON NAME	Battery Electrolyte	9	An EHS Chemical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12
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CAS #	7664-93-9 10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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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	N/A 16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS 17	FED HAZARD CATEGORIES	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE 18	<input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH
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AVERAGE DAILY AMOUNT	576 19	MAXIMUM DAILY AMOUNT	576 20	ANNUAL WASTE AMOUNT	N/A 21	STATE WASTE CODE	22
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UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS 23	DAYS ON SITE	365 24	LARGEST CONTAINER	14.4 25
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STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY <input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S) <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP <input checked="" type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input checked="" type="checkbox"/> t. OTHER Battery 26
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STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 27
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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
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	32
2 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	32
3 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	32
4 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	32
5 29		<input type="checkbox"/> Yes <input type="checkbox"/> No 30	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

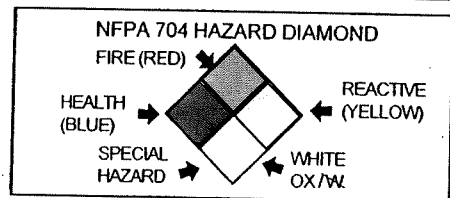
UNDOT #	1830 33
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Refer to shipping papers or MSDS

DOT HAZARD CLASS	8 34
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Refer to shipping papers or MSDS

EPCRA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 35
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X	36
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If EPCRA, Please Sign Here

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HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

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Page 8 of 8 2

FACILITY ID# 3 0 0 3 5 38 BUSINESS NAME Headend/Call Center - Garden Grove (Time Warner Cable, Inc.) 3

I. FACILITY INFORMATION

CHEMICAL LOCATION Within Generator Unit 4

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

II. CHEMICAL INFORMATION

CHEMICAL NAME Petroleum Hydrocarbon WASTE Yes 8 TRADE SECRET Yes No 11

COMMON NAME Diesel Fuel #2 9 An EHS Chemical Yes No 12

CAS # 68476-34-6 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) Combustible Liquid 13

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

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

AVERAGE DAILY AMOUNT 1,000 19 MAXIMUM DAILY AMOUNT 1,000 20 ANNUAL WASTE AMOUNT N/A 21 STATE WASTE CODE 22

UNITS a. GALLONS b. CUBIC FEET c. POUNDS d. TONS 23 DAYS ON SITE 365 24 LARGEST CONTAINER 150 25

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 l. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR c. TANK INSIDE BLDG g. METAL CONTAINER j. BAG(S) o. PLASTIC CONTAINER s. TOTE BIN d. STEEL DRUM h. CARBOY k. 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	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No 31	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.

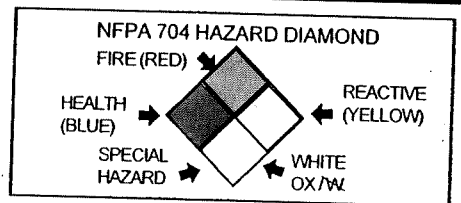
PLACARDING INFORMATION

UNDOT # 1993 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3 34 Refer to shipping papers or MSDS

EPCRA YES NO 35

X 36 If EPCRA, Please Sign Here



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**GARDEN GROVE FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION SECTION**

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

**Hazardous Materials Business Emergency Plan And
Inventory Certification Statement**

Business Name: Headend/Call Center - Garden Grove

Telephone: 714-903-8375

Site Address: 7441 Chapman Avenue

Zip Code: 92641

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:

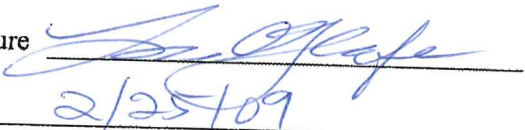
1. The business has previously filed an inventory reporting form and;
2. The business attests to the following:
 - The information contained in the annual inventory form most recently submitted to the Garden Grove Fire Department is complete, accurate, and up to date.
 - There has been no change in the 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 Lesley Schafer

Signature 

Job Title Senior Staff Engineer - LFR, Inc.

Date 2/25/09