



**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: TIME WARNER CABLE

Telephone: 714 903 4118

Site Address: 7441 CHAPMAN AVE.

Zip Code: 92841

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 Jody WALKER

Signature Jody Walker

Job Title Exc. Admin. Asst.

Date 4/22/08



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Address: 7441 CHAPMAN AVE
Occupant or DBA: TIME WARNER COMMUNICATIONS
Owner/Manager: CONTACT: JODY WALKER

Date: 4/22/06
File No: 312
Phone: 714-903-4118

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

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

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

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

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

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

Additional Violations and/or Notes:

Responsible Party: Jody Walker Re-inspection Date: _____

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

Fire Dept. Inspector: R. MACIAS ID #: _____

Condition Upon Re-inspection: _____ Date: _____

2008 Hazardous Materials Business Plan Update

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

Headend/Call Center (Time Warner Cable Inc.)

(Facility Name / ID)

7441 Chapman Ave.

(Facility Address)

Garden Grove

(Facility City)

Orange County

(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 Fire Department

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

Hazardous Materials Business Information Form

Page of

BUSINESS INFORMATION		
FACILITY ID #	BEGINNING DATE 1/01/2008	ENDING DATE 12/31/2008
BUSINESS NAME Headend/Call Center (Time Warner Cable Inc.)		BUSINESS PHONE 714-903-8375
SITE ADDRESS 7441 Chapman Ave.		
CITY Garden Grove	CA	ZIP CODE 92641
DUN & BRADSTREET 78-417-4976		SIC CODE 4841
COUNTY Orange		
BUSINESS OPERATOR NAME Time Warner Cable Inc.		BUSINESS OPERATOR PHONE 714-903-8375

BUSINESS OWNER		
OWNERNAME Time Warner Cable, Inc.		OWNER PHONE 203-328-0600
OWNER MAILING ADDRESS 290 Harbor Drive		
CITY Stamford	STATE CT	ZIP CODE 06902

ENVIRONMENTAL CONTACT		
CONTACT NAME Dale Bowles		CONTACT PHONE 714-903-8375
CONTACT MAILING ADDRESS 7441 Chapman Ave.		
CITY Garden Grove	STATE CA	ZIP CODE 92641

PRIMARY	EMERGENCY CONTACTS		SECONDARY
NAME Dale Bowles	NAME	RNOC	
TITLE Manager, Network Ops.	TITLE	Regional Network Operations Center	
BUSINESS PHONE 714-903-8375	BUSINESS PHONE		
24-HOUR PHONE 714-419-8199	24-HOUR PHONE	800-769-9504	
PAGER / CELL	PAGER / CELL		

ADDITIONAL LOCALLY COLLECTED INFORMATION		
DESCRIBE THE TYPE OF BUSINESS OPERATION Telecommunications		TOTAL # OF EMPLOYEES
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		ATTENTION
PROPERTY OWNER NAME		PHONE
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.		
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE 2/19/08
NAME OF SIGNER (print) Matthew Smith	NAME OF DOCUMENT PREPARER (print) Matthew Smith	
TITLE OF SIGNER Staff I Engineer, LFR Inc.	TITLE OF DOCUMENT PREPARER Staff I Engineer, LFR Inc.	

2007 Hazardous Materials Business Plan

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

Office/HE/Store (Time Warner Cable, Inc.)

(Facility Name / ID)

7441 Chapman Ave.

(Facility Address)

Garden Grove

(Facility City)

Orange County

(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 Fire Department

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

Hazardous Materials Business Information Form

Page 1 of 10

BUSINESS INFORMATION

FACILITY ID #	BEGINNING DATE 1/01/2007	ENDING DATE 12/31/2007
BUSINESS NAME Office/HE/Store (Time Warner Cable, Inc.)		BUSINESS PHONE 714-903-8353
SITE ADDRESS 7441 Chapman Ave.		
CITY Garden Grove	CA	ZIP CODE 92641
DUN & BRADSTREET 78-417-4976		SIC CODE 4841
COUNTY Orange		
BUSINESS OPERATOR NAME Time Warner Cable, Inc.		BUSINESS OPERATOR PHONE 714-903-8353

BUSINESS OWNER

OWNERNAME Time Warner Cable, Inc.	OWNER PHONE 203-328-0600
OWNER MAILING ADDRESS 290 Harbor Drive	
CITY Stamford	STATE CT ZIP CODE 06902

ENVIRONMENTAL CONTACT

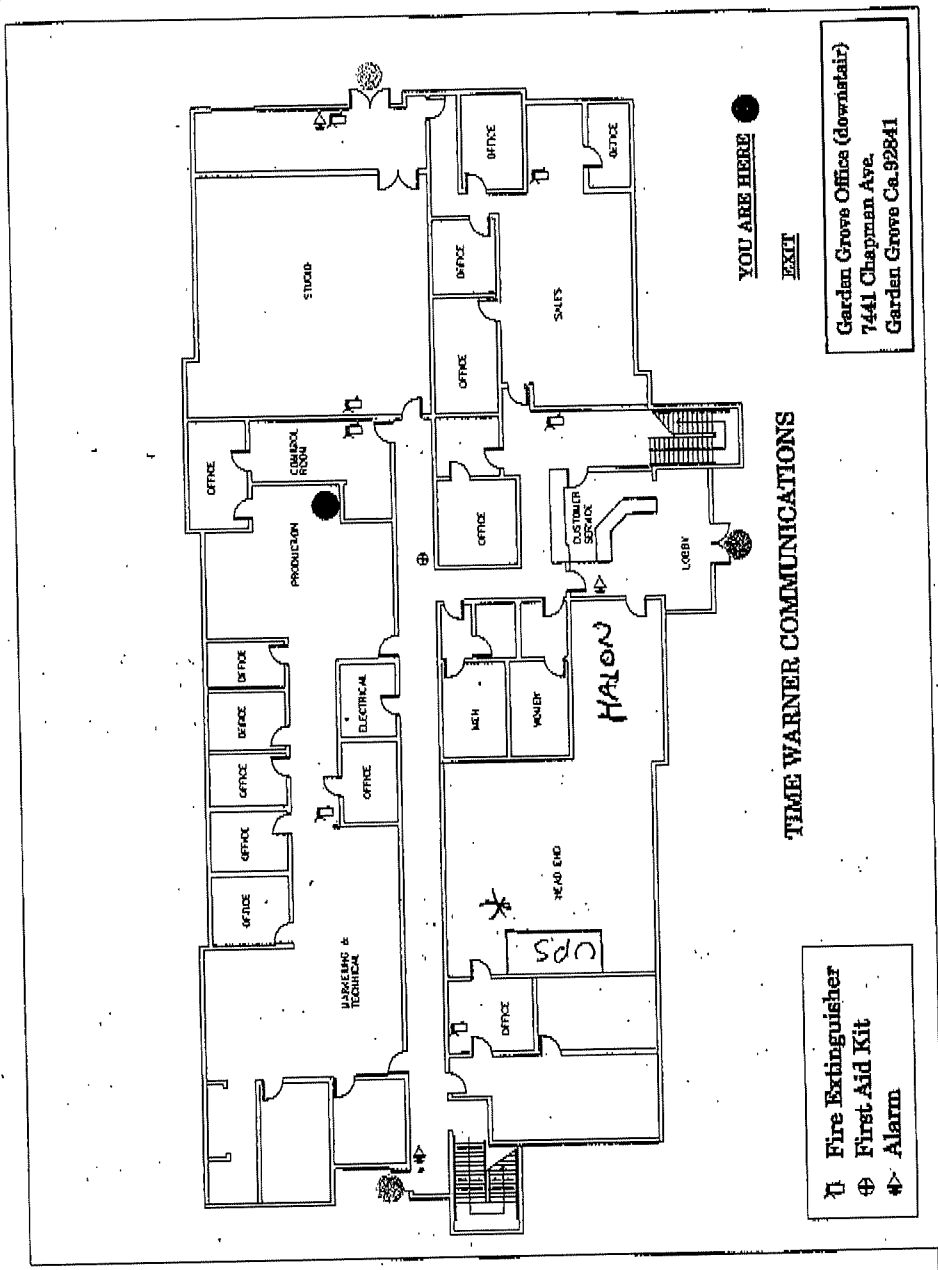
CONTACT NAME Charles Barrett	CONTACT PHONE 805-526-3715
CONTACT MAILING ADDRESS 485 Easy Street	
CITY Simi Valley	STATE CA ZIP CODE 90230

PRIMARY	EMERGENCY CONTACTS		SECONDARY
NAME Dale Bowles	NAME	RNOC	
TITLE Manager, Network Ops.	TITLE	Regional Network Operations Center	
BUSINESS PHONE 714-903-8375	BUSINESS PHONE		
24-HOUR PHONE [REDACTED]	24-HOUR PHONE	800-766-9521 Option 1 [REDACTED]	
PAGER / CELL	PAGER / CELL		

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION Telecommunications	TOTAL # OF EMPLOYEES
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	ATTENTION
PROPERTY OWNER NAME	PHONE
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.	
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE <i>Peter L. Rosen for</i>	DATE 3/28/07
NAME OF SIGNER (print) Matthew Smith	NAME OF DOCUMENT PREPARER (print) Matthew Smith
TITLE OF SIGNER Staff I Engineer, LFR Inc.	TITLE OF DOCUMENT PREPARER Staff I Engineer, LFR Inc.

DIESEL GENERATOR



Garden Grove Offices (downstairs)
7441 Chapman Ave.
Garden Grove Ca. 92841

TIME WARNER COMMUNICATIONS

- 🧯 Fire Extinguisher
- 🏠 First Aid Kit
- 🚨 Alarm

YOU ARE HERE ●
EXIT

PARKING LOT.

GATE

HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISE 2007

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Officer/HE/Store (Time Warner Cable, Inc.)			3
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) Within generator unit		201	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202
OFFICIAL USE ONLY	MAP #	203	GRID # 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Petroleum Hydrocarbon		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
COMMON NAME Diesel Fuel #2		207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS # 68476-34-6	FIRE CODE HAZARD CLASSES (See green page 25) Combustible Liquid		210
TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		214	FED HAZARD CATEGORIES <input checked="" 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 216
AVERAGE DAILY AMOUNT 1000	MAXIMUM AMOUNT 1000	EHS-MAX AMT. IN POUNDS	ANNUAL WASTE AMOUNT NA
UNITS* <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		LARGEST CONTAINER 1000	# of DAYS ON SITE 365
STORAGE CONTAINER (Check all that apply)		STATE WASTE CODE NA 220	
<input checked="" type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> f. PLASTIC CONTAINER <input type="checkbox"/> k. BAG <input type="checkbox"/> p. RAIL CAR <input type="checkbox"/> u. TANK WAGON <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> l. BOX <input type="checkbox"/> q. SILO <input type="checkbox"/> v. OTHER: <input type="checkbox"/> c. PRESSURIZED TANK <input type="checkbox"/> h. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> r. TANK INSIDE <input type="checkbox"/> d. MAGAZINE <input type="checkbox"/> i. IN MACHINERY <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> s. CARBOY <input type="checkbox"/> e. DRUM <input type="checkbox"/> j. ON TRUCK <input type="checkbox"/> o. VARIOUS <input type="checkbox"/> t. TOTE BIN		222	
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		224	
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		225	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100.0	Diesel Fuel No. 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	68476-34-6
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT# _____
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____
Refer to shipping papers or MSDS

EPCRA YES NO

X _____
If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISE 2007

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Officer/HE/Store (Time Warner Cable, Inc.)			3
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) Within battery units		201	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202
OFFICIAL USE ONLY	MAP #	203	GRID # 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Sulfuric Acid		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206	
COMMON NAME Battery Electrolyte		207	EHS* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 208	
CAS # 7664-93-9	FIRE CODE HAZARD CLASSES (See green page 25) Corrosive Liquid		210	
TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		214	FED HAZARD CATEGORIES <input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH 216	
AVERAGE DAILY AMOUNT 576	MAXIMUM AMOUNT 576	EHS-MAX AMT. IN POUNDS 576	ANNUAL WASTE AMOUNT NA	
UNITS* <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	LARGEST CONTAINER 14.4	# of DAYS ON SITE 365	STATE WASTE CODE NA	
STORAGE CONTAINER (Check all that apply)				
<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> f. PLASTIC CONTAINER <input type="checkbox"/> k. BAG <input type="checkbox"/> p. RAIL CAR <input type="checkbox"/> u. TANK WAGON <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> l. BOX <input type="checkbox"/> q. SILO <input checked="" type="checkbox"/> v. OTHER: <u>Within batteries</u> <input type="checkbox"/> c. PRESSURIZED TANK <input type="checkbox"/> h. VAT <input type="checkbox"/> m. CYLINDER <input type="checkbox"/> r. TANK INSIDE <input type="checkbox"/> d. MAGAZINE <input type="checkbox"/> i. IN MACHINERY <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> s. CARBOY <input type="checkbox"/> e. DRUM <input type="checkbox"/> j. ON TRUCK <input type="checkbox"/> o. VARIOUS <input type="checkbox"/> t. TOTE BIN				
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224				
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 225				
%WT		HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	30.0	Sulfuric Acid	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7664-93-9
2	70.0	Water	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

PLACARDING INFORMATION

UNDOT# _____ Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ Refer to shipping papers or MSDS

EPCRA YES NO

X _____
If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

HAZARDOUS MATERIALS INVENTORY FORM

ADD DELETE REVISE 2007

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Officer/HE/Store (Time Warner Cable, Inc.)			3
CHEMICAL LOCATION (Where chemical is located, e.g. southwest corner of warehouse) Within battery units		201	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202
OFFICIAL USE ONLY	MAP #	203	GRID # 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Lead		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206
COMMON NAME Battery Electrode		207	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208
CAS # 7439-92-1	FIRE CODE HAZARD CLASSES (See green page 25) Toxic		210
TYPE (Check one item only) <input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212
PHYSICAL STATE (Check one item only) <input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		214	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 216
AVERAGE DAILY AMOUNT 2,624	MAXIMUM AMOUNT 2,624	EHS-MAX AMT. IN POUNDS	ANNUAL WASTE AMOUNT NA
217	218	219	220
UNITS* <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	LARGEST CONTAINER 65.6		# of DAYS ON SITE 365
221	215		222
STORAGE CONTAINER (Check all that apply)			
<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> f. PLASTIC CONTAINER	<input type="checkbox"/> k. BAG	<input type="checkbox"/> p. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> l. BOX	<input type="checkbox"/> q. SILO
<input type="checkbox"/> c. PRESSURIZED TANK	<input type="checkbox"/> h. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> r. TANK INSIDE
<input type="checkbox"/> d. MAGAZINE	<input type="checkbox"/> i. IN MACHINERY	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> s. CARBOY
<input type="checkbox"/> e. DRUM	<input type="checkbox"/> j. ON TRUCK	<input type="checkbox"/> o. VARIOUS	<input type="checkbox"/> t. TOTE BIN
			<input type="checkbox"/> u. TANK WAGON 223
			<input checked="" type="checkbox"/> v. OTHER: <u>Within batteries</u>
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224			
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 225			

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100.0	Lead	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	7439-92-1
2		<input type="checkbox"/> Yes <input type="checkbox"/> No 232	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No 236	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No 240	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No 244	

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# _____
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____
Refer to shipping papers or MSDS

EPCRA YES NO

X _____
If EPCRA, Please Sign Here

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

**CUPA
 BUSINESS ACTIVITIES**

I. FACILITY IDENTIFICATION		
FACILITY ID #	1	EPA ID # (Hazardous Waste Only) 2
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)	Office/HE/Store (Time Warner Cable, Inc.) 3	
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 Unified Program Consolidated Form...	
A. HAZARDOUS MATERIALS Have onsite (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (at standard temperature and pressure); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY FORM
B. UNDERGROUND STORAGE TANKS (USTs) 1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5	<input checked="" type="checkbox"/> NO FIRE DEPT FORM REQUIRED FOR EXISTING TANKS BUT AN ANNUAL UST PERMIT IS REQUIRED CONTACT OCCUPA (714) 667-3600
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6	<input checked="" type="checkbox"/> FIRE CODE PERMIT APPLICATION FORM #FD114 CONTACT OCCUPA (714) 667-3600
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<input checked="" type="checkbox"/> FIRE CODE PERMIT APPLICATION FORM #FD114 CONTACT OCCUPA (714) 667-3600
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs) Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	<input checked="" type="checkbox"/> NO FIRE DEPT FORM REQUIRED FOR EXISTING TANKS BUT AN ANNUAL AST PERMIT IS REQUIRED CONTACT OCCUPA (714) 667-3600
D. HAZARDOUS WASTE 1. Generate hazardous waste at or above quantities in Section A?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 9	<input checked="" type="checkbox"/> HAZARDOUS MATERIAL INVENTORY FORM CONTACT OCCUPA (714) 667-3600
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10	<input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600
3. Treat hazardous waste onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11	<input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600
4. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12	<input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600
5. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13	<input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<input checked="" type="checkbox"/> NO FORM REQUIRED TO THE CITY OF HUNTINGTON BEACH FIRE DEPARTMENT CONTACT OCCUPA (714) 667-3600
E. LOCAL REQUIREMENTS Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq ---Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15	<input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility (vocal, paging system, manual alarm, etc.).

Emergency Coordinators will notify facility employees of an emergency verbally or by telephone, intercom, portable radio, public address system or alarm system.

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

The Staging Area is at the following location, as shown on your Site Plan Map:

Refer to Site Plan.

Employee Responsibilities:

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

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

Small Spill: Chemicals will be picked up with absorbent materials by trained employees using proper protective clothing and safety equipment. Waste will be placed in a labeled waste drum compatible with the material it is holding.

Large Spill: Employees will notify the fire department. Time Warner employees are instructed not to handle any large-scale hazardous material release. They will call 911, evacuate to the staging area, and wait for emergency personnel to respond.

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

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

Employee training provided on:

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

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:

<u>Agency</u>	<u>Phone Numbers</u>
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

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

All materials are stored, used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, California Administrative Code, Titles 19 and 20.

This section is meant to initiate a Prevention Plan at your business and to assist in preventing a release, or threatened release, of a hazardous material. In the spaces provided, place a checkmark by the preventive actions which have been initiated by your business to abate hazards relating to hazardous material handling, use or storage.

Consideration shall include:

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

2. Compressed and/or cryogenic gas storage areas: Not Applicable
 - a. Cylinder stored upright and secured.
 - b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).

3. General:
 - a. Safe work practices are exercised in daily routines.
 - b. Employees who handle hazardous materials are properly trained
 - c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
 - e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
 - f. Posting of "No Smoking" signs where appropriate..

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

BUSINESS EMERGENCY PLAN

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

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

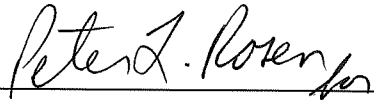
Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

Copies of this plan, training records, and all other applicable documentation are maintained in the facility office as well as in the Time Warner regional office.

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

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

I certify, under penalty of perjury, that the enclosed information is true and correct to the best of my knowledge.

Signature: 

Name: Matthew Smith

Title: Staff I Engineer, LFR Inc.

Date: 3/28/2007



ENVIRONMENTAL MANAGEMENT & CONSULTING ENGINEERING

March 30, 2007

010-01418-00

City of Garden Grove Fire Department
11301 Acacia Parkway
Garden Grove, California 92842

Subject: Time Warner Cable HMBPs

As required by California Health and Safety Code (HSC) Chapter 6.95, Article 1, Sections 25500 - 25520, enclosed are two new Hazardous Material Business Plans (HMBPs) for existing Time Warner Cable (TWC) facilities located in Garden Grove. The facility locations are summarized on the attached table.

LFR Inc. (LFR) has completed these documents on behalf of TWC. Please note that the enclosed plans cover the reporting period of January 1, 2007 through December 31, 2007.

If you have any questions, please do not hesitate to call us at 714-444-0111.

Sincerely,



Matthew Smith
Staff I Engineer



Peter L. Rosen, P.E.
Senior Associate Engineer

Attachments: HMBP Facility Summary Table
2 New HMBPs

Cc: Charlie Barrett, TWC
Mark Boone, TWC

3150 Bristol Street, Suite 250
Costa Mesa, California 92626-7324
Offices Nationwide

714.444.0111 m
714.444.0117 f

www.lfr.com



Time Warner Cable
Summary of Huntington Beach Fire Department HMBP Submissions
March 30, 2007

Facility Name	Facility Address	City	State	Zip Code
New HMBPs				
Hub Site	13252 Century Blvd	Garden Grove	CA	92843
Office/headend/store	7441 Chapman Ave 11935 VV BLVD	Garden Grove	CA	92641



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

3 0 0 3 5										1	BEGINNING DATE	12/12/05	2	ENDING DATE	12/31/05	5						
BUSINESS NAME										4	TIME WARNER CABLE					5	BUSINESS PHONE	714-903-8318	6			
BUSINESS SITE ADDRESS										7441 Chapman AVE					7		STATE	CA	8	ZIP	92841	9
CITY										GARDEN GROVE					10		SIC CODE (4 DIGIT #)	11		FIRE DISTRICT	12	
DUN & BRADSTREET										ORANGE					13							
BUSINESS OPERATOR NAME										14	DALE Bowles					15	OPERATOR'S PHONE				714-903-8375	

BUSINESS OWNER

OWNER NAME										16	TIME WARNER cable					17	OWNER PHONE				714-903-8318
OWNER MAILING ADDRESS										7441 Chapman AVE					18						
CITY										Garden Grove, Ca.					19	STATE	CA.	20	ZIP	92841	21

ENVIRONMENTAL CONTACT

CONTACT NAME										22	William Humphry					23	CONTACT PHONE				714-903-8318
CONTACT MAILING ADDRESS										7441 Chapman AVE					24						
CITY										Garden Grove					25	STATE	CA	26	ZIP	92841	27

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME										28	William Humphry					29	NAME				DALE Bowles	33
TITLE										SECURITY & SAFETY MANAGER					30	TITLE				System Engineer	34	
BUSINESS PHONE										714-903-8318					31	BUSINESS PHONE				714-903-8375	35	
24 HR. PHONE										[REDACTED]					32	PAGER #				[REDACTED]	36	
PAGER # Home										323-221-1287									37			

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:										38	VIDEO, High Speed INTERNET And Phone					39	TOTAL # OF EMPLOYEES				175	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)															40	ATTENTION				41		
PROPERTY OWNER NAME										42	SAME					43	ADDRESS				44	
PROPERTY OWNER NAME															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	W.G. Humphry					46	DATE				12/5/05	
NAME OF SIGNER (print)										47	William G. Humphry					48	NAME OF DOCUMENT PREPARER (print)				William Humphry	49
TITLE OF SIGNER										SECURITY & SAFETY MANAGER					48	TITLE OF DOCUMENT PREPARER				SECURITY & SAFETY MANAGER	50	

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies.
2. Repair Garages. H-4 occupancies.
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material, and that there are unusual circumstances justifying this exemption.

Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas

1. The type of alarm signal that will be used to initiate an evacuation at the facility: (vocal, paging system, manual alarm, etc.)

Fire Alarm -

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

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

The Parking Lot North of 7441 Chapman - (Shared by 11861 Western Ave).

Employee Responsibilities:

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

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

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Training Requirements

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

Employee training provided on:

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

Emergency Notifications

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous materials to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution.

Required Notifications

In the event of a release or threatened release of hazardous materials, it is state law to notify each of the following agencies:

Agency

Phone Numbers

Garden Grove Fire Department, Police,
Paramedics
Office of Emergency Services (OES)
National Response Center

911
(800) 852-7550 OR (916) 427-4341
(800) 424-8802

GARDEN GROVE FIRE DEPARTMENT HAZARDOUS MATERIALS DISCLOSURE PROGRAM

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Prevention

All materials are stored, used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, California Administrative Code, Titles 19 and 20.

This section is meant to initiate a Prevention Plan at your business and to assist in preventing a release, or threatened release, of a hazardous material. In the spaces provided, place a checkmark by the preventive actions which have been initiated by your business to abate hazards relating to hazardous material handling, use of storage.

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a Isolation and separation of incompatible materials
 - b Diking areas to contain spills
 - c Storage on paved ground
2. Compressed and/or cryogenic gas storage areas:
 - a Cylinders stored upright and secured
 - b Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.)
3. General:
 - a Safe work practices are exercised in daily routines.
 - b Employees who handle hazardous materials are properly trained.
 - c Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.)
 - e Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.)
 - f Posting of "No Smoking" signs where appropriate.

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

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

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

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

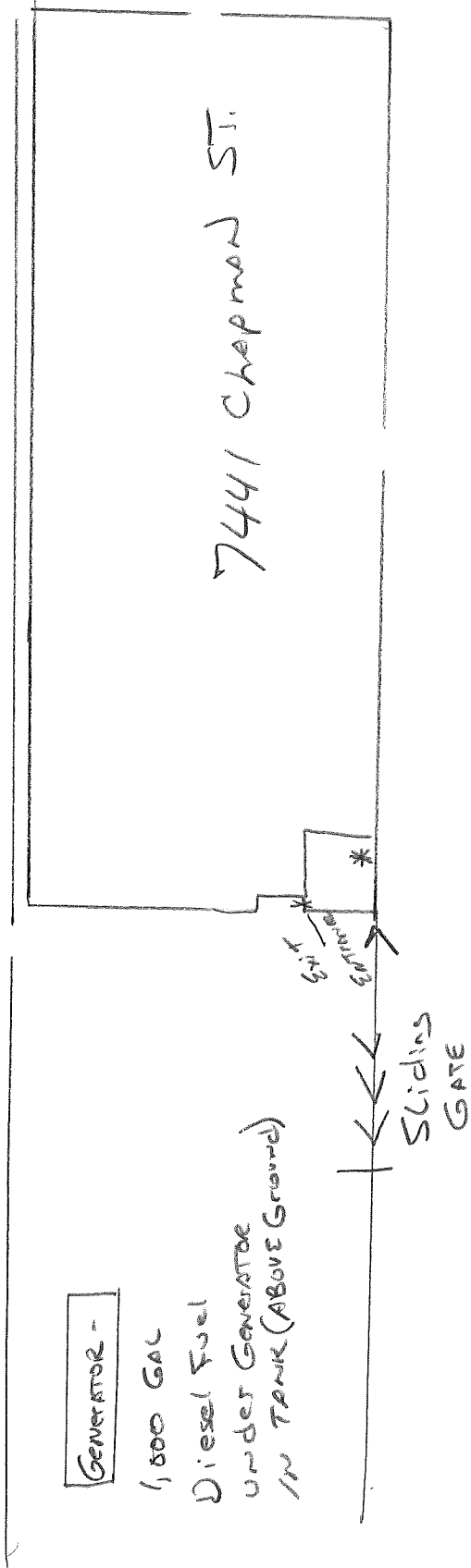
Show location on site map also using symbol in the legend.

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

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

SIGNATURE: W.G. Humphrey
NAME: William G. Humphrey
TITLE: SECURITY SAFETY MANAGER
DATE: 12/19/05

SWYKERR AVE



CHAPMAN ST.

* - SITE where MATERIAL IS LOCATED
NAME OF INDIVIDUAL AT SITE: DACE BOWLES -
BUS - 714-903-8735
CELL - 714-412-8128



Hazardous Material Disclosure

Business Information / Chemical Inventory / Business Emergency Plan



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

Date: 12-1-05
 Address: 7442 CHAPMAN File No: _____
 Occupant or DBA: TIME WARNER CABLE
 Owner/Manager: William Hummer Phone: 714-903-8318

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

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

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

- Complete Hazardous Materials Disclosure packet, HSC Chapter 6.95, Title 19 Div 2 Chapter 3, CFC 8001.3.2
- Failure to submit a Business Emergency Plan. [HSC 25505(a)(1)], CFC 8001.3.2
- Failure to review and/ or revise the Business Emergency Plan as required [HSC 25505(b)&(c)]

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

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

Additional Violations and/ or Notes:

Responsible party: X W.H. Hummer Re-inspection date: 12-15-05

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

Fire Dept. Inspector: CAPT Powell ID#: 6956

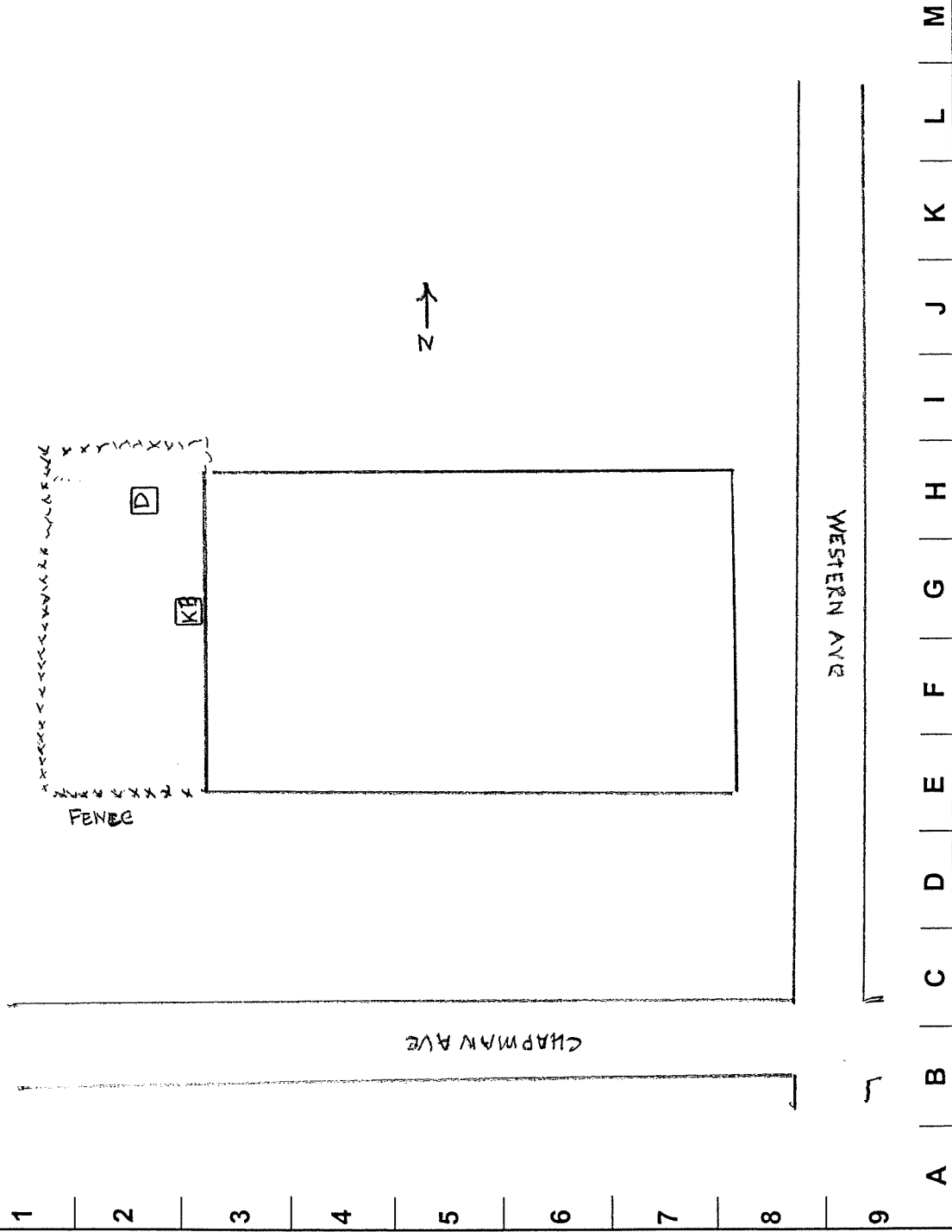
Condition upon re-inspection: Get file info & DELIVER Date: _____

SITE MAP

FORM 2

BUSINESS NAME TIME WARNER COMMUNICATIONS DATE 05/19/00
 BUSINESS ADDRESS 7441 CHAPMAN AVE ZIP CODE 92841

NO SCALE TO
DRAWING REQUIRED



SYMBOL LEGEND	
(E)	ELECTRICAL PANEL SHUT-OFF
(G)	NATURAL GAS SHUT-OFF
(W)	WATER SHUT-OFF
(PSD)	EMERGENCY PUMP SHUT-OFF
△	TANK MONITORING ALARM
↑	NORTH ORIENTATION
●	STORM DRAIN
▨	STAGING AREA EVACUATION
(MSDS)	MSDS LOCATION
●	FIRE HYDRANT
**	FENCE
(ER)	EMERGENCY RESPONSE EQUIPMENT/ABSORBENTS
○	UNDERGROUND STORAGE TANK
(M)	MOTOR OILS & LUBRICANTS COMBUSTIBLE LIQUIDS
(B)	BATTERY ELECTROLYTE
(D)	CORROSIVE LIQUIDS
(C)	DIESEL FUEL
(P)	COMPRESSED GAS
(A)	PROPANE
(W)	ANTIFREEZE/COOLANTS
(OF)	WASTE OIL
(F)	OR USED FILTERS
(S)	FLAMMABLE LIQUID
(O)	SOLVENT
(K)	OTHER
(KB)	KNOX BOX LOCATION
(AS)	AUTOMATIC SPRINKLERED BLDG.
↙	FIRE DEPARTMENT SPRINKLER CONNECTION
HELPFUL TO SHOW	
•	LOADING AREAS
•	PARKING LOTS
•	INTERNAL ROADS
•	ADJACENT STREET AND ALLEYS
•	FACILITY STORAGE AREA

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) OF 3)

BUSINESS NAME (4) TIME WARNER COMMUNICATIONS
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) 7441 CHAPMAN AVE
 MAP # (if more than one) (6) GRID # (7) G 2

CHEMICAL NAME (8) DIESEL FUEL NO.2 TRADE SECRET (11) Y N
 COMMON NAME (9) AHM / *EHS (12) Y N
 CAS # (10) 68476-34-6 *IF EHS BOX IS "Y"
 FIRE CODE HAZARD CLASSES* (13) C II ALL AMOUNTS MUST BE IN LBS

***COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16)
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) N/A UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 280
300 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 280
 DAYS ON SITE (20) 365 ANNUAL WASTE AMT (25) 0
 LARGEST CONTAINER (21)
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION

UN/DOT # 1993
 Refer to shipping papers or MSDS

DOT HAZARD CLASS 3
 Refer to shipping papers or MSDS

UFC HAZARD CLASS

NFPA 704 HAZARD DIAMOND
 FIRE RED

HEALTH BLUE → 0 (BLUE) (RED) 2 (REACTIVE YELLOW) ← REACTIVE YELLOW
 SPECIAL HAZARD ↗ 0 (WHITE) ↖ WHITE OX/WK

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED

MATERIAL SAFETY DATA SHEET

MSDS No.
APPC173 VER. 6



LOW SULFUR DIESEL NO. 2

Rev. Date
11/15/1994

ARCO PRODUCTS COMPANY
DIVISION OF ATLANTIC RICHFIELD COMPANY
1055 WEST SEVENTH STREET
LOS ANGELES, CALIFORNIA 90051

IMPORTANT: Read this MSDS before handling and disposing of this product and pass this information on to employees, customers, and users of this product.

1. GENERAL

Material Identity	LOW SULFUR DIESEL NO. 2	
Trade Name(s)	ARCO LOW SULFUR (EPA) DIESEL #2 LOW SULFUR DIESEL NO. 2; ARCO CALIFORNIA (CARB) DIESEL #2	
Other Name(s)	ON-ROAD DIESEL #2, LOW SULFUR OFF-ROAD DIESEL #2	
Chemical Description	THIS MATERIAL IS AN ORGANIC PETROLEUM LIQUID. THIS IS A COMPLEX (C9 TO C20) HYDROCARBON MIXTURE WHICH CONTAINS LESS THAN .05 WT% SULFUR.	
CAS Number	68476-34-6	
US DOT Description	(Proper Shipping Name, Hazard Class, ID no, Packing Group, any Add'l Description) DIESEL FUEL,3,NA1993,PG III	
Telephone Numbers	EMERGENCY 213 222-3212 LA POISON 800 424-9300 CHEMTREC	CUSTOMER SERVICE 800 322-2726 INFO ONLY

2. Immediate Hazards

COMBUSTIBLE! OSHA/NFPA Class-II or IIIA combustible liquid. Keep away from heat, sparks and open flame. Avoid the "switch loading" hazard (See Section 10).

Contains petroleum distillates! If swallowed, do not induce vomiting since aspiration into the lungs will cause chemical pneumonia. Obtain prompt medical attention.

May cause irritation of more serious skin disorders! May be harmful if inhaled! (See Sections 5 and 6) Avoid prolonged or repeated liquid, mist and vapor contact with eyes, skin and respiratory tract. Long term tests show that similar petroleum distillates have produced kidney damage and skin tumors on laboratory animals. Wash hands thoroughly after handling.

Respiratory irritation and reversible pulmonary effects are associated with exposure to diesel exhaust.

3. Components & Exposures

Component ¹	CAS No.	% Composition By Volume ²	ACGIH TLV	1992 Exposure Values			Units	Type
				OSHA PEL	ARCO EL			
HYDROCARBONS W/BOILING PT RANGE 325 TO 698F	68476-34-6	EQ 100	N/AP	N/AP	N/AP			
Other applicable exposure guidelines: STODDARD SOLVENT	8052-41-3		100	100	N/AP	ppm	TWA	

¹ Carcinogen displayed after Component Name. Listed by (1) NTP, (2) IARC, (3) OSHA, (4) Other

² See Abbreviations on last page

4. Fire and Explosion

Flash Point (Method) AP 125° TO 150°F (D-93) <small>See "Fire and Explosion Hazards"</small>	Autoignition Temperature (Method) AP 495°F (E-659) <small>Based on NFPA "Fuel Oil No. 2"</small>	Flammable Limits (% Vol. in Air) <small>At Normal Atmospheric Temperature and Pressure</small> Lower AP 0.6 Upper AP 7.5 <small>Based on NFPA "Fuel Oil No. 1/Gas Oil"</small>
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Fire and Explosion Hazards COMBUSTIBLE! When heated above the flash point, this material will release flammable vapors which if exposed to an ignition source, can burn in the open or be explosive in confined spaces. Mists or sprays may be flammable at temperatures below the normal flash point. For "switch loading" procedures, see Section 10.

Extinguishing Media	Foam	NFPA Hazard Rating:	Health = 0 Fire = 2 Reactivity = 0 Special =
	Dry chemical Halon Carbon dioxide Water and water fog may be used to cool the fire, but may not extinguish the fire.		

Special Firefighting Procedures For fires involving this material, do not enter any enclosed or confined fire space without proper protective equipment. This may include self-contained breathing apparatus to protect against the hazardous effects of combustion products and oxygen deficiencies. Cool tanks and containers exposed to fire with water.

5. Health Hazards

Summary of Acute Health Hazards Contact with liquid, mist, or vapor can irritate skin and respiratory tract. Aspiration into the lungs may cause chemical pneumonia.

Routes of Exposure	Signs and Symptoms	Primary Route(s)
Inhalation	Vapors or mists from this material, at concentrations greater than the recommended exposure limits in Section 3, can cause irritation of the nose, throat, and lungs, headache, dizziness, loss of coordination, fatigue, nausea and labored breathing. Airborne concentrations above the recommended exposure limits are not anticipated during normal workplace or refueling activities due to the slow evaporation of this material at ambient temperatures.	✓
Eye Contact	Not expected to cause prolonged or significant eye irritation.	
Skin Contact	Moderate skin irritation may occur upon short term exposure.	
Ingestion	May cause irritation of the mouth, throat, and gastrointestinal tract leading to nausea, vomiting, diarrhea, and restlessness. May cause headache, dizziness, drowsiness, loss of coordination, fatigue, nausea and labored breathing.	

Summary of Chronic Hazards and Special Health Effects Personnel with pre-existing central nervous system disease, skin disorders or chronic respiratory diseases should be evaluated by an appropriate health professional before exposure to this material.
Prolonged/repeated skin exposure, inhalation or ingestion of this material may result in adverse dermal or systemic effects. Avoid prolonged or repeated exposure.

6. Protective Equipment and Other Control Measures

Respiratory	A NIOSH/MSHA-approved air-purifying respirator with an organic vapor cartridge may be permissible under certain circumstances where airborne concentrations may exceed the exposure limits in Section 3. NOTE: The protection provided by air-purifying respirators is limited. Use a positive pressure air-supplied respirator if there is any potential for an uncontrolled release, if exposure levels are not known, or if concentrations exceed the protection limits of the air-purifying respirator. Consult with a health and safety professional for guidance in respirator selection. Respirator use should follow OSHA 29 CFR 1910.134.
Eyes	Eye protection should be worn. If there is a potential for splashing or spraying, chemical-type goggles and, if appropriate, a face shield should be worn. If contact lenses are worn, contact an eye specialist or a safety professional for additional precautions. Suitable eye wash should be available in case of eye contact with this material.



LOW SULFUR DIESEL NO. 2

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Skin Avoid skin contact with this material. If conditions or frequency of use make skin contact likely, clean impervious clothing such as gloves, apron, boots and facial protection should be worn. Nitrile, neoprene, or Viton protective clothing material is recommended.

When working around equipment or processes which may create the potential for significant skin contact, full body coverage should consist of impervious boots and oil-resistant coated Tyvek suit or other impervious jacket and pants.

Engineering Controls Where possible, use adequate ventilation to keep vapor and mist concentrations of this material below the occupational exposure limits shown in Section 3. Electrical equipment should follow National Electrical Code (NEC) standards.

Other Hygienic and Work Practices Use good personal hygiene practices. In case of skin contact, wash with mild soap and water or a waterless hand cleaner. Wash hands and other exposed areas thoroughly before eating, drinking or smoking.

Non-impervious clothing which becomes contaminated with this material should be immediately removed and not reworn until the material is washed thoroughly and the contamination is effectively removed from clothing. Discard soaked leather goods which cannot be effectively cleaned.

7. Emergency and First Aid

Inhalation Immediately move personnel to area of fresh air. For respiratory distress, give oxygen, rescue breathing, or administer CPR (cardiopulmonary resuscitation), if necessary. Obtain medical attention if breathing difficulty continues.

Eye Contact Flush with clean low-pressure water for at least 15 minutes. If pain or irritation persists after flushing, obtain medical attention.

Skin Contact Promptly remove contaminated clothing. Thoroughly wash affected skin with soap and water. If there are signs or symptoms of irritation, obtain medical attention.

Ingestion Do not induce vomiting, since aspiration into the lungs may cause chemical pneumonia. If aspiration occurs, promptly obtain medical attention.

Emergency Medical Treatment Procedures See above procedures.

8. Spill and Disposal

Precautions if Material is Spilled or Released Contain spill, evacuate non-essential personnel, and safely stop flow. On hard surfaces, spilled material may create a slipping hazard. Equip cleanup crews with proper protective equipment (as specified in Section 6) and advise of hazards. Clean up by recovering as much spilled or contaminated materials as possible and placing into closed containers. Consult with an environmental professional for the federal, state and local cleanup and reporting requirements for spills and releases.

Waste Disposal Methods Maximize recovery for reuse or recycling. Consult with environmental professional to determine if state or federal regulations would classify spilled or contaminated materials as a hazardous waste. Use only approved transporters, recyclers, treatment, storage or disposal facilities. Comply with all federal, state and local laws pertaining to waste management.

9. Physical and Chemical Data

Boiling Point AP 325° TO 698°F	Viscosity Units, Temp. (Method) AP 3 TO 3.5 CST AT 100°F (D-445)	Dry Point UK
Freezing Point AP 0° TO 24°F	Vapor Pressure, Temp. (Method) LT 0.04 AT 100°F (REID-PSIA)	Volatile Characteristics Slight
Specific Gravity (H₂O = 1 @ 39.2°F) AP 0.85 TO 0.87	Vapor Sp. Gr. (Air=1.0 @ 60°F-90°F) AP 6	Solubility in Water Negligible
		PH N/AP



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		PH N/AP

Hazardous Polymerization Not expected to occur	Other Chemical Reactivity N/A	Stability Stable
Other Physical and Chemical Properties	Sulfur content = 0 to 0.05 wt.% Conductivity = GT 50 ps/M Cetane # = 40 to 57	
Appearance and Odor	Light yellow to amber-colored liquid; kerosene odor. When sold for off-road vehicle use in the United States, this material will be dyed red.	
Conditions to Avoid	Heat and ignition sources.	
Materials to Avoid	Strong acids, alkalis, and oxidizers such as liquid chlorine and oxygen.	
Hazardous Decomposition Products	Burning or excessive heating may produce carbon monoxide and other harmful gases or vapors including oxides of sulfur.	

10. Additional Precautions

Handling, Storage and Decontamination Procedures	Special slow load procedures for "switch loading" must be followed to avoid the static ignition hazard that can exist when this material is loaded into tanks previously containing gasoline or other low flash point products (see API Publication 2003). KEEP CONTAINERS CLOSED AND AWAY FROM HEAT AND IGNITION SOURCES! All electrical equipment in areas where product is stored/handled should be installed in accordance with applicable requirements of the National Electric Code (NEC). Do not use this product as a cleaning agent. Empty containers retain some liquid and vapor residues, and hazard precautions must be observed when handling empty containers. WARNING: Use of any hydrocarbon fuel in spaces without adequate ventilation may result in generation of hazardous levels of combustion products and inadequate oxygen levels for breathing.
General Comments	Some of the information presented and conclusions drawn herein are from sources other than direct test data on the mixture itself.
Supplemental Toxicology Information	<p>Inhalation: Toxicity studies on this material resulted in LC50 values greater than 5 mg/l indicating a low potency. However, during exposure, the material caused labored breathing, reduced activity and nasal discharge.</p> <p>Exposure to diesel exhaust may result in reversible symptoms, such as respiratory tract irritation (wheezing, chest tightness), mucous membrane irritation, central nervous system effects (headache and light headedness), nausea, vomiting and heartburn.</p> <p>Eye Contact: Animal studies have been performed on this material with minimal to no irritation being reported. Ten minutes of exposure to diesel oil aerosols (166 ppm) have been reported to be non-irritating in humans.</p> <p>Skin Contact: Animal studies with this material have resulted in moderate skin irritation following short term exposure or prolonged/repeated exposure. This material appears to be non-sensitizing. The acute dermal toxicity tests indicate LD50 values greater than 2.0 g/kg indicating a low potency.</p> <p>Ingestion: The acute oral toxicity tests indicate LD50 values greater than 5.0 g/kg indicating a low potency. In young children, ingested diesel fuel produced symptoms of cough, dyspnea (labored breathing), pneumonia, tachycardia (rapid heart beat), somnolence (drowsiness), cardiac dilation, vomiting, fever and breath and vomitus of a characteristic odor. Aspiration can result in a fatal chemical pneumonia.</p> <p>Prolonged/Repeated Exposures: This product contains petroleum distillates similar to those shown to produce skin tumors and kidney damage in laboratory animals.</p> <p>Lifetime exposure to whole diesel exhaust has been shown to produce lung tumors in laboratory animals. The exact relationship between these findings and possible human effects is not known.</p> <p>Twenty eight day dermal toxicity studies with this material resulted in skin irritation and no systemic toxicity.</p>



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11. Regulatory Information

SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (SARA), TITLE III

Section 311/312 Hazard Categories:

Immediate (acute) health hazard
Delayed (chronic) health hazard
Fire hazard

No chemicals in this product exceed the De Minimus reporting level established by SARA Title III, Section 313 and 40 CFR 372.

TOXIC SUBSTANCES CONTROL ACT (TSCA)

All components of this product are listed on the TSCA Inventory.

COMPREHENSIVE ENVIRONMENTAL RESPONSE, COMPENSATION AND LIABILITY ACT (CERCLA)

This material is covered by CERCLA's PETROLEUM EXEMPTION.
(Refer to 40 CFR 307.14)

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT OF 1986 - PROPOSITION 65

This product may contain trace amounts of the following chemical(s) listed by the state of California as "Known to cause cancer" or "birth defects or other reproductive harm".

Component Name

BENZENE
TOLUENE

--- Note --- Abbreviations: EQ = Equal AP = Approximately N/P = No Applicable Information Found
LT = Less Than UK = Unknown N/AP = Not Applicable
GT = Greater Than TR = Trace N/DA = No Data Available

Disclaimer of Liability

The information in this MSDS was obtained from sources which we believe are reliable. HOWEVER, THE INFORMATION IS PROVIDED WITHOUT ANY WARRANTY, EXPRESS OR IMPLIED, REGARDING ITS CORRECTNESS.

The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may be beyond our knowledge. FOR THIS AND OTHER REASONS, WE DO NOT ASSUME RESPONSIBILITY AND EXPRESSLY DISCLAIM LIABILITY FOR LOSS DAMAGE OR EXPENSE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE HANDLING, STORAGE, USE OR DISPOSAL OF THE PRODUCT.

This MSDS was prepared and is to be used only for this product. If the product is used as a component in another product, this MSDS information may not be applicable.

ATLANTIC RICHFIELD SPECIFICATION

CALIFORNIA DIESEL
CARB DIESEL NO. 2

BRAND NAMES
ARCO CARB Diesel 10669
AND

Unbranded CARB Diesel 10669

PRODUCT CODES

Unbranded Tax-exempt CARB Diesel 10683

This product meets California requirements for use as a motor vehicle fuel. For additional information, consult the following section of the On-line Product Specifications Book: Diesel No. 2, Approved Additives.

PROPERTY	TEST METHOD	LIMITS
Appearance	ARCO 8039	Bright
Aromatics, V%	D5186-96*	See Footnote (7)
Ash, W%	D482	Max 0.01
Carbon Residue, Rams., 10 V% Bottoms	D524	Max 0.35 (1)
Cetane Number	D613-84	Min 40 (7)
Cloud, °F (°C)	D2500* or D3117	See Footnote (2)
Color, ASTM	D1500	Max 2.5 (3)
Color, Visible	—	Undyed (4)
Conductivity, 75 °F, pS/m	D2624	Min 50 (5)
Copper Corrosion, 3 hrs @ 122°F (50°C)	D130	Max No. 3
Distillation	D86-96	Record
50% Recovered, °F (°C)		Min 540 (282)
90% Recovered, °F (°C)		Max 640 (338)
90% Recovered, °F (°C)		Max 698 (370)
End Point, °F (°C)		See Footnote (2)
Flash, PM °F(°C)	D93	30.0-42.0
Gravity, API	D287	See Footnote (7)
Nitrogen, ppm	D4629-96	Max 10
Particulates, mg/l	D2276	See Footnote (7)
Polynuclear Aromatics, W%	D2425-83 or D5186-96	See Footnote (7)
Pour, °F(°C)	D97	See Footnote (2)
Rust, 3.5 hr. @ 100°F	ARCO 8003	Min B++ (6)
Stability, mg/100 ml	D2274	Max 1.0
Sulfur, ppm	D2622-94 or D5453-93	See Footnote (7)
Viscosity, Kinematic 104°F (40°C), cSt	D445	1.9-4.1
Water and Sediment, V%	D1796	Max 0.05
	* Referee Method	

January, 1997
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Refer to On-line Specifications for up-to-date requirements.

ATLANTIC RICHFIELD SPECIFICATION

CALIFORNIA DIESEL

CARB DIESEL No. 2

FOOTNOTES

- (1) This specification applies only to the base fuel without cetane improver (see ASTM test method D524, Note 3).
- (2) Cloud, Pour, and Flash Point requirements are as follows. Dates apply at the refinery shipping point. Flash Point limits in the Table apply to shipments from Cherry Point; mini-mum Flash Point for LAR is 135 degF for all destinations. (Rp = report requirement only)

(Deg F)	--- Cloud Point, Max ---				--- Pour Point, Max ---			Flash,	
	Oct	Nov- Feb	Mar	Apr- Sep	Oct	Nov- Feb	Mar	Apr- Sep	Min (CP)
Arizona	====	====	====	====	====	====	====	====	====
California:	24	24	24	24	Rp	Rp	Rp	Rp	150
Chico	24	24	32	32	Rp	15	15	Rp	140
Bay Area	24	24	32	32	Rp	Rp	Rp	Rp	140
So Cal	24	24	32	32	Rp	Rp	Rp	Rp	140
Nevada:					Rp	Rp	Rp	Rp	150
Las Vegas	24	24	24	24	Rp	Rp	Rp	Rp	150
Reno	24	14	24	24	15	0	15	15	140
OR and WA:									
W of 122° long.	24	14	24	24	15	0	15	15	125

- (3) The ASTM color specification applies: at refinery shipping point only and, if fuel is dyed, to the base fuel prior to addition of red dye.
- (4) CARB diesel which is sold free of the Section 4081 Federal excise tax for tax-exempt uses, must be dyed red. See Diesel no. 2, Approved Additives, in the On-Line Specifications Book.
- (5) Refineries will add anti-static additive as required. Terminals will test tenders of P&E product and product of unknown origin for conductivity and add anti-static additive as required.
- (6) At the LA Refinery, this minimum applies only to pipeline shipments.
- (7) This product meets CARB requirements for these properties according to limits established by one of these CARB executive orders: G-714-007, G-714-008, or G-714-010. For further information, contact Quality Administration

January, 1997
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Refer to On-line Specifications for up-to-date requirements.

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

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility: (vocal, paging system, manual alarm, etc.)

Fire Alarm -

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

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

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

The Parking Lot North of 7441 Chapman - (Shared by 11861 Western Ave).

Employee Responsibilities:

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

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



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

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BUSINESS INFORMATION

3	0	0	3	5	BEGINNING DATE	1	ENDING DATE	2
TIME WARNER CABLE					12/12/05		12/31/05	
BUSINESS NAME					BUSINESS PHONE			
7441 Chapman AVE					714-903-8318			
BUSINESS SITE ADDRESS					CITY			
7441 Chapman AVE					GARDEN GROVE			
CITY					7	STATE	8	ZIP
DUN & BRADSTREET					10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT
ORANGE					4841		92841	2214
BUSINESS OPERATOR NAME					OPERATOR'S PHONE			
DALE Bowles					714-903-8375			

BUSINESS OWNER

OWNER NAME					16	OWNER PHONE		
TIME WARNER CABLE						714-903-8318		
OWNER MAILING ADDRESS					CITY			
7441 Chapman AVE					Garden Grove, CA.			
CITY					19	STATE	20	ZIP
						CA.		92841

ENVIRONMENTAL CONTACT

CONTACT NAME					22	CONTACT PHONE		
William Humphry						714-903-8318		
CONTACT MAILING ADDRESS					CITY			
7441 Chapman AVE					Garden Grove			
CITY					25	STATE	26	ZIP
						CA.		92841

PRIMARY

EMERGENCY CONTACTS

SECONDARY

NAME					28	NAME			33
William Humphry						DALE Bowles			
TITLE					29	TITLE			34
SECURITY & SAFETY MANAGER						System Engineer			
BUSINESS PHONE					30	BUSINESS PHONE			35
714-903-8318						714-903-8375			
24-HR. PHONE					31	24-HR. PHONE			36
714-715-1991						[REDACTED]			
PAGER					32	PAGER			37
[REDACTED] 287						[REDACTED]			

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:					38	TOTAL # OF EMPLOYEES			39
VIDEO, High Speed INTERNET And Phone						175			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)					40	ATTENTION			41
PROPERTY OWNER NAME					42	ADDRESS			43
SAME						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
W.G. Humphry						12/5/05			
NAME OF SIGNER (print)					47	NAME OF DOCUMENT PREPARER (print)			49
William G. Humphry						William Humphry			
TITLE OF SIGNER					48	TITLE OF DOCUMENT PREPARER			50
SECURITY & SAFETY MANAGER						SECURITY & SAFETY MANAGER			