SDMS DOCID # 1154726

Los Angeles City Fire Department

Telephone (213) 978-3680 **Fax** (213) 978-3615
200 N. Main St., 17th FL, Los Angeles CA 90012

Request for Information
Hazardous Materials Records

L.A.F.D.
DATA MANAGEMENT UNIT
PAID
DATE: 8/10/10
CHECK NUMBER: 111
INITIALS: [illegible]
AMT: $16.70

*** COMPLETE ONE FORM FOR EACH ADDRESS**

Request Date: 6/17/10

Requestor's Name: Svetlana Gelfond Fax #: (510) 446-7919

Company/Agency: SAIC Ph. #: (510) 466-7149

Address: 1000 Broadway Unit/Ste. #: 675

City: Oakland State: CA Zip: 94607

Information is requested for

☐ Active Facilities Only

Check all that apply: ☐ Inventory Summary ☑ Review File (appt. required)

Business Name:

Storage Address: 12201 Sherman Way Unit/Ste. #:

City: North Hollywood State: CA Zip: 91605

Reason for Request:

FOR OFFICE USE ONLY

☐ **NO INFORMATION ON FILE**
☐ **HARD FILE DESTROYED**

☑ **INFORMATION AVAILABLE**

Facility I.D. No.: FA9350
Request No. :
Processed Date: 6/17/10
APPT. TO REVIEW FILE: 8/11 @ 8am

Processor Signature: [illegible]

Allow 5 working days for processing

Fee Schedule:
Inventory Summary $11.00

Request Review File Copies:
Initial Fee $ 1.10
# of pgs. 156 x $0.10 = $5.60

TOTAL: $ 16.70

UNIFIED PROGRAM (UP) FORM

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

FACILITY ID #	F	A			0	0		0	9	3	5	0			1	EPA ID # (Hazardous Waste Only) CAD981690506	2

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

City of Los Angeles, GSD/FS, North Hollywood Repair Facility

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility...		If Yes, please complete these pages of the UPCF....
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	☒ YES ☐ NO 4	4 HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION 4 CONSOLIDATED CONTINGENCY PLAN (Section I and Site Map(s)) 4 TRAINING PLAN
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	☒ YES ☐ NO 5	4UST FACILITY 4UST TANK (one page per tank)
2. Intend to upgrade existing or install new USTs?	☐ YES ☒ NO 6	4UST FACILITY 4UST TANK (one per tank) 4UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)
3. Need to report closing a UST?	☐ YES ☒ NO 7	4UST TANK (closure portion –one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	☐ YES ☒ NO 8	NO FORM REQUIRED TO CUPAs
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	☒ YES ☐ NO 9	4 EPA ID NUMBER – provide at the top of this page. 4 As a generator, answer YES to Item E2b and complete Waste Generator Form.
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	☐ YES ☒ NO 10	4 RECYCLABLE MATERIALS REPORT
3. Treat hazardous waste on site?	☐ YES ☒ NO 11	4 ONSITE HAZARDOUS WASTE TREATMENT – FACILITY 4 ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	☐ YES ☒ NO 12	4 CERTIFICATION OF FINANCIAL ASSURANCE
5. Consolidate hazardous waste generated at a remote site?	☐ YES ☒ NO 13	4 REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	☐ YES ☒ NO 14	4 HAZARDOUS WASTE TANK CLOSURE CERTIFICATION
E. LOCAL REQUIREMENTS		15
1. REGULATED SUBSTANCES		
Have Regulated Substances (RS) including Extremely Hazardous Substances (EHS) stored on site at greater than the threshold planning quantities established by the California Accidental Release Program (Cal ARP) ?	☐ YES ☒ NO 15a	In addition to Hazardous Materials requirements, complete: 4 Regulated Substance Registration 4 Risk Management Plan (when required)
2. OTHER REQUIREMENTS		
a. Have hazardous materials stored on site at or above a threshold amount established by a CUPA's or PA's local ordinance?	☐ YES ☒ NO 15b	4 Consult local CUPA or PA for added reporting requirements.
b. Required by a CUPA or PA to provide other information?	☒ YES ☐ NO 15c	4 Waste Generator Form (LA County)

JAN 29 2008

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA

UNIFIED PROGRAM (UP) FORM

BUSINESS OWNER/OPERATOR IDENTIFICATION

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☒ REVISE/UPDATE (EFFECTIVE 10 / 30 /06 | PAGE OF

I. IDENTIFICATION

FACILITY ID# F A 0 0 0 9 3 5 0 1	BEGINNING DATE 100: 01-01-06	ENDING DATE 101: 12-31-06	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3: City of Los Angeles, GSD/FS, North Hollywood Repair Facility	BUSINESS PHONE 102: 818-756-8466		
BUSINESS SITE ADDRESS 103: 12201 Sherman Way			
CITY North Hollywood 104	CA	ZIP CODE 91605 105	
DUN & BRADSTREET 106		SIC CODE (4 digit #) 107	
COUNTY Los Angeles 108		UNINCORPORATED ☐ Yes ☒ No 133a.	
BUSINESS OPERATOR NAME 109: Timothy Schendel		BUSINESS OPERATOR PHONE 110: 818-756-8466	

II. BUSINESS OWNER

OWNER NAME 111: City of Los Angeles, General Services, Fleet Services		OWNER PHONE 112: 213-485-4962
OWNER MAILING ADDRESS 113: 2310 E. 7th Street		
CITY Los Angeles 114	STATE CA 115	ZIP CODE 90023 116

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: Darlene McKinney		CONTACT PHONE 118: 213-978-3786
CONTACT MAILING ADDRESS 119: 111 E. 1st Street, 6th Floor, Rm 600. Mail Stop 774		
CITY Los Angeles 120	STATE CA 121	ZIP CODE 90012 122

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: Timothy Schendel	NAME 128: Richard Coulson
TITLE 124: Automotive Supervisor	TITLE 129: Superintendent
BUSINESS PHONE 818-756-8466 125	BUSINESS PHONE 213-485-5106 130
24-HOUR PHONE City Hall Operator 213 485-2121 126	24-HOUR PHONE City Hall Operator 213 485-2121 131
Phone # GSD Security 213 485-5605 127	Phone # GSD Security 213 485-5605 132

V. ADDITIONAL LOCALLY COLLECTED INFORMATION 133

NUMBER OF EMPLOYEES 44 133b	FEDERAL TAX IDENTIFICATION NUMBER 133c

MAILING/ BILLING INFORMATION

ADDRESS 133d	CITY 133e	STATE 133f	ZIP CODE 133g
111 E. 1st Street, 6th Floor, Rm 600. Mail Stop 774	Los Angeles	CA	90012

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 134: 11-25-2008	NAME OF DOCUMENT Prepare 135
NAME OF SIGNER (print) 136: TIM SCHENDEL	TITLE OF SIGNER 137: AUTOMOTIVE SUPERVISOR	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA

INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION			
BUSINESS NAME City of Los Angeles, GSD/FS, North Hollywood Repair Facility		3	FACILITY ID # 1 FA0009350
SITE ADDRESS 12201 Sherman Way	103	CITY North Hollywood	104	ZIP CODE 105 91605

The Consolidated Contingency Plan provides businesses a format to comply with the emergency planning requirements of the following three written hazardous materials emergency response plans required in California:

- Hazardous Materials Business Plan (HSC Chapter 6.95 Section 25504 (b) and 19 CCR Sections 2729-2732),
- Hazardous Waste Generator Contingency Plan (22 CCR Section 66264.52), and,
- Underground Storage Tank Emergency Response Plan and Monitoring Program (23 CCR Sections 2632 and 2641).

This format is designed to reduce duplication in the preparation and use of emergency response plans at the same facility, and to improve the coordination between facility response personnel and local, state and federal emergency responders during an emergency. Use the chart below to determine which sections of the Consolidated Contingency Plan need to be completed for your facility. If you are unsure as to which programs your facility is subject to, refer to the Business Activities Page.

PROGRAMS	SECTION(S) TO BE COMPLETED
Hazardous Materials Business Plan (HMBP)	Cover Page, Section I, and Site Map(s)
Hazardous Waste Generator (HWG)	Cover Page, Section I, and Site Map(s)
Underground Storage Tank (UST)	Cover Page, Sections I and II, and Site Map(s)
HMBP, HWG, UST	Cover Page, Sections I and II, and Site Map(s)

A copy of the plan shall be submitted to your local CUPA and at least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Describe below where a copy of your Contingency Plan, including the hazardous material inventories and Site Map(s), is located at your business:

A copy of the Business Plan will be kept in supervisor office, in a three-ring binder labeled as Business Plan. A copy of the Consolidated Contingency Plan will be posted for all employees to review.

PLAN CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information provided by this plan and to the best of my knowledge the information is accurate, complete, and true.

Printed Name of Owner/ Operator	Title of Owner/Operator
TIM SCHENDEL	Automotive Supervisor
Signature of Owner/ Operator	Date
	11-25-2008

We appreciate the effort of local businesses in completing these plans and will assist in every possible way. If you have any questions, please contact your local CUPA or PA.

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

ADVISORY

The site-specific Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. The contingency plan shall be reviewed, and immediately amended, if necessary, whenever:

- the plan fails in an emergency,
- the facility changes in its design, construction, operation, maintenance, or other circumstances in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents, or changes the response necessary in an emergency,
- the list of emergency coordinators changes, or
- the list of emergency equipment changes.

Submit a copy of any updates or changes to your local CUPA or PA.

UST owners/operators be advised that the local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures listed in the UST Emergency Response and Monitoring Plan as found Section II of the Consolidated Contingency Plan.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

I. FACILITY IDENTIFICATION		
BUSINESS NAME 3 City of Los Angeles, GSD/FS, North Hollywood Repair Facility		FACILITY ID # 1 FA0009350
SITE ADDRESS 103 12201 Sherman Way	CITY 104 North Hollywood	ZIP CODE 105 91605

II. EMERGENCY CONTACTS	
PRIMARY	**SECONDARY**
NAME 123 Timothy Schendel	NAME 128 Richard Coulson
TITLE 124 Automotive Supervisor	TITLE 129 Superintendent
BUSINESS PHONE 125 818-756-8466	BUSINESS PHONE 130 213-485-5106
24-HOUR PHONE 126 City Hall Operator 213-485-2121	24-HOUR PHONE 131 City Hall Operator 213-485-2121
Phone # 127 GSD Security 213-485-5605	Phone # 132 GSD Security 213-485-5605

III. EMERGENCY RESPONSE PLANS AND PROCEDURES

A. Notifications

Your business is required by State Law to provide an immediate verbal report of any release or threatened release of a hazardous material to local fire emergency response personnel, this Unified Program Agency (CUPA or PA), and the Office of Emergency Services. If you have a release or threatened release of hazardous materials, immediately call:

FIRE/PARAMEDICS/POLICE/SHERIFF
PHONE: 9-911

AFTER the local emergency response personnel are notified, you shall then notify this Unified Program Agency and the Office of Emergency Services.

Local Unified Program Agency: (323) 890-4317
State Office of Emergency Service: (800) 852-7750 or (916) 845-8911
National Response Center: (800) 424-8802

Information to be provided during Notification:

- Your Name and the Telephone Number from where you are calling.
- Exact address of the release or threatened release.
- Date, time, cause, and type of incident (e.g. fire, air release, spill etc.)
- Material and quantity of the release, to the extent known.
- Current condition of the facility.
- Extent of injuries, if any.
- Possible hazards to public health and/ or the environment outside of the facility.

B. Emergency Medical Facility

List the local emergency medical facility that will be used by your business in the event of an accident or injury caused by a release or threatened release of hazardous material

HOSPITAL/CLINIC: Serra Medical Clinic	PHONE NO: 818-504-4774
ADDRESS: 9375 San Fernando Road	
CITY: Sun Valley	ZIP CODE: 91352

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DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

C. Private Emergency Response

DOES YOUR BUSINESS HAVE A PRIVATE ON-SITE EMERGENCY RESPONSE TEAM? ☐ Yes ☒ No

If yes, provide an attachment that describes what policies and procedures your business will follow to notify your on-site emergency response team in the event of a release or threatened release of hazardous materials.

CLEANUP/DISPOSAL CONTRACTOR

List the contractor that will provide cleanup services in the event of a release.

NAME OF CONTRACTOR:	PHONE NO:
Clean Harbors	310-764-5851
ADDRESS: 2500 E. Victoria Street	
CITY: Compton	ZIP CODE: 90220

D. Arrangements With Emergency Responders

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

E. Evacuation Plan

1. The following alarm signal(s) will be used to begin evacuation of the facility *(check all which apply)*:

☒ Verbal ☐ Telephone *(including cellular)* ☐ Alarm System ☒ Public Address System ☐ Intercom
☐ Pagers ☐ Portable Radio ☒ Other *(specify)*: Air Horn

2. ☒ Evacuation map is prominently displayed throughout the facility.

3. ☒ Individual(s) responsible for coordinating evacuation including spreading the alarm and confirming the business has been evacuated:

Supervisors or Acting Supervisors

F. Earthquake Vulnerability

Identify areas of the facility where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☒	Hazardous Waste/ Hazardous Materials Storage Areas			☐	Production Floor	☒	Process Lines
☐	Bench/ Lab	☐	Waste Treatment	☐	Other:		

Identify mechanical systems where releases could occur or would require immediate inspection or isolation because of the vulnerability to earthquake related ground motion.

☒	Utilities	☒	Sprinkler Systems	☐	Cabinets	☐	Shelves
☐	Racks	☒	Pressure Vessels	☒	Gas Cylinders	☒	Tanks
☒	Process Piping	☒	Shut off Valves	☐	Other:		

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

G. Emergency Procedures
Briefly describe your business standard operating procedures in the event of a release or threatened release of hazardous materials:
1.**PREVENTION** (prevent the hazard) - Describe the kinds of hazards associated with the hazardous materials present at your facility. What actions would your business take to prevent these hazards from occurring? You may include a discussion of safety and storage procedures.
The hazards associated with most petroleum products are skin irritation, eye contact, inhalation danger and danger of
explosion or fire.
Prevention - 1. All employees are trained in safety measures and proper handling.
2. All materials are stored properly in bermed areas and containment containers.
3. Signs are posted. 4. Hazardous waste is stored for only 90 days.
5. Minimum of products used is stored. 6. MSDS and protective equipment are readily available.
2.**MITIGATION** (reduce the hazard) - Describe what is done to lessen the harm or the damage to person(s), property, or the environment, and prevent what has occurred from getting worse or spreading. What is your immediate response to a leak, spill, fire, explosion, or airborne release at your business?
1. Evacuate employees as necessary
2. Notify Fire Department 9-911
3. Notify State Office of Emergency Services (O.E.S.) 800 852-7550
4. Remove any source of possible ignition.
5. Ventilate area
3. **ABATEMENT** (remove the hazard) - Describe what you would do to stop and remove the hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your facility?
To stop a limited release - 1. Refer to M.S.D.S. 2. Confine spill with sand bags 3. Soak up with absorbent materials
to clean up a release. 4. Collect the contaminated waste and dispose of in accordance with local, state and federal
hazardous waste regulations

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

IV. Emergency Equipment

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	☒ Cartridge Respirators	E-4	
	☐ Chemical Monitoring Equipment *(describe)*		
	☒ Chemical Protective Aprons/Coats	Various Loc's	
	☒ Chemical Protective Boots	Various Loc's	
	☒ Chemical Protective Gloves	Various Loc's	
	☐ Chemical Protective Suits *(describe)*		
	☒ Face Shields	Various Loc's	
	☒ First Aid Kits/Stations *(describe)*		
	☒ Hard Hats	Various Loc's	
	☒ Plumbed Eye Wash Stations		
	☒ Portable Eye Wash Kits *(i.e. bottle type)*	Various Loc's	
	☒ Respirator Cartridges *(describe)*	E-4	
	☒ Safety Glasses/Splash Goggles	Various Loc's	
	☒ Safety Showers		
	☐ Self-Contained Breathing Apparatuses (SCBA)		
	☐ Other *(describe)*		
Fire Extinguishing Systems	☒ Automatic Fire Sprinkler Systems		
	☒ Fire Alarm Boxes/Stations	E-6	
	☐ Fire Extinguisher Systems *(describe)*		
	☐ Other *(describe)*		
Spill Control Equipment and Decontamination Equipment	☒ Absorbents (describe)	I-9	
	☒ Berms/Dikes (describe)	I-9	
	☐ Decontamination Equipment (describe)		
	☐ Emergency Tanks (describe)		
	☐ Exhaust Hoods		
	☐ Gas Cylinders Leak Repair Kits (describe)		
	☐ Neutralizers (describe)		
	☒ Overpack Drums	I-9	
	☐ Sumps (describe)		
	☐ Other (describe)		
Communications and Alarm Systems	☐ Chemical Alarms (describe)		
	☒ Intercoms/ PA Systems	E-6	
	☐ Portable Radios		
	☒ Telephones	E-5	
	☒ Underground Tank Leak Detection Monitors	G-6	Veeder Root System
	☐ Other (describe)		
Additional Equipment (Use Additional Pages if Needed.)			

* *Use the Location Codes (LC) from the Site Map(s) prepared for your Contingency Plan.*

** *Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.*

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION I: BUSINESS PLAN AND CONTINGENCY PLAN

V. EMPLOYEE TRAINING

All facilities which handle hazardous materials must have a written employee training plan. A blank plan has been provided below for you to complete and submit. The items listed below are required per Health and Safety Code Section 25504 (c) and Title 19 Section 2732.

Facility personnel are trained as follows:

☐	Familiarity with all plans and procedures specified in the Contingency Plan.
☐	Methods for Safe Handling of Hazardous Materials.
☐	Safety procedures in the event of a release or threatened release of a hazardous material.
☐	Use of Emergency Response equipment and supplies under the control of the business.
☐	Procedures for Coordination with local Emergency Response Organizations.

Training shall be provided:

- ☐ Initially for all new employees.
- ☐ Annually, including refresher courses, for all employees.

Note: These training programs may take into consideration the position of each employee.

Additional training should include:

- ☐ Internal alarm/notification procedures.
- ☐ Evacuation/re-entry procedures and assembly point locations.
- ☐ Material Safety Data Sheet (MSDS) training including specific hazard(s) of each chemical to which employees may be exposed, including routes of exposure *(i.e. inhalation, ingestion, absorption).*

VI. HAZARDOUS WASTE GENERATOR TRAINING

If your business is a hazardous waste generator, you are required to provide training in hazardous waste management for all workers who handle hazardous waste at your site (22 CCR §66265.16). You are also required to document training. The items below are required.

EMPLOYEE TRAINING	
☐	Facility personnel will successfully complete training within six months after the date of their employment or assignment to a facility or to a new position at a facility.
☐	Employees will not handle hazardous wastes without supervision until trained.
TRAINING DOCUMENTATION	
The owner or operator must maintain the following documents and records at the facility:	
☐	Job title for each position at the facility that is related to hazardous waste management, and the names of the employee(s) filling the position(s).
☐	Description for each position listed above (must include required skill, education, or other qualifications as well as duties of employees assigned to the position.
☐	Description of *type* and *amount* of both introductory and continuing training given to each employee.
☐	Records that document that the requirements for training or job experience have been met.
☐	Current employees' training records (to be retained until closure of the facility).
☐	Former employees' training records (to be retained at least three years after termination of employment).

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Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

I. FACILITY IDENTIFICATION		
BUSINESS NAME 3 City of Los Angeles, GSD/FS, North Hollywood Repair Facility		FACILITY ID # 1 FA0009350
SITE ADDRESS 103 12201 Sherman Way	CITY 104 North Hollywood	ZIP CODE 105 91605

II. MONITORING PLAN AND PROCEDURES

1. The frequency of monitoring is as follows:

a. Tank: Continuous

b. Piping: Continuous

2. The methods and equipment (name and model) used for monitoring include:

a. Tank: Veeder - Root TLS-350 Monitoring System

b. Piping: Veeder - Root TLS-350 Monitoring System

3. The location (s) where monitoring will be performed include:

Veeder Root mounted by compressor room.

Attach one page plot plan showing:
1. Location of underground storage tanks, buildings, and property lines.
2. Location of monitoring points and the monitoring system is located.

4. The name(s) of responsible person (s) performing the monitoring and/or maintaining the equipment include:

Sean Sullivan 213-978-3799

5. The reporting format for all monitoring performed is as follows:

a. Tank: Print-Out at Control Panel

b. Piping: Print-Out at Control Panel

6. The preventative maintenance schedule for the monitoring equipment is:

Annual System Certification

7. The training necessary for the operation of UST systems, including piping and monitoring equipment includes:

Level 2 and 3 Certification by Veeder - Root Corp.

Note: Training is scheduled and provided on Ann basis and training records for personnel are kept at the facility.

Be advised that this Emergency Response and Monitoring Plan must be kept at the UST location at all times. The local UST agency, CUPA or PA, must be notified within 30 days of any changes to the monitoring procedures. Consult your local UST agency for additional information on State and any local regulatory requirements concerning this Plan.

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SECTION II: UST EMERGENCY RESPONSE AND MONITORING PLAN

III. EMERGENCY RESPONSE PLAN

1. If an unauthorized release occurs, hazardous substances will be cleaned up by:

Clean Harbors under contract with City of Los Angeles for Haz-Mat Response

2. Agency notifications will be made as detailed in Section I of the Contingency Plan, and the local agency responsible for Underground Storage Tanks (USTs) shall be notified as required by state and local laws and regulations.

Local UST Agency L.A. City Fire Department	Phone 213-978-3680

3. The following persons are responsible for authorizing work necessary under the response plan:

Name	Title	Phone
	Plumbing Supervisor	213-978-3781
Sean Sullivan	Plumber	213-978-3799
Rene Villa-Agustin	Sr. Mgmt. Analyst II	213 473-7496

Additional Persons

4. The proposed methods and equipment to be used for removing and properly disposing of hazardous substances and cleanup wastes are the following:

To be determined by the Haz-Mat contractor at the time of the incident based on the proper safety and cleanup protocols

5. The location and availability of the required cleanup equipment listed in item #4 is as follows:

With contractor

6. The maintenance schedule for the cleanup equipment is as follows:

Unknown

7. Additional information:

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Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SITE MAP

A site plan and storage map must be included with your Contingency Plan. For relatively small facilities, these documents may be combined into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities *(generally those with complex and/or multiple buildings)* should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility Site Map has been provided on the reverse side of this page. You may complete that page or attach any other drawing(s) which contain(s) the information required below.

1. **Site Plan:** This drawing shall contain, at a minimum, the following information:

   a. Site Orientation (north, south, etc.);
   b. Approximate scale *(e.g. "1 inch = 10 feet".)*;
   c. Date the map was drawn;
   d. Locations of all buildings and other structures;
   e. Parking lots and internal roads;
   f. Hazardous materials loading/unloading areas;
   g. Outside hazardous materials storage or use areas;
   h. Storm drain and sanitary sewer drain inlets;
   i. Wells for monitoring of underground tank systems;
   j. Primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas;
   k. Adjacent property use;
   l. Locations and names of adjacent streets and alleys;
   m. Access and egress points and roads.

2. **Storage Map(s):** The map(s) shall contain, at a minimum, the following information:

   a. General purpose of each section/area within each building *(e.g. "Office Area", "Manufacturing Area", etc.)*;
   b. Location of each hazardous material/waste storage, dispensing, use, or handling area *(e.g. individual underground tanks, aboveground tanks, storage rooms, paint booths, etc.)*. Each area shall be identified by a unique location code number, letter, or name *(e.g. "1", "2", "3"; "A", "B", "C", etc.)*;
   c. Entrances to and exits from each building and hazardous material/waste room/area;
   d. Location of each utility emergency shut-off point *(i.e. gas, water, electric.)*;
   e. Location of each monitoring system control panel *(e.g. underground tank monitoring, toxic gas monitoring, etc.)*.

3. **Map Legend**

Item and/or Description	Location Code (LC)
Carbon Dioxide	E-3, E-4
Acetylene	E-3, E-4
Argon	E-3, E-4
Oxygen	E-3, E-4
Aqua works MPC Cleaning Solution	Various Locations
Ethylene Glycol	G-7
Helium	E-3, E-4
Grease	Repair Shop/ I-9
Motor Oil	Repair Shop/ I-9
Hydraulic Oil	Repair Shop/ I-9
Gear Lubricant	Repair Shop/ I-9
Automatic Transmission Fluid	Repair Shop/ I-9
Turf Protector Oil	Repair Shop/ I-9
Powerball	Repair Shop/ I-9
Used Drained Oil Filters	G-7 I-9
Waste Batteries	I-2

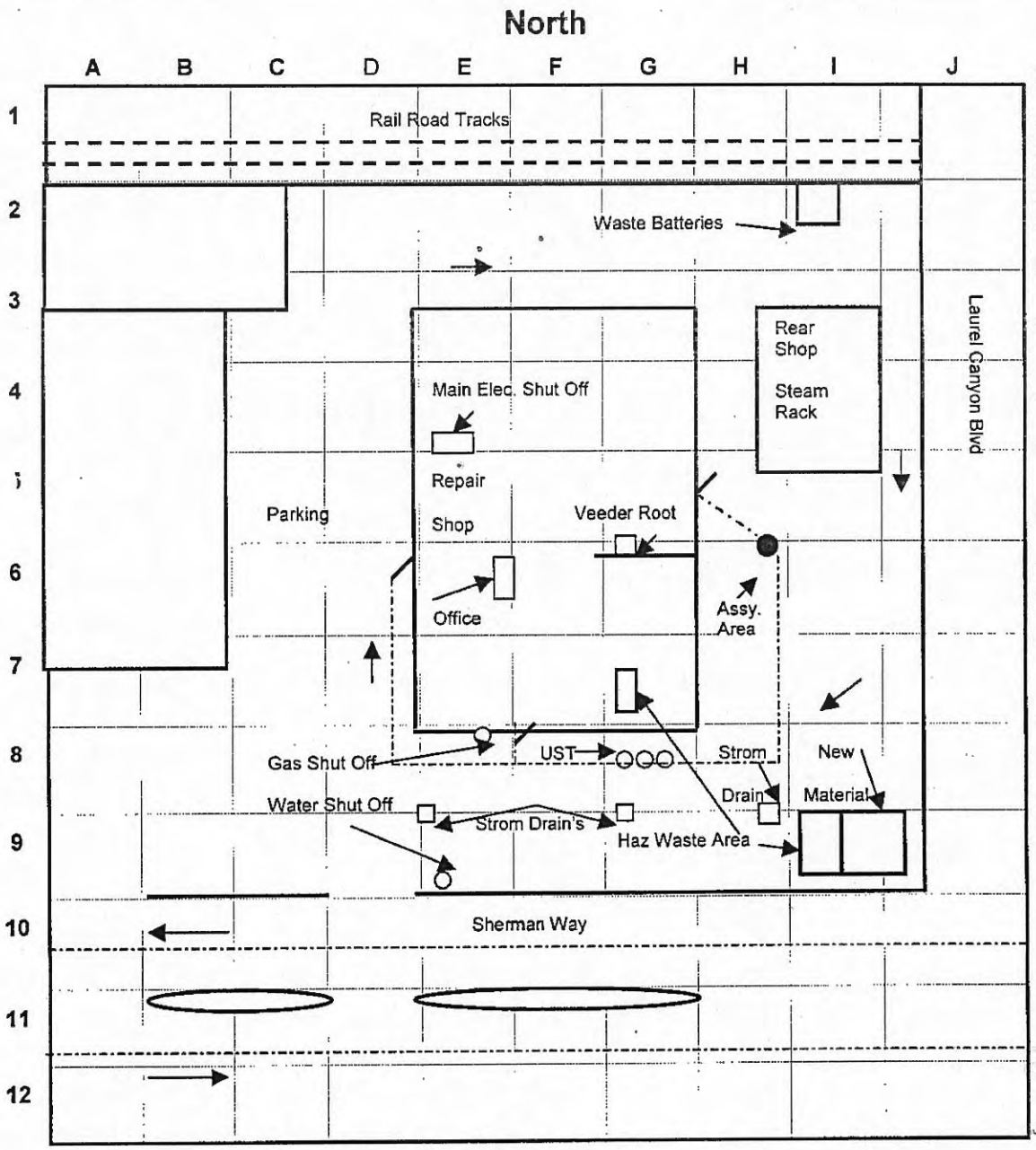
3. Map Legend Continued

Item and/or Description	Location Code (LC)
UST Hydraulic Oil	G-8
UST Motor Oil	G-8
UST Waste Motor Oil	G-8

Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

SITE MAP

BUSINESS NAME			3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility			
SITE ADDRESS 103	CITY 104	ZIP CODE 105	
12201 Sherman Way	North Hollywood	91605	
DATE MAP DRAWN	MAP #	FACILITY ID #	1
01-10-2007	1	FA 00 09350	



For Site Map

- Scale of Map
- Loading Areas
- Parking Lots
- Internal Roads
- Storm and Sewer Drains
- Adjacent Property Use
- Locations and Names of Adjacent Streets and Alleys
- Access and Egress Points and Roads
- Primary and Alternate Evacuation Routes

For Sub-Site Map

- Scale of Map
- Location of Each Storage Area
- Location of Each Hazardous Material Handling Area
- Location of Emergency Response Equipment

Scale:
1" = _____Ft.

North

Y X

Received
JAN 29 2009

OFFICIAL USE ONLY		DATE RECEIVED		REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☒REVISE REPORTING YEAR 2007 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
ACETYLENE, ETHYNE

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ACETYLENE, ETHYNE 207 | EHS* ☐ Yes ☒ No 208

CAS# 74862 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐Yes ☒No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 | LARGEST CONTAINER 330 Cubic Feet 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
1815	3630		

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO
☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER
☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON
☐ q. RAIL CAR ☐ r. OTHER
223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☒ No 228	229
2 230	231	☐Yes ☒ No 232	233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐Yes ☒ No 240	241
5 242	243	☐Yes ☒No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
ETHYLENE GLYCOL

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ANTI-FREEZE 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
55	110		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☒ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 90 – 96 226	Ethylene Glycol 227	☐ Yes ☒ No 228	107-21-1 229
2 2 – 4 230	Deionized 0Water 231	☐ Yes ☒ No 232	7732-18-5 233
3 1 – 3 234	Proprietary Additives 235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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City of Los Angeles, GSD/FS, North Hollywood Repair Facility

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FACILITY ID # F A 0 0 0 9 3 5 0 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME AQUAWORKS MPC CLEANING SOLUTION 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 50 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
400	400		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☒ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 .5-1.5 226	SODA ASH 227	☐ Yes ☒ No 228	4497198 229
2 .5-1.5 230	LINEAR PRIMARY ALCOHOL ETHOXYLATE 231	☐ Yes ☒ No 232	68439463 233
3 .5-1.5 234	ISONONANOIC 235	☐ Yes ☒ No 236	3302101 237
4 238	239	☐ Yes ☐ No 240	241
5 242	243	☐ Yes ☐ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
ARGON

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ARGON GAS 207 | EHS* ☐ Yes ☒ No 208

CAS# 7440371 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214 | LARGEST CONTAINER 330 cubic feet 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
330	660		

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER 223
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☒ No 228	229
2 230	231	☐ Yes ☒ No 232	233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

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City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME AUTO TRANSMISSION FLUID 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐Yes ☒No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
220	330		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 PART OF 80 226	HYDROTREATED DIST. HVY PARA 227	☐ Yes ☒ No 228	64742547 229
2 PART OF 80 230	SOLVENT DEWAXED DIST., HVY PAR 231	☐Yes ☒ No 232	64742650 233
3 PART OF 80 234	DISTILLATES, HYDROTREATED 235	☐ Yes ☒ No 236	64742558 237
4 PART OF 80 238	DISTILLATES, SOLVENT DEWAXED 239	☐Yes ☒ No 240	64742569 241
5 PART OF 80 242	SOLVENT REF. DIST. LT. NAPHTHEN 243	☐Yes ☒No 244	64741975 245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

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

City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

Carbon Dioxide

TRADE SECRET ☐ Yes ☒ No 206

If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* ☐ Yes ☒ No 208

CAS# 124-38-9 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER 330 cubic feet 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
660	990		

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221

* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☒ No 228	229
2 230	231	☐ Yes ☒ No 232	233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

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City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
GEAR LUBRICANT

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
55	440		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	LUBRICATING BASE OIL MAY BE A MIXTURE OF ANY OF THE CAS: 72623837 227	☐ Yes ☒ No 228	64741884, 64741895 229
2 230	231	☐ Yes ☒ No 232	64741964, 64741975 233
3 234	235	☐ Yes ☒ No 236	64742014, 64742525 237
4 238	239	☐ Yes ☒ No 240	64742536, 64742547 241
5 242	243	☐ Yes ☒ No 244	64742627, 64742650 245

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☒REVISE REPORTING YEAR 2007 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
GREASE EP NLG 2

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☒b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 55 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
55	110		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 PART OF 65 226	SOLVENT DEAXED IDST. HVY PAR 227	☐ Yes ☒ No 228	64742650 229
2 PART OF 65 230	HYDROTREATED IDST. HVY NAPHTH 231	☐Yes ☒ No 232	64742525 233
3 PART OF 65 234	SOLVENT REFINED RESIDUUM 235	☐ Yes ☒ No 236	6472014 237
4 <5 238	BUTANE, HOMOPOLYMER 239	☐Yes ☒ No 240	9003296 241
5 242	243	☐Yes ☒No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
Helium

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Helium HE 207

EHS* ☐ Yes ☒ No 208

CAS# 7440-59-7 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No * 212

* CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER 330 cubic feet 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☒ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
330	660		

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO
☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☒ l. CYLINDER
☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON
☐ q. RAIL CAR ☐ r. OTHER
223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☒ No 228	229
2 230	231	☐ Yes ☒ No 232	233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
HYDRAULIC OIL AW ISO

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 55 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
220	440		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	The base oil for this product can be a mixture of 227	☐ Yes ☒ No 228	64741-88-4 229
2 230	231	☐ Yes ☒ No 232	64741-89-5 233
3 234	235	☐ Yes ☒ No 236	64741-96-4 237
4 238	239	☐ Yes ☒ No 240	64741-97-5 241
5 242	243	☐ Yes ☒ No 244	64742-01-4 245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

EPCRA, Please Sign Here
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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME MOTOR OIL 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐Yes ☒No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 Gallons 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
450	600		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	MOTOR OIL MAY BE MIXTURE OF THE FOLLLOWING CAS: 227	☐ Yes ☒ No 228	229
2 230	64741884, 64741895, 64741964, 64741975, 64742014, 64742525, 64742536, 64742547 231	☐Yes ☒ No 232	233
3 234	64742627, 64742650, 72623837 235	☐ Yes ☒ No 236	237
4 238	239	☐Yes ☒ No 240	241
5 242	243	☐Yes ☒No 244	245

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ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME OXYGEN 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☒ a. PURE ☐ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☐ b. LIQUID ☒ c. GAS 214

LARGEST CONTAINER 225 Cubic Feet 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
1125	2025		

UNITS* (Check one item only) ☐ a. GALLONS ☒ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☒ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☒ No 228	229
2 230	231	☐ Yes ☒ No 232	233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
Powerball

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Heavy Duty Degreaser 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐Yes ☒No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 55 gallons 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
55	55		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☒ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 <10 226	2 Butoxy ethanol 227	☐ Yes ☒ No 228	111-76-2 229
2 <15 230	Potassium Hydroxide 231	☐Yes ☒ No 232	1310-58-3 233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐Yes ☒ No 240	241
5 242	243	☐Yes ☒No 244	245

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ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 MAP# (optional) 203 GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Turf Protector Oil 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 55 gallons 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
55	55		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100 226	Mixed Triglycerides 227	☐ Yes ☒ No 228	229
2 230	231	☐ Yes ☒ No 232	233
3 234	235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

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CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
HYDRAULIC OIL AW ISO

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 1000 Gallons 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
500	1000		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☒ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	The base oil for this product can be a mixture of 227	☐ Yes ☒ No 228	64741-88-4 229
2 230	231	☐ Yes ☒ No 232	64741-89-5 233
3 234	235	☐ Yes ☒ No 236	64741-96-4 237
4 238	239	☐ Yes ☒ No 240	64741-97-5 241
5 242	243	☐ Yes ☒ No 244	64742-01-4 245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☐REVISE REPORTING YEAR 2007 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME MOTOR OIL 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒ b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 1000 Gallons 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217	MAXIMUM DAILY AMOUNT 218	ANNUAL WASTE AMOUNT 219	STATE WASTE CODE 220
800	1000		

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☒ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	MOTOR OIL MAY BE MIXTURE OF THE FOLLLOWING CAS: 227	☐ Yes ☒ No 228	229
2 230	64741884, 64741895, 64741964, 64741975, 64742014, 64742525, 64742536, 64742547 231	☐ Yes ☒ No 232	233
3 234	64742627, 64742650, 72623837 235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ADD ☒DELETE ☐REVISE REPORTING YEAR 200 | Page 1 of 2

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Lacquer Thinner 207 | EHS* ☐ Yes ☒ No 208 | RS* ☐Yes ☒No 246a

CAS# 209 | *If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☒b. MIXTURE ☐ c. WASTE 211 | RADIOACTIVE ☐Yes ☒No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219 | STATE WASTE CODE 220

UNITS* (Check one item only) ☒a. GALLONS ☐b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1 9-13 226	Iso-Butyl acetate 227	☐Yes 228	☐Yes	110-19-0 229
2 9-13 230	N-B Butyl acetate 231	☐Yes 232	☐Yes	123-89-4 233
3 7-13 234	Methyl isobutyl ketone 235	☐Yes 236	☐Yes	108-10-1 237
4 6-19 238	Toluene 239	☐Yes 240	☐Yes	108-88-3 241
5 6-8 242	Methyl ethyl ketone 243	☐Yes 244	☐Yes	78-93-3 245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

✓	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS WASTE GENERATOR

PAGE OF

BUSINESS NAME: City of Los Angeles, GSD/FS, North Hollywood Repair Facility		3
FACILITY ID # 1 FA00093530	NUMBER OF EMPLOYEES: 133b 44	EPA ID # 2 CAD981690506

I. TYPE OF GENERATOR

A

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY

	RCRA GENERATOR (FEDERAL WASTE)	NON RCRA GENERATOR (CALIFORNIA WASTE ONLY)
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE PER MONTH)	☐	☒
SMALL QUANTITY GENERATOR (>100 KG BUT <1000 KG HAZARDOUS WASTE PER MONTH)	☒	☐
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR* (< 100 KG HAZARDOUS WASTE PER MONTH)	☐	☐

II. WASTE STREAM IDENTIFICATION

PLEASE COMPLETE THE TABLE BELOW. SEE INSTRUCTIONS FOR CODES AND EXPLANATION.

PROCESS B	WASTE DESCRIPTION C	WASTE ID D	AMOUNT PER YEAR E	DISPOSAL METHOD F	STORAGE METHOD G
Vehicle Maintenance	Waste Oil	221	6000 Gallons	D	B
Vehicle Maintenance	Used Oil Filters	181	2000 pounds	D	A
Vehicle Maintenance	Antifreeze	135	440 gallons	D	A
Vehicle Maintenance	Aquas Parts Washer Solution	134	1600 gallons	B	E
Vehicle Maintenance	Absorbent with Oil	352	300 pounds	B	A
Vehicle Maintenance	Oily Rags	181	500 pounds	B	A
Vehicle Maintenance	Waste Batteries		100 Ea	D	D

I certify that the information provided herein is true and accurate to the best of my knowledge.

OWNER/OPERATOR NAME H	OWNER/OPERATOR TITLE I
TIM SCHENDEL	AUTOMOTIVE SUPERVISOR
OWNER/OPERATOR SIGNATURE	DATE J
	11-25-2008

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY	
CUPA	PA	DISTRICT	INSPECTOR

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☐REVISE REPORTING YEAR 2007 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME WASTE OIL 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE 211 | RADIOACTIVE ☐ Yes ☐ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 1000 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219: 6000 | STATE WASTE CODE 220

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☒ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	ENGINE OIL 227	☐ Yes ☒ No 228	229
2 230	TRANSMISSION FLUID 231	☐ Yes ☒ No 232	233
3 234	GEAR OIL 235	☐ Yes ☒ No 236	237
4 238	HYDRAULIC FLUID 239	☐ Yes ☒ No 240	241
5 242	DIESEL FUEL 243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☒ADD ☐DELETE ☐REVISE REPORTING YEAR 2007 200 Page of

I. FACILITY INFORMATION

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City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME USED OIL FILTERS 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☐ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 GAL 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219 2000 pounds | STATE WASTE CODE 220

UNITS* (Check one item only) ☐ a. GALLONS ☐ b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	227	☐ Yes ☐ No 228	229
2 230	231	☐ Yes ☐ No 232	233
3 234	235	☐ Yes ☐ No 236	237
4 238	239	☐ Yes ☐ No 240	241
5 242	243	☐ Yes ☐ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

EPCRA, Please Sign Here
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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205
ETHYLENE GLYCOL

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME ANTI-FREEZE 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☒ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219 440 | STATE WASTE CODE 220

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☒ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☐ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 90 – 96 226	Ethylene Glycol 227	☐ Yes ☒ No 228	107-21-1 229
2 2 – 4 230	Deionized 0Water 231	☐ Yes ☒ No 232	7732-18-5 233
3 1 – 3 234	Proprietary Additives 235	☐ Yes ☒ No 236	237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

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I. FACILITY INFORMATION

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CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME AQUAWORKS MPC CLEANING SOLUTION 207 | EHS* ☐ Yes ☒ No 208

CAS# 209 | *If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL* TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE 211 | RADIOACTIVE ☐ Yes ☒ No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☐ a. SOLID ☒ b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 50 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219: 1600 | STATE WASTE CODE 220

UNITS* (Check one item only) ☒ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds. | DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☒ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☐ a. AMBIENT ☒ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 .5-1.5 226	SODA ASH 227	☐ Yes ☒ No 228	4497198 229
2 .5-1.5 230	LINEAR PRIMARY ALCOHOL ETHOXYLATE 231	☐ Yes ☒ No 232	68439463 233
3 .5-1.5 234	ISONONANOIC 235	☐ Yes ☒ No 236	3302101 237
4 238	239	☐ Yes ☐ No 240	241
5 242	243	☐ Yes ☐ No 244	245

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ADDITIONAL LOCALLY COLLECTED INFORMATION 246

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UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☐REVISE REPORTING YEAR 2008 200 | Page of

I. FACILITY INFORMATION

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CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Waste Absorbent 207 | EHS* ☐ Yes ☒ No 208 | RS* ☐Yes ☒No 246a

CAS# 209 | *If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐b. MIXTURE ☒ c. WASTE 211 | RADIOACTIVE ☐Yes ☒No 212 | CURIES 213

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☐b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219 300 pounds | STATE WASTE CODE 220

UNITS* (Check one item only) ☐a. GALLONS ☐b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER ☐ a. ABOVE GROUND TANK ☐ b. UNDERGROUND TANK ☐ c. TANK INSIDE BUILDING ☒ d. STEEL DRUM ☐ e. PLASTIC/NONMETALLIC DRUM ☐ f. CAN ☐ g. CARBOY ☐ h. SILO ☐ i. FIBER DRUM ☐ j. BAG ☐ k. BOX ☐ l. CYLINDER ☐ m. GLASS BOTTLE ☐ n. PLASTIC BOTTLE ☐ o. TOTE BIN ☐ p. TANK WAGON ☐ q. RAIL CAR ☐ r. OTHER 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1 226	227	☐Yes 228	☐Yes	229
2 230	231	☐Yes 232	☐Yes	233
3 234	235	☐Yes 236	☐Yes	237
4 238	239	☐Yes 240	☐Yes	241
5 242	243	☐Yes 244	☐Yes	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY	DATE RECEIVED	REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM

HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (LACoCUPA Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☐REVISE REPORTING YEAR 2008 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201 | CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1 | MAP# (optional) 203 | GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 | TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Oily Rags 207 | EHS* ☐ Yes ☒ No 208 | RS* ☐Yes ☒No 246a

CAS# 209 | *If EHS or RS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐b. MIXTURE ☒ c. WASTE 211 | RADIOACTIVE ☐Yes ☒No 212 | CURIES 0 213

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☐b. LIQUID ☐ c. GAS 214 | LARGEST CONTAINER 55 Gallon 215

FED HAZARD CATEGORIES (Check all that apply) ☒ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☒ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 | MAXIMUM DAILY AMOUNT 218 | ANNUAL WASTE AMOUNT 219: 500 POUNDS | STATE WASTE CODE 220: 181

UNITS* (Check one item only) ☐a. GALLONS ☐b. CUBIC FEET ☒ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.
DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK ☐ e. PLASTIC/NONMETALLIC DRUM ☐ i. FIBER DRUM ☐ m. GLASS BOTTLE ☐ q. RAIL CAR
☐ b. UNDERGROUND TANK ☐ f. CAN ☐ j. BAG ☐ n. PLASTIC BOTTLE ☐ r. OTHER
☐ c. TANK INSIDE BUILDING ☐ g. CARBOY ☐ k. BOX ☐ o. TOTE BIN
☒ d. STEEL DRUM ☐ h. SILO ☐ l. CYLINDER ☐ p. TANK WAGON 223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	RS 246b	CAS #
1 226	227	☐Yes 228	☐Yes	229
2 230	231	☐Yes 232	☐Yes	233
3 234	235	☐Yes 236	☐Yes	237
4 238	239	☐Yes 240	☐Yes	241
5 242	243	☐Yes 244	☐Yes	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY | DATE RECEIVED | REVIEWED BY

DIV	BN	STA	OTHER	DISTRICT	CUPA	PA

UNIFIED PROGRAM (UP) FORM
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (Form 2731)

(one page per material per building or area)

☐ADD ☐DELETE ☐REVISE REPORTING YEAR 2008 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
City of Los Angeles, GSD/FS, North Hollywood Repair Facility

CHEMICAL LOCATION 201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID # F A 0 0 0 9 3 5 0 1

MAP# (optional) 203

GRID# (optional) 204

II. CHEMICAL INFORMATION

CHEMICAL NAME 205

TRADE SECRET ☐ Yes ☒ No 206
If Subject to EPCRA, refer to instructions

COMMON NAME Waste BATTERY, STORAGE. 12V BATTERY 207

EHS* ☐ Yes ☒ No 208

CAS# 209

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

HAZARDOUS MATERIAL TYPE (Check one item only) ☐ a. PURE ☐ b. MIXTURE ☒ c. WASTE 211

RADIOACTIVE ☐ Yes ☒ No 212

CURIES* 213

PHYSICAL STATE (Check one item only) ☒ a. SOLID ☐ b. LIQUID ☐ c. GAS 214

LARGEST CONTAINER 215

FED HAZARD CATEGORIES (Check all that apply) ☐ a. FIRE ☐ b. REACTIVE ☐ c. PRESSURE RELEASE ☐ d. ACUTE HEALTH ☐ e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217

MAXIMUM DAILY AMOUNT 218

ANNUAL WASTE AMOUNT 219
100 EACH

STATE WASTE CODE 220

UNITS* (Check one item only) ☐ a. GALLONS ☐ b. CUBIC FEET ☐ c. POUNDS ☐ d. TONS 221
* If EHS, amount must be in pounds.

DAYS ON SITE: 365 222

STORAGE CONTAINER
☐ a. ABOVE GROUND TANK
☐ b. UNDERGROUND TANK
☐ c. TANK INSIDE BUILDING
☐ d. STEEL DRUM
☐ e. PLASTIC/NONMETALLIC DRUM
☐ f. CAN
☐ g. CARBOY
☐ h. SILO
☐ i. FIBER DRUM
☐ j. BAG
☐ k. BOX
☐ l. CYLINDER
☐ m. GLASS BOTTLE
☐ n. PLASTIC BOTTLE
☐ o. TOTE BIN
☐ p. TANK WAGON
☐ q. RAIL CAR
☒ r. OTHER
223

STORAGE PRESSURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT 224

STORAGE TEMPERATURE ☒ a. AMBIENT ☐ b. ABOVE AMBIENT ☐ c. BELOW AMBIENT ☐ d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 226	SUFURIC ACID 227	☐ Yes ☒ No 228	7664939 229
2 230	WATER 231	☐ Yes ☒ No 232	7732185 233
3 234	LEAD 235	☐ Yes ☒ No 236	7439921 237
4 238	239	☐ Yes ☒ No 240	241
5 242	243	☐ Yes ☒ No 244	245

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.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

*EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank) Page of

TYPE OF ACTION (Check one item only)
☐ 1. NEW SITE PERMIT ☐ 3. RENEWAL PERMIT ☒ 5. CHANGE OF INFORMATION ☐ 7. PERMANENTLY CLOSED SITE
☐ 2. INTERIM PERMIT ☐ 4. AMENDED PERMIT ☐ 6. TEMPORARY SITE CLOSURE ☐ 8. TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA)	3	FACILITY ID:	F	A			0	0		0	9	3	5	0		1
City of Los Angeles GSD, FS North Hollywood																

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION

(A scaled plot plan with location(s) of UST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☒ No 434
	Tecsa	If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
Unknown	1000	1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439
☐ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
☒ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN

PETROLEUM TYPE 440
☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER: Hydraulic Oil

COMMON NAME 441 (from Hazardous Materials Inventory page)	CAS# 442 (from Hazardous Materials Inventory page)
Hydraulic Oil	N/A

III. TANK CONSTRUCTION

TYPE OF TANK ((Check one item only) 443
☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER ☐ 95. UNKNOWN
☒ 2. DOUBLE WALL ☐ 4. SIGNLE WALL IN VAULT ☐ 99. OTHER ____

TANK MATERIAL – primary tank (Check one item only) 444
☒ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER

TANK MATERIAL – secondary tank ((Check one item only) 445
☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER ☐ 10. COATED STEEL

TANK INTERIOR LINING OR COATING (Check one item only) 446
☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☒ 95. UNKNOWN
☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☐ 6 UNLINED ☐ 99 OTHER
DATE INSTALLED 447 (For local use only)

OTHER CORROSION PROTECTION (IF APPLICABLE) (Check one item only) 448
☐ 1 MANUFACTURED CATHODIC PROTECTION ☐ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN
☐ 2 SACRIFICIAL ANODE ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER
DATE INSTALLED 448 (For local use only)

SPILL AND OVERFILL

(Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED 452
☒ 1 SPILL CONTAINMENT		____	☒ 1 ALARM ____	____
☒ 2 DROP TUBE		____	☐ 2 BALL FLO AT	
☐ 3 STRIKER PLATE		____	☒ 3 FILL TUBE SHUT OFF VALVE	☐ 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453
☐ 1 VISUAL (EXPOSED PORTION ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)
☐ 3 CONTINUOUS ATG
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING
☐ 5 MANUAL TANK GAUGING (MTG)
☐ 6 VADOSE ZONE
☐ 7 GROUNDWATER
☐ 8 TANK TESTING
☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☒ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCEREMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
____		☐ Yes ☐ No

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING	ABOVEGROUND PIPING
SYSTEM TYPE ☐ 1. PRESSURE ☒ 2. SUCTION ☐ 3. GRAVITY 458	☐ 1. PRESSURE ☒ 2. SUCTION ☐ 3. GRAVITY 459
CONSTRUCTION ☐ 1. SINGLE WALL ☐ 3. LINED TRENCH ☐ 99. OTHER 460 MANUFACTURER ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN MANUFACTURER _____ 461	☒ 1. SINGLE WALL ☐ 95. UNKNOWN 462 ☐ 2. DOUBLE WALL ☐ 99. OTHER MANUFACTURER _____ 463
MATERIALS AND CORROSION PROTECTION ☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE w/100% METHANOL ☐ 95. UNKNOWN ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE W/ CONTENTS ☐ 8. FLEXIBLE (HDPE) ☒ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/COATING ☐ 99. OTHER 464	☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/100% METHANOL ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE W/CONTENTS ☐ 8. FLEXIBLE (HDPE) ☐ 95. UNKNOWN ☐ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/COATING ☐ 99. OTHER 465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING

SINGLE WALL PIPING 466

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW

☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
   - ☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   - ☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   - ☐ c. NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITHFLOW SHUT OFF

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☒ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITHOUT FLOW SHUT OFF

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK

ABOVEGROUND PIPING

SINGLE WALL PIPING 467

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH) ☐ 4. DAILY VISUAL CHECK

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM

☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW (Check all that apply):

☐ 8. DAILY VISUAL MONITORING ☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
   - ☐ a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   - ☐ b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   - ☐ c NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT DATE INSTALLED 468 _____	☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE ☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS ☒ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	☐ 4. DAILY VISUAL CHECK ☐ 5. TRENCH LINER / MONITORING ☐ 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE 470
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR 472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank) Page of

YPE OF ACTION (Check one item only)
☐ 1. NEW SITE PERMIT ☐ 2. INTERIM PERMIT ☐ 3. RENEWAL PERMIT ☐ 4. AMENDED PERMIT ☒ 5.CHANGE OF INFORMATION ☐ 6.TEMPORARY SITE CLOSURE ☐ 7.PERMANENTLY CLOSED SITE ☐ 8. TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA) 3
City of Los Angeles, GSD, FS North Hollywood

FACILITY ID: F A 0 0 0 9 3 5 0 1

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION

(A scaled plot plan with location(s) of UST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☒ No 434
	Tecsa	If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
Unknown	1000	1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439
☐ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
☒ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN

PETROLEUM TYPE 440
☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER: ____

COMMON NAME 441 (from Hazardous Materials Inventory page): Motor Oil

CAS# 442 (from Hazardous Materials Inventory page): N/A

III. TANK CONSTRUCTION

TYPE OF TANK ((Check one item only) 443
☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER ☐ 95. UNKNOWN
☒ 2. DOUBLE WALL ☐ 4. SIGNLE WALL IN VAULT ☐ 99. OTHER ____

TANK MATERIAL – primary tank ((Check one item only) 444
☒ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER

TANK MATERIAL – secondary tank ((Check one item only) 445
☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER ☐ 10. COATED STEEL

TANK INTERIOR LINING OR COATING (Check one item only) 446
☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☒ 95. UNKNOWN
☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☐ 6 UNLINED ☐ 99 OTHER

DATE INSTALLED 447 (For local use only)

OTHER CORROSION PROTECTION (IF APPLICABLE) (Check one item only) 448
☐ 1 MANUFACTURED CATHODIC PROTECTION ☐ 2 SACRIFICIAL ANODE ☐ 3 FIBERGLASS REINFORCED PLASTIC ☐ 4 IMPRESSED CURRENT ☐ 95 UNKNOWN ☐ 99 OTHER

DATE INSTALLED 448 (For local use only)

SPILL AND OVERFILL

(Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED 452
☒ 1 SPILL CONTAINMENT		____	☒ 1 ALARM ____	____
☒ 2 DROP TUBE		____	☐ 2 BALL FLO AT	
☐ 3 STRIKER PLATE		____	☒ 3 FILL TUBE SHUT OFF VALVE	☐ 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453
☐ 1 VISUAL (EXPOSED PORTION ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)
☐ 3 CONTINUOUS ATG
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING
☐ 5 MANUAL TANK GAUGING (MTG)
☐ 6 VADOSE ZONE
☐ 7 GROUNDWATER
☐ 8 TANK TESTING
☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☒ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCEREMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
____		☐ Yes ☐ No

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING	ABOVEGROUND PIPING
SYSTEM TYPE ☐ 1. PRESSURE ☒ 2. SUCTION ☐ 3. GRAVITY 458	☐ 1. PRESSURE ☒ 2. SUCTION ☐ 3. GRAVITY 459
CONSTRUCTION ☐ 1. SINGLE WALL ☐ 3. LINED TRENCH ☐ 99. OTHER 460 MANUFACTURER ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN MANUFACTURER _____ 461	☒ 1. SINGLE WALL ☐ 95. UNKNOWN 462 ☐ 2. DOUBLE WALL ☐ 99. OTHER MANUFACTURER _____ 463
MATERIALS AND CORROSION PROTECTION ☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/100% METHANOL ☐ 95. UNKNOWN ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE W/ CONTENTS ☐ 8. FLEXIBLE (HDPE) ☒ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/COATING ☐ 99. OTHER 464	☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/100% METHANOL ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE W/CONTENTS ☐ 8. FLEXIBLE (HDPE) ☐ 95. UNKNOWN ☐ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/COATING ☐ 99. OTHER 465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING

SINGLE WALL PIPING 466

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW

☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
   - ☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   - ☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   - ☐ c. NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITHFLOW SHUT OFF

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☒ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITHOUT FLOW SHUT OFF

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK

ABOVEGROUND PIPING

SINGLE WALL PIPING 467

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH) ☐ 4. DAILY VISUAL CHECK

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM

☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW (Check all that apply):

☐ 8. DAILY VISUAL MONITORING ☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
   - ☐ a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   - ☐ b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   - ☐ c NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT DATE INSTALLED 468 _____	☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE ☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS ☒ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	☐ 4. DAILY VISUAL CHECK ☐ 5. TRENCH LINER / MONITORING ☐ 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE 470
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR 472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank) Page of

YPE OF ACTION (Check one item only) ☐1. NEW SITE PERMIT ☐2. INTERIM PERMIT ☐3. RENEWAL PERMIT ☐4. AMENDED PERMIT ☒5.CHANGE OF INFORMATION ☐6.TEMPORARY SITE CLOSURE ☐7.PERMANENTLY CLOSED SITE ☐8. TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA) 3: City of Los Angeles, GSD, FS North Hollywood

FACILITY ID: F A 0 0 0 9 3 5 0 1

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION

(A scaled plot plan with location(s) of UST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☒ No 434
	Tecsa	If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
Unknown	1000	1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439
- ☐ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
- ☐ 2. NON-FUEL PETROLEUM
- ☐ 3. CHEMICAL PRODUCT
- ☒ 4. HAZARDOUS WASTE (Includes Used Oil)
- ☐ 95. UNKNOWN

PETROLEUM TYPE 440
- ☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
- ☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
- ☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER: ____

COMMON NAME 441 (from Hazardous Materials Inventory page): Waste Oil

CAS# 442 (from Hazardous Materials Inventory page): N/A

III. TANK CONSTRUCTION

TYPE OF TANK ((Check one item only) 443
- ☐ 1. SINGLE WALL
- ☒ 2. DOUBLE WALL
- ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER
- ☐ 4. SIGNLE WALL IN VAULT
- ☐ 5. SINGLE WALL WITH INTERNAL BLADDER
- ☐ 95. UNKNOWN
- ☐ 99. OTHER ____

TANK MATERIAL – primary tank (Check one item only) 444
- ☒ 1. BARE STEEL
- ☐ 2. STAINLESS STEEL
- ☐ 3. FIBERGLASS / PLASTIC
- ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)
- ☐ 5. CONCRETE
- ☐ 8. FRP COMPTIBLE W/100% METHANOL
- ☐ 95. UNKNOWN
- ☐ 99. OTHER

TANK MATERIAL – secondary tank ((Check one item only) 445
- ☐ 1. BARE STEEL
- ☐ 2. STAINLESS STEEL
- ☒ 3. FIBERGLASS / PLASTIC
- ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)
- ☐ 5. CONCRETE
- ☐ 8. FRP COMPTIBLE W/100% METHANOL
- ☐ 10. COATED STEEL
- ☐ 95. UNKNOWN
- ☐ 99. OTHER

TANK INTERIOR LINING OR COATING (Check one item only) 446
- ☐ 1. RUBBER LINED
- ☐ 2 ALKYD LINING
- ☐ 3. EPOXY LINING
- ☐ 4 PHENOLIC LINING
- ☐ 5. GLASS LINING
- ☐ 6 UNLINED
- ☒ 95. UNKNOWN
- ☐ 99 OTHER

DATE INSTALLED 447 (For local use only)

OTHER CORROSION PROTECTION (IF APPLICABLE) (Check one item only) 448
- ☐ 1 MANUFACTURED CATHODIC PROTECTION
- ☐ 2 SACRIFICIAL ANODE
- ☐ 3 FIBERGLASS REINFORCED PLASTIC
- ☐ 4 IMPRESSED CURRENT
- ☐ 95 UNKNOWN
- ☐ 99 OTHER

DATE INSTALLED 448 (For local use only)

SPILL AND OVERFILL

(Check all that apply)	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED 452
☒ 1 SPILL CONTAINMENT		____	☒ 1 ALARM ____	____
☒ 2 DROP TUBE		____	☐ 2 BALL FLO AT	
☐ 3 STRIKER PLATE		____	☒ 3 FILL TUBE SHUT OFF VALVE	☐ 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453
- ☐ 1 VISUAL (EXPOSED PORTION ONLY)
- ☐ 2 AUTOMATIC TANK GAUGING (ATG)
- ☐ 3 CONTINUOUS ATG
- ☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING
- ☐ 5 MANUAL TANK GAUGING (MTG)
- ☐ 6 VADOSE ZONE
- ☐ 7 GROUNDWATER
- ☐ 8 TANK TESTING
- ☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
- ☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
- ☒ 2 CONTINUOUS INTERSTITIAL MONITORING
- ☐ 3 MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCEREMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
____		☐ Yes ☐ No

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR

UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING	ABOVEGROUND PIPING
SYSTEM TYPE ☐ 1. PRESSURE ☒ 2. SUCTION ☐ 3. GRAVITY 458	☐ 1. PRESSURE ☒ 2. SUCTION ☐ 3. GRAVITY 459
CONSTRUCTION ☐ 1. SINGLE WALL ☐ 3. LINED TRENCH ☐ 99. OTHER 460 MANUFACTURER ☒ 2. DOUBLE WALL ☐ 95. UNKNOWN MANUFACTURER _____ 461	☒ 1. SINGLE WALL ☐ 95. UNKNOWN 462 ☐ 2. DOUBLE WALL ☐ 99. OTHER MANUFACTURER _____ 463
MATERIALS AND CORROSION PROTECTION ☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/100% METHANOL ☐ 95. UNKNOWN ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE W/ CONTENTS ☐ 8. FLEXIBLE (HDPE) ☒ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/COATING ☐ 99. OTHER 464	☐ 1. BARE STEEL ☐ 6. FRP COMPATIBLE W/100% METHANOL ☐ 2. STAINLESS STEEL ☐ 7. GALVANIZED STEEL ☐ 3. PLASTIC COMPATIBLE W/CONTENTS ☐ 8. FLEXIBLE (HDPE) ☐ 95. UNKNOWN ☐ 4. FIBERGLASS ☐ 9. CATHODIC PROTECTION ☐ 5. STEEL W/COATING ☐ 99. OTHER 465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING

SINGLE WALL PIPING 466

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW

☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
   - ☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   - ☐ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   - ☐ c. NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITHFLOW SHUT OFF

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☒ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITHOUT FLOW SHUT OFF

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK

ABOVEGROUND PIPING

SINGLE WALL PIPING 467

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH) ☐ 4. DAILY VISUAL CHECK

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM

☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW (Check all that apply):

☐ 8. DAILY VISUAL MONITORING ☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
   - ☐ a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
   - ☐ b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
   - ☐ c NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH) ☐ 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT DATE INSTALLED 468 _____	☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE ☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS ☒ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	☐ 4. DAILY VISUAL CHECK ☐ 5. TRENCH LINER / MONITORING ☐ 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE 470
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR 472

OFFICIAL USE ONLY	Permit Number 473	Permit Approved 474	Permit Expiration Date 475

City of LOS ANGELES
CALIFORNIA

LOS ANGELES
FIRE DEPARTMENT
200 NORTH MAIN STREET
LOS ANGELES, CA 90012
(213) 978-3680

Hazardous Materials System
BP-8: Computer Listing of Inventory Submitted
Inspection Responsibility: VIU

Business No : FA0009350
First In : 089
Block # :

Printed on: 1/7/2009

Business Name	: CITY OF LA - BUREAU OF STREET SER	**Business Address:**	12201 W SHERMAN WY, NORTH HOLLYWOOD, CA 91605	**Next Inspection Date:**	03/28/2006
Business Owner	: CITY OF LA - PUBLIC WORKS			**SIC Code**	: 9100
On-Site Manager	:	**Phone #**	: (818) 756-8466	**# of Employees**	: 45
Emergency Contact	:	**Phone #**	: Ext:	**Sq. Ft. of Facility**	: N/A
Alt Emergency Contact		**Phone #**	: Ext:	**Permit Date**	:

LOCATION: HLLYWD FLT SRVC **NFPA-704: N/A** **Products: 13**

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
A GREASE	PURE	**110.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
ACETYLENE	PURE	**1,100.00 CUBIC FEET**	GAS	Phys. haz.
Hazard Class:		*Storage Type:* CYLINDER		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
BULL SPRAY CLEAN	PURE	**110.00 GALLONS**	LIQUID	Chronic
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		
ETHYLENE GLYCOL, MONOBUTYL ETHER		111762		
INORGANIC ALLALIES, SYNTHETIC DETERGENTS, WATER & DYE				

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
~~GUARDOL~~ MOTOR OIL 30	PURE	**600.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
HYDRAULIC/TRACTOR FLUID	PURE	**1,000.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* UNDERGROUND TANK		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
MP GEAR LUBE	PURE	**410.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
MULTIPURPOSE ATF II	PURE	**500.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
OXYGEN	PURE	**880.00 CUBIC FEET**	GAS	Press. Hot,
Hazard Class:		*Storage Type:* CYLINDER		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
SAFETY KLEEN 105 SOLVENT	PURE	**150.00 GALLONS**	LIQUID	Chronic
Hazard Class:		*Storage Type:* OTHER		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
SHELLZONE ANTI-FREEZE	WASTE	**88.00 GALLONS**	LIQUID	Chronic
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
SULFURIC ACID	PURE	**182.00 GALLONS**	LIQUID	Chronic
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
THINNER 350 H	PURE	**1,760.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
UNAX AW32	PURE	**440.00 GALLONS**	LIQUID	Chronic
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		

LOCATION: UG TANK/OIL — **NFPA-704: N/A** — **Products: 1**

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
OIL,MOTOR	PURE	**1,000.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* UNDERGROUND TANK		
Ingredients	*Max %*	*CAS #*		

LOCATION: UG TANK/WASTE OIL — **NFPA-704: N/A** — **Products: 1**

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
WASTE OIL	WASTE	**1,000.00 GALLONS**	LIQUID	Fire
Hazard Class:		*Storage Type:* UNDERGROUND TANK		
Ingredients	*Max %*	*CAS #*		

03/28/2006

My signature indicates that I have verified and agreed with the types and quantities of hazadous materials at this address

INSP SIG: _____ INSP. DATE: 1/22/09 BUS. REP. SIG: _____ DATE: _____ DE. SIG.: _____ DATE _____

ERIC R. GUZMAN

City of LOS ANGELES
CALIFORNIA

LOS ANGELES
FIRE DEPARTMENT
200 NORTH MAIN STREET
LOS ANGELES, CA 90012
(213) 978-3680

Hazardous Materials System
BP-8: Computer Listing of Inventory Submitted
Inspection Responsibility: VIU

Business No : FA0009350
First In : 089
Block # :

Printed on: 1/17/06

Business Name	: CITY OF LA - BUREAU OF STREET SER	**Business Address:**	12201 W SHERMAN WY, NORTH HOLLYWOOD, CA 91605	**Last Inspection Date:**	04/23/2005
Business Owner	: CITY OF LA - BUREAU OF STREET			**SIC Code**	: 9100
On-Site Manager	:	**Phone #**	:	**# of Employees**	:
Emergency Contact	:	**Phone #**	: Ext:	**Sq. Ft. of Facility**	: N/A
Alt Emergency Contact:		**Phone #**	: Ext:	**Permit Date**	: 08/20/2001

LOCATION: HLLYWD FLT SRVC **NFPA-704: N/A** **Products: 13**

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
A GREASE	PURE	**110.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		
OIL MIST IF GENERATED				
TRADE SECRET INGREDIENTS				

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
ACETYLENE	PURE	**1,100.00 CUBIC FEET**	GAS	
Hazard Class:		*Storage Type:* CYLINDER		
Ingredients	*Max %*	*CAS #*		
ACETYLENE		74862		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
BULL SPRAY CLEAN	PURE	**110.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		
ETHYLENE GLYCOL, MONOBUTYL ETHER		111762		
INORGANIC ALLALIES, SYNTHETIC DETERGENTS, WATER & DYE				

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
GUARDOL MOTOR OIL 30	PURE	**600.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		
Ingredients	*Max %*	*CAS #*		
OIL MIST IF GENERATED				
TRADE SECRET INGREDIENTS				

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
HYDRAULIC/TRACTOR FLUID	PURE	**1,000.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* UNDERGROUND TANK		
Ingredients	*Max %*	*CAS #*		
OIL MIST IF GENERATED				
TRADE SECRET INGREDIENTS				

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
MP GEAR LUBE	PURE	**410.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		

Ingredients	Max %	CAS #
OIL MIST IF GENERATED		
TRADE SECRET INGREDIENTS		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
MULTIPURPOSE ATF II	PURE	**500.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		

Ingredients	Max %	CAS #
OIL MIST IF GENERATED		
TRADE SECRET INGREDIENTS		

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
OXYGEN	PURE	**880.00 CUBIC FEET**	GAS	
Hazard Class:		*Storage Type:* CYLINDER		

Ingredients	Max %	CAS #
OXYGEN		7782447

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
SAFETY KLEEN 105 SOLVENT	PURE	**150.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* OTHER		

Ingredients	Max %	CAS #
MINERAL SPIRITS		8030306

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
SHELLZONE ANTI-FREEZE	WASTE	**88.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		

Ingredients	Max %	CAS #
ETHYLENE GLYCOL	94.00	107211
DIETHYLENE GLYCOL	10.00	111466
WATER	4.00	7732185
INORGANIC/ORGANIC SALTS	4.00	

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
SULFURIC ACID	PURE	**182.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		

Ingredients	Max %	CAS #

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
THINNER 350 H	PURE	**1,760.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		

Ingredients	Max %	CAS #
PARAFFINS		8002742
AROMATICS		
BENZENE		71432

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
UNAX AW32	PURE	**440.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* STEEL DRUM		

Ingredients	Max %	CAS #
OIL MIST IF GENERATED		
TRADE SECRET INGREDIENTS		

LOCATION: UG TANK/OIL **NFPA-704: N/A** **Products: 1**

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
OIL,MOTOR	PURE	**1,000.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* UNDERGROUND TANK		

Ingredients	Max %	CAS #

LOCATION: UG TANK/WASTE OIL **NFPA-704: N/A** **Products: 1**

Chemical Name	HM Type	Max Quantity on Hand	State	Fed Haz Catg.
WASTE OIL	WASTE	**1,000.00 GALLONS**	LIQUID	
Hazard Class:		*Storage Type:* UNDERGROUND TANK		

Ingredients	Max %	CAS #

04/23/2005 My signature indicates that I have verified and agreed with the types and quantities of hazadous materials at this address

INSP SIG: _____ INSP. DATE: 1/26/06 BUS. REP. SIG: _____ DATE: 1-18-06 DE. SIG.: _____ DATE _____

INSTALL

FS-89

INSTALLATION/MONITOR/ADD-ALTER INFORMATION SHEET
UNDERGROUND TANK ENFORCEMENT UNIT

EWM/UTE-F/mdiihm:12-12-90

BP#9350-4

ROUTING/COPIES INSPECTORS - Insert ONE copy in each of the following: 1. Div 5 package (original) 2. Inspection blue book
SECRETARIES - Distribute ONE copy to each of the following: 1. Captain 2. Data entry 3. Haz Mat Section

GENERAL INFORMATION

Site address: 12201 Sheeman WAY | Inspection District No. 385 | Division 5 permit no. 2464

Inspector name: Sanchez | Inspector No. 385 | Date of first inspection: 2-8-93 | Date of final inspection:

Contractor: Long & Co Envir. | Resp Person: Jeff Henley | Phone no. 714 448-9087

TANK INFORMATION

Tank no	Facility/Tank I.D. no	Tank size (gallons) & Metal or FRP(circle)	Product	LAFD General Approval no.	U.L. number	Tank manufacturer	Tank model
1	3264-4	1000 M/F	OIL		L-297287	Joor	PLASTEEL
2	3264-5	1000 M/F	W/O		L-297288		
3	3264-6	1000 M/F	HYD. OIL		L-297363		
4		M/F					
5		M/F					

1ST INSPECTION: TANK DELIVERY TEST

Tank no	Vaccum psi	Holiday test
1		pass - fail
2		pass - fail
3		pass - fail
4		pass - fail
5		pass - fail

Check
A. Backfill size
B. The tanks on site are exactly like the tanks on the plans
C. Tanks have LAFD General Approval tag

2ND INSPECTION: TANK PRESSURE TEST

Tank pressure test (5psi)

Tank no	date	Primary	Annular	date	Primary	Annular
1	2/16/93	pass - fail	pass - fail	2/8/93	pass - fail	pass - fail
2	/ /	pass - fail	pass - fail	/ /	pass - fail	pass - fail
3	/ /	pass - fail	pass - fail	/ /	pass - fail	pass - fail
4	/ /	pass - fail	pass - fail	/ /	pass - fail	pass - fail
5	/ /	pass - fail	pass - fail	/ /	pass - fail	pass - fail

2ND INSPECTION: PRIMARY PIPING TEST

Primary piping pressure test (75 psi)

Tank no.	Product date		Product date		Vapor date		Vapor date		Vent date		Vent date	
1	2/8/93	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	2/8/93	pass/fail	/ /	pass/fail
2	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail
3	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail
4	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail
5	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail

3RD INSPECTION: SECONDARY PIPING

Secondary piping pressure test (5 psi)

Tank no	Product date		Product date	
1	2/4/93	pass/fail	8/11/93	pass/fail
2	/ /	pass/fail	8/18/93	pass/fail
3	/ /	pass/fail	/ /	pass/fail
4	/ /	pass/fail	8/25/93	pass/fail
5	/ /	pass/fail	/ /	pass/fail

Primary piping manuf.: STEEL #46
model
Secondary piping manuf.: AO SMITH
model
Monitor sys. manuf.: LEAK ALERT
Tank system: ⊘ annular ○ tank level
model

4TH INSPECTION: 1ST MONITOR TEST

1st monitoring system test (all probes)

Tank date		Piping date	
9/7/93	pass/fail	9/7/93	pass/fail
/ /	pass/fail	/ /	pass/fail
/ /	pass/fail	/ /	pass/fail

Note If monitoring system passes, then fuel may be put into the tank.

5TH INSPECTION: 2ND MONITORING SYS. & TOTAL SHUTDOWN & LINE LEAK TEST

2nd monitoring sys test (random probes) Tank date		Piping date		Total shutdown test Piping date		Line leak detestion test Piping date	
9/10/93	pass/fail	9/10/93	pass/fail	/ /	pass/fail	/ /	pass/fail
/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail
/ /	pass/fail	/ /	pass/fail	/ /	pass/fail	/ /	pass/fail

Note All items on Installation Final Check List must be complied with, before system can operate. Concrete or pavement material must be finished before finaling job.

Line leak detection manuf.: —
model
Overspill box manuf.
model
Overfill device manuf.
model

DOCUMENTS & ENTRIES: NECESSARY FOR A COMPLETE PACKAGE

○ Installation info sheet ○ Time log - Site specific sheet ○ Div. 5 permit, application, and plans
○ Update Blue Book (facility & tank construction sheets) ○ Entry on Div. 5 Activity Sheet

Package completion & forwarding date: 9-10-93

BANDON

ABANDONMENT INFORMATION SHEET
UNDERGROUND TANK ENFORCEMENT UNIT

EWM/UTE-F/mdlinm:12-12-90

BP# 9350-4

STATUS OF TANKS ON SITE

A. Have all underground tanks been legally abandoned on this site? (circle) YES or NO

B. Are any underground tanks going to be installed on this site in the future? (circle) YES or NO

ROUTING/COPIES

INSPECTORS - Insert ONE copy in each of the following: 1. Div 5 package (original) 2. Inspection blue book

SECRETARIES - Distribute ONE copy to each of the following: 1. Captain 2. Data entry 3. Haz Mat Section

4. Complete and forward a City Clerk AUTHORIZATION form, **only if**, the answer to A above is "YES", and the answer to B is "NO".

GENERAL INFORMATION

Site address	12201 SHERMAN WAY	Inspection District No.		Division 5 permit no.	2450
Inspector name	LUIS A. JARAMILLO	Inspector No.	389	Date of abandonmt	8-18-92
Contractor	LONG & CO.	Resp Person	DAN FLAHERTY	Phone no.	714 449-9087

TANK INFORMATION

Facility/Tank I.D. no	Tank size Metal or FRP(circle)	Product	Soils test	No. of samples	Soil color of tank bed, pile, trench, or pit	Tank condition: Holes	Final LEL
1 3264-1	550 (M) F	MOTOR OIL	418.1/8020	1		TANK & BOTTOM COATED	ok
2 3264-2	550 (M) F	WASTE OIL	418.1/8020	1			
3 3264-3	550 (M) F	HYD. OIL	418.1/8020	1			
4 3264-4	550 (M) F	GEAR OIL	418.1/8020	1			
5	M / F						
6	M / F						
Soils pile				2		Destination of tanks:	
Piping trench							
Dispenser pit						MORELO	

Describe excavation: Odor Liquid in hole Other

DOCUMENTS: NECESSARY FOR A COMPLETE PACKAGE

ABANDONMENT METHOD (CHECK)	☑ WASH	☐ HAZARD WASTE	☐ FILL IN PLACE	Documents 30 days 9-18-92 Due date
Abandonment info sheet	✓			
Time log - Site specific sheet	✓			
Division 5 permit, application, and plot plans	✓			
Cleaning certificates	✓			Collect on-site
Uniform manifest: rinse liquid or tank	rinse ✓	tank	rinse	Collect on-site
Uniform manifest - Piping that is not flushed				Collect on-site
Certificate of disposal - Tank				
Certificate of disposal - Piping				
Soil Analysis Report	✓			
Chain of custody				
Plot plan - showing locations of samples				
Division 4 fire permit registration - for tanks discovered on site, that have not been previously paid for.				

SOILS REPORT INFORMATION *mg/kg* - per million *ug/kg* - per billion

	Action level	Enter highest reading in mg/kg		Exceeds Action level	
TPH	100 PPM (mg/kg)	219	PPM	YES	NO
Benzene	1 PPM (mg/kg)		PPM	YES	NO
Toluene	50 PPM (mg/kg)		PPM	YES	NO
Xylene	50 PPM (mg/kg)		PPM	YES	NO
Ethyuene	50 PPM (mg/kg)		PPM	YES	NO
Total lead	0-200 PPM above bkgrd		PPM	YES	NO
Water samples anything detected			mg/kg ug/kg	YES	NO

( ) Check here for comments on back

CHECK LIST - Contractors and equipment

Washers		High psi washer	
Geologist		Backhoe/Handauger	
Chemist		Comb. gas indicator	
Degasser		O2 meter	
Flatbed		Crane	
		Vaccum truck	

Package completion & forwarding date: 1-25-93

CITY of LOS ANGELES
OFFICE of the CITY CLERK

TAX & PERMIT DIVISION
ROOM 101 CITY HALL
LOS ANGELES, CALIFORNIA 90012
485-7945

ENF S

ACCOUNT NO.	FUND	CLASS	Pymt. Code	M.C.	O.B.	PERIOD	DATE DUE	DELINQUENT AFTER
587741-28	F	800	09			A91	11-01-90	12-31-90

F.S. 89

1991 FIRE HAZARDOUS MATL CERTIFICATE RENEWAL

BUSINESS TYPE: HAZ INLT DISCL/EXMPT

AMOUNT OF FEE: $ NO FEE

PENALTY: $

TOTAL DUE: $ 0

MAKE ALL CHECKS PAYABLE TO: ELIAS MARTINEZ, CITY CLERK

PLEASE WRITE YOUR ACCOUNT NO. ON YOUR CHECK.

ALTHOUGH NO FEE IS REQUIRED, YOU MUST RENEW CERTIFICATE ON THIS FORM TO KEEP CERTIFICATE ACTIVE.

This renewal must be signed and returned with the required fee. All questions on reverse side of this form must be answered.

026663-001-4

BP # 9350-4

CITY OF LOS ANGELES
NORTH HOLLYWOOD FLEET SVS REPAIR FACLTY
12201 SHERMAN WY
N HOLLYWOOD CA 91605

RECEIVED NOV 20 1990

PYMT. DT.

RETURN THIS COPY

FORM 1006 10-89

1) Have there been substantial changes in the hazardous substances/wastes handled, by type, quantity, location or containers, not previously disclosed? If yes, you must file an Amendment Form indicating these changes. ☐ yes ☒ no

2) Have there been changes in the following from your previous application/amendment?

a) Property Owner ☐ yes ☒ no
b) On-Site Manager ☒ yes ☐ no
c) Business or Fictitious Name (DBA) ☐ yes ☒ no
d) Telephone Number of Property Owner, Business Owner, On-Site Manager or Emergency Contact ☐ yes ☒ no

3) Have there been changes in the following? If yes, you must file a new Application and Inventory Forms. The current Certificate is not transferrable to another person or address.

a) Legal Ownership of Business ☐ yes ☒ no
b) Site Address since filing your previous Application ☐ yes ☒ no

Please indicate changes below.

The signature of the owner, a partner or one corporate officer and phone number is required.

Signature David Bradfield Title SR. AUTO. SUPV. Phone# (98) 989-8470

REPORT NO. IHMS-500
RUN DATE = 06/28/1993

HAZARDOUS MATERIALS SYSTEM
BP-B: COMPUTER LISTING OF INVENTORY SUBMITTED

PAGE : 1
BUSINESS #: 009350-4
FIRST IN : 89
BLOCK # :

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES ADDR: 12201 W SHERMAN WY
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID BRADFIELD PH #: 818-989-8478
EMERG CONTACT : CITY HALL OPERATOR PH #: 213-485-2121
ALT EMERG CONTACT: BUILDING SECURITY PH #: 213-485-5605

BUS PLN RCVD: 08/04/1988 INV VERIFIED: 10/08/199
SIC CODE : 9100
NO OF EMPLOYEES : 53
SQ FT OF FACILITY : 40,920

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST MAX%	MAXIMUM QUANTITY AT ANY TIME	CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
LOCATION: HLLYWD FLT SRVC		LAFD#: 026663-001-4 NFPA-704:							PRODUCTS: 13
3		CHEVRON THINNER 350 H		1,760.00 GA		DRUMS, CARBOYS	ACUTE	L	FLAMMABLE MAT
		PARAFFINS	93%		8002-74-2		CHRONIC		
		AROMATICS	7%				FIRE		
		BENZENE	0%		71-43-2				
11		ACETYLENE		10.00		GAS CYLINDER	FIRE	G	FLAMMABLE MAT
		ACETYLENE	100%		74-86-2		PRESSURE		
12		SHELLZONE ANTI-FREEZE	YES	275.00 GA		METAL CONTAINERS		L	OTHER REG MATERIAL
		ETHYLENE GLYCOL	94%		107-21-1	DRUMS, CARBOYS			
		DIETHYLENE GLYCOL	10%		111-46-6				
		WATER	4%		7732-18-5				
		INORGANIC/ORGANIC SALTS	4%						
1		UNION MP GEAR LUBE 80W-90		110.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
2		UNOCAL GUARDOL MOTOR OIL 30		825.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
4		UNOCAL HYDRAULIC/TRACTOR FLUID		1,000.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
5		UNOCAL UNAX AW32		440.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
6		UNOCAL MULTIPURPOSE ATF II		1,210.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
8		UNOCAL A GREASE		110.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						

INSP SIG: 416 INSP DATE: 6/28/93 BUS REP SIG: Paul O Wh DATE: 6-28-93 DE SIG: DATE: 8/4/93

REPORT NO. IHMS-500
RUN DATE = 06/28/1993

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES ADDR: 12201 W SHERMAN WY
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID BRADFIELD PH #: 818-989-8478
EMERG CONTACT : CITY HALL OPERATOR PH #: 213-485-2121
ALT EMERG CONTACT: BUILDING SECURITY PH #: 213-485-5605

BUS PLN RCVD: 08/04/1988 INV VERIFIED: 10/08/1991
SIC CODE : 9100
NO OF EMPLOYEES : 53
SQ FT OF FACILITY : 40,920

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST MAX%	MAXIMUM QUANTITY AT ANY TIME / CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
		Degreaser		5 GA	A	3	L	1B
9		BULL SPRAY CLEAN		110.00 GA	DRUMS, CARBOYS	ACUTE FIRE	L	COMBUSTIBLE LIQ
		ETHYLENE GLYCOL, MONOBUTYL ETHER	4%	111-76-2				
		INORGANIC ALLALIES, SYNTHETIC DETERGENTS, WATER & DYE	96%					
10		SAFETY KLEEN 105 SOLVENT		150.00 GA	OTHER CONT TYPES	ACUTE CHRONIC FIRE	L	COMBUSTIBLE LIQ
		MINERAL SPIRITS	99%	8030-30-6				
13		DIESEL FUEL #2/GAS	YES	50.00 GA	METAL CONTAINERS	3	L	COMBUSTIBLE LIQ
		BLEND OF PARAFFINS, NAPHTHENES, AROMATICS AND OLEFINS	100%	272-10-2	DRUMS, CARBOYS			
7		OXYGEN		880 10.00	GAS CYLINDER	4	G	NONFLAM COMP GAS
		OXYGEN	0%	7782-44-7				
		Silicone		5 GA	A	3	L	1B

LOCATION: UNDGRD TANK 1 /UT LAFD#: 026663-002-4 NFPA-704: PRODUCTS: 1

1		UNOCOL HEAVY DUTY MOTOR OIL 10W		175.00 GA	DRUMS, CARBOYS UNDERGROUND TANK	CHRONIC FIRE	L	IRRITANTS
		OIL MIST IF GENERATED	0%					
		TRADE SECRET INGREDIENTS	0%					

Delete

LOCATION: UNDGRD TANK 2 /UT LAFD#: 026663-003-4 NFPA-704: PRODUCTS: 1

1		UNOCAL GUARDEL MOTOR OIL 40		750.00 GA	DRUMS, CARBOYS UNDERGROUND TANK	CHRONIC FIRE	L	IRRITANTS
		OIL MIST IF GENERATED	0%					
		TRADE SECRET INGREDIENTS	0%					

Delete

LOCATION: UNDGRD TANK 3 /UT LAFD#: 026663-004-4 NFPA-704: PRODUCTS: 1

1		UNOCAL GUARDOL MOTOR OIL 15/40		220.00 GA	DRUMS, CARBOYS UNDERGROUND TANK	CHRONIC FIRE	L	IRRITANTS
		OIL MIST IF GENERATED	0%					
		TRADE SECRET INGREDIENTS	0%					

Delete

INSP SIG:_____ INSP DATE:_____ BUS REP SIG:_____ DATE:_____ DE SIG: [signature] DATE: 8/4/93

REPORT NO. IHMS-500
RUN DATE = 06/28/1993

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED

PAGE : 3
BUSINESS #: 009350-4
FIRST IN : 89
BLOCK # :

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID BRADFIELD
EMERG CONTACT : CITY HALL OPERATOR
ALT EMERG CONTACT: BUILDING SECURITY

ADDR: 12201 W SHERMAN WY
PH #: 818-989-8478
PH #: 213-485-2121
PH #: 213-485-5605

BUS PLN RCVD: 08/04/1988 INV VERIFIED: 10/08/19
SIC CODE : 9100
NO OF EMPLOYEES : 53
SQ FT OF FACILITY : 40,920

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST MAX%	MAXIMUM QUANTITY AT ANY TIME / CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
LOCATION: ~~UNDGRD TANK 4 UT~~		LAFD#: 026663-005-4 NFPA-704:						PRODUCTS: 1
1		USED MOTOR OIL TRADE SECRET INGREDIENTS	YES 0%	~~500.00~~ 250 GA	DRUMS, CARBOYS UNDERGROUND TANK	3	L	FUEL/OIL

INSP SIG:_____ INSP DATE:_____ BUS REP SIG:_____ DATE:_____ DE SIG: [signature] 8/4/93 DATE:_____

REPORT NO. IHMS-500
RUN DATE = 01/10/92

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED

BUSINESS #: 009350-4
FIRST IN: 89

BUS. NAME: CITY OF LA - DEPT OF GENERAL SERVICES ADDR: 12201 W SHERMAN WY BUS. PLN RCVD:08/04/88 INVENTORY VERIFIED: 0/ 0/

LOCATION: HLLYWD FLT SRVC LAFD#: 026663-001-4 PRODUCTS: 13

SEQ	EXT HAZ	PRODUCT OR WASTE NAME	(RAW) (WASTE)	MAXIMUM QUANTITY AT ANY TIME	STORAGE TYPES	HEALTH & PHYS HAZ	STATE	HAZARD CLASS	INGREDIENTS	MAX %	CAS NO.
13		DIESEL FUEL #2/GAS	W	50.00 GA	METAL CONTAINERS DRUMS, CARBOYS			FLAMMABLE MAT 1B	BLEND OF PARAFFINS, NA	100 %	272102
1		UNION MP GEAR LUBE 80W	R	110.00 GA	DRUMS, CARBOYS	CHRONIC FIRE	L	IRRITANTS 1B	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
2		UNOCAL GUARDOL MOTOR O	R	825.00 GA	DRUMS, CARBOYS	CHRONIC FIRE	L	IRRITANTS 1B	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
3		CHEVRON THINNER 350 H	R	1,760.00 GA	DRUMS, CARBOYS	ACUTE CHRONIC FIRE	L	IRRITANTS 3A	PARAFFINS AROMATICS BENZENE	93 % 7 % 0 %	 71-43-2
4		UNOCAL HYDRAULIC/TRACT	R	1,000.00 GA	DRUMS, CARBOYS	CHRONIC FIRE	L	IRRITANTS 1B	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
5		UNOCAL UNAX AW32	R	440.00 GA	DRUMS, CARBOYS	CHRONIC FIRE	L	IRRITANTS 1B	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
6		UNOCAL MULTIPURPOSE AT	R	1,210.00 GA	DRUMS, CARBOYS	CHRONIC FIRE	L	IRRITANTS 1B	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
8		UNOCAL A GREASE	R	110.00 GA	DRUMS, CARBOYS	CHRONIC FIRE	L	IRRITANTS 1B	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
9		BULL SPRAY CLEAN	R	110.00 GA	DRUMS, CARBOYS	ACUTE FIRE	L	IRRITANTS 1B	ETHYLENE GLYCOL, MONOB INORGANIC ALLALIES, SY	4 % 96 %	111-76-2
10		SAFETY KLEEN 105 SOLVE	R	150.00 GA	UNSPECIFIED	ACUTE CHRONIC FIRE	L	IRRITANTS 1B	MINERAL SPIRITS	99 %	8030-30-6
12		SHELLZONE ANTI-FREEZE	W	275.00 GA	METAL CONTAINERS DRUMS, CARBOYS			IRRITANTS 1B	ETHYLENE GLYCOL DIETHYLENE GLYCOL WATER INORGANIC/ORGANIC SALT	94 % 10 % 4 % 4 %	107-21-1 111-46-6 7732-18-5
7		OXYGEN	R	10.00	GAS CYLINDER		G	NONFLAM COMP GAS	OXYGEN	0 %	7782-44-7
11		ACETYLENE	R	10.00	GAS CYLINDER	FIRE PRESSURE	G	3A	ACETYLENE	100 %	74-86-2

INSP SIG:_____ INSP DATE:_____ BUS REP SIG:_____ DATE:_____ DE SIG: MM DATE: 1-10-92

REPORT NO. IHMS-500
RUN DATE = 01/10/92

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED

BUSINESS #: 009350-4
FIRST IN: 89

BUS. NAME: CITY OF LA - DEPT OF GENERAL SERVICES ADDR: 12201 W SHERMAN WY BUS. PLN RCVD:08/04/88 INVENTORY VERIFIED: 0/ 0/ 0

SEQ	EXT HAZ	PRODUCT OR WASTE NAME	(RAW) (WASTE)	MAXIMUM QUANTITY AT ANY TIME	STORAGE TYPES	HEALTH & PHYS HAZ	STATE	HAZARD CLASS	INGREDIENTS	MAX %	CAS NO.
LOCATION:		UNDGRD TANK 1 /UT		LAFD#: 026663-002-4							PRODUCTS: 1
1		UNOCOL HEAVY DUTY MOTO	R	175.00 GA	DRUMS, CARBOYS UNDERGROUND TANK	CHRONIC FIRE	L	IRRITANTS	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
LOCATION:		UNDGRD TANK 2 /UT		LAFD#: 026663-003-4							PRODUCTS: 1
1		UNOCAL GUARDEL MOTOR O	R	750.00 GA	DRUMS, CARBOYS UNDERGROUND TANK	CHRONIC FIRE	L	IRRITANTS	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
LOCATION:		UNDGRD TANK 3 /UT		LAFD#: 026663-004-4							PRODUCTS: 1
1		UNOCAL GUARDOL MOTOR O	R	220.00 GA	DRUMS, CARBDYS UNDERGROUND TANK	CHRONIC FIRE	L	IRRITANTS	OIL MIST IF GENERATED TRADE SECRET INGREDIEN	0 % 0 %	
LOCATION:		UNDGRD TANK 4 /UT		LAFD#: 026663-005-4							PRODUCTS: 1
1		USED MOTOR OIL	W	500.00 GA	DRUMS, CARBOYS UNDERGROUND TANK			FUEL/OIL	TRADE SECRET INGREDIEN	0 %	

INSP SIG:_____ INSP DATE:_____ BUS REP SIG:_____ DATE:_____ DE SIG:_____ DATE:_____

REPORT NO: THMSR500
RUN DATE : 04/04/1996

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED
INSPECTION RESPONSIBILITY: FIRE STATION

PAGE : 1
BUSINESS #: 009350-4
FIRST IN : 89
BLOCK # :

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID WILSON
EMERG CONTACT : CITY HALL OPERATOR
ALT EMERG CONTACT: BUILDING SECURITY

ADDR: 12201 W SHERMAN WY
PH #: 818-989-8466
PH #: 213-485-2121
PH #: 213-485-5605

BUS PLN REVW: 03/27/1996 INV VERIFIED: 06/28/1993
SIC CODE : 9100
NO OF EMPLOYEES : 60
SQ FT OF FACILITY : 40,920

LOCATION: HLLYWD FLT SRVC LAFD#: 026663-001-4 NFPA-704: PRODUCTS: 12

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST / MAX%	MAXIMUM QUANTITY AT ANY TIME / CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
3		~~CHEVRON~~ THINNER 350 H ✓		1,760.00 GA	DRUMS, CARBOYS	ACUTE	L	FLAMMABLE MAT
		PARAFFINS	93%	8002-74-2		CHRONIC		
		AROMATICS	7%			FIRE		
		BENZENE	0%	71-43-2				
11		ACETYLENE		1,100.00 CF	GAS CYLINDER	FIRE	G	FLAMMABLE MAT
		ACETYLENE	100%	74-86-2		PRESSURE		
12		SHELLZONE ANTI-FREEZE	YES	88.00 GA	METAL CONTAINERS	ACUTE	L	OTHER REG MATERIAL
		ETHYLENE GLYCOL	94%	107-21-1	DRUMS, CARBOYS			
		DIETHYLENE GLYCOL	10%	111-46-6				
		WATER	4%	7732-18-5				
		INORGANIC/ORGANIC SALTS	4%					
1		~~UNION~~ MP GEAR LUBE 80W-90 ✓		110.00 GA	DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					
2		~~UNOCAL~~ GUARDOL MOTOR OIL 30 ✓		600.00 GA	DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					
		~~UNOCAL~~ HYDRAULIC/TRACTOR FLUID ✓		1,000.00 GA	~~DRUMS, CARBOYS~~ UGT ✓	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					
5		~~UNOCAL~~ UNAX AW32		440.00 GA	DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED ✓	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					
6		~~UNOCAL~~ MULTIPURPOSE ATF II ✓		1,210.00 GA	DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					

MY SIGNATURE INDICATES THAT I HAVE VERIFIED AND AGREED WITH THE TYPES AND QUANTITIES OF HAZARDOUS MATERIALS AT THIS ADDRESS

INSP SIG: _____ INSP DATE: 1/27/98 BUS REP SIG: _____ DATE: _____ DE SIG: _____ DATE: _____

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED
INSPECTION RESPONSIBILITY: FIRE STATION

BUSINESS #: 009350-4
FIRST IN : 89
BLOCK # :

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID WILSON
EMERG CONTACT : CITY HALL OPERATOR
ALT EMERG CONTACT: BUILDING SECURITY

ADDR: 12201 W SHERMAN WY
PH #: 818-989-8466
PH #: 213-485-2121
PH #: 213-485-5605

BUS PLN REVW: 03/27/1996 INV VERIFIED: 06/28/1993
SIC CODE : 9100
NO OF EMPLOYEES : 60
SQ FT OF FACILITY : 40,920

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST MAX%	MAXIMUM QUANTITY AT ANY TIME / CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
8		~~UNOCAL~~ A GREASE ✓		110.00 GA	DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					
9		BULL SPRAY CLEAN		110.00 GA	DRUMS, CARBOYS	ACUTE	L	COMBUSTIBLE LIQ
		ETHYLENE GLYCOL, MONOBUTYL ETHER	4%	111-76-2		FIRE		
		INORGANIC ALLALIES, SYNTHETIC DETERGENTS, WATER & DYE	96%					
10		SAFETY KLEEN 105 SOLVENT		150.00 GA	OTHER CONT TYPES	ACUTE	L	COMBUSTIBLE LIQ
		MINERAL SPIRITS	99%	8030-30-6		CHRONIC		
						FIRE		
7		OXYGEN		880.00 CF	GAS CYLINDER	PRESSURE	G	NONFLAM COMP GAS
		OXYGEN	0%	7782-44-7				

#2	WASTE OIL ✓		1000 GA	UGT	3	C	1B
#3	OIL ✓		1000 GA	UGT	3	C	1B

MY SIGNATURE INDICATES THAT I HAVE VERIFIED AND AGREED WITH THE TYPES AND QUANTITIES OF HAZARDOUS MATERIALS AT THIS ADDRESS

INSP SIG: _____ INSP DATE: _____ BUS REP SIG: _____ DATE: _____ DE SIG: Ag 4/20/98 DATE: _____

REPORT NO: IHMSR500
RUN DATE : 04/20/1998

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED
INSPECTION RESPONSIBILITY: FIRE STATION

PAGE : 1
BUSINESS #: 009350-4
FIRST IN : 89
BLOCK # :

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID WILSON
EMERG CONTACT : CITY HALL OPERATOR
ALT EMERG CONTACT: BUILDING SECURITY

ADDR: 12201 W SHERMAN WY
PH #: 818-756-8466
PH #: 213-485-2121
PH #: 213-485-5605

BUS PLN REVW: 01/27/1998 INV VERIFIED: 01/27/1998
SIC CODE : 9100
NO OF EMPLOYEES : 60
SQ FT OF FACILITY : 40,920

LOCATION: HLLYWD FLT SRVC LAFD#: 026663-001-4 NFPA-704: PRODUCTS: 12

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST MAX%	MAXIMUM QUANTITY AT ANY TIME	CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
3		THINNER 350 H		1,760.00 GA		DRUMS, CARBOYS	ACUTE	L	FLAMMABLE MAT
		PARAFFINS	93%		8002-74-2		CHRONIC		
		AROMATICS	7%				FIRE		
		BENZENE	0%		71-43-2				
11		ACETYLENE		1,100.00 CF		GAS CYLINDER	FIRE	G	FLAMMABLE MAT
		ACETYLENE	100%		74-86-2		PRESSURE		
12		SHELLZONE ANTI-FREEZE	YES	88.00 GA		METAL CONTAINERS	ACUTE	L	OTHER REG MATERIAL
		ETHYLENE GLYCOL	94%		107-21-1	DRUMS, CARBOYS			
		DIETHYLENE GLYCOL	10%		111-46-6				
		WATER	4%		7732-18-5				
		INORGANIC/ORGANIC SALTS	4%						
1		MP GEAR LUBE ~~80W-90~~		~~110.00~~ GA		DRUMS, CARBOYS	~~CHRONIC~~	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
2		GUARDOL MOTOR OIL 30		600.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
4		HYDRAULIC/TRACTOR FLUID		1,000.00 GA		UNDERGROUND TANK	~~CHRONIC~~	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
5		UNAX AW32		440.00 GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						
6		MULTIPURPOSE ATF II	500	~~1,210.00~~ GA		DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%				FIRE		
		TRADE SECRET INGREDIENTS	0%						

MY SIGNATURE INDICATES THAT I HAVE VERIFIED AND AGREED WITH THE TYPES AND QUANTITIES OF HAZARDOUS MATERIALS AT THIS ADDRESS

INSP SIG: _____ INSP DATE: 7/19/99 BUS REP SIG: _____ DATE: _____ DE SIG: _____ DATE: _____

REPORT NO: IHMSR500
RUN DATE : 04/20/1998

HAZARDOUS MATERIALS SYSTEM
BP-8: COMPUTER LISTING OF INVENTORY SUBMITTED
INSPECTION RESPONSIBILITY: FIRE STATION

BUSINESS #: 009350-4
FIRST IN : 89
BLOCK # :

BUS NAME : CITY OF LA - DEPT OF GENERAL SERVICES
BUS OWNER : CITY OF LOS ANGELES
ON-SITE MANAGER : DAVID WILSON
EMERG CONTACT : CITY HALL OPERATOR
ALT EMERG CONTACT: BUILDING SECURITY

ADDR: 12201 W SHERMAN WY
PH #: 818-756-8466
PH #: 213-485-2121
PH #: 213-485-5605

BUS PLN REVW: 01/27/1998 INV VERIFIED: 01/27/1998
SIC CODE : 9100
NO OF EMPLOYEES : 60
SQ FT OF FACILITY : 40,920

SEQ	EXT HAZ	MATERIAL DESCRIPTION / INGREDIENTS	WST MAX%	MAXIMUM QUANTITY AT ANY TIME / CAS NO.	STORAGE TYPES	HEALTH & PHYS HAZ	ST	HAZARD CLASS
8		A GREASE		110.00 GA	DRUMS, CARBOYS	CHRONIC	L	COMBUSTIBLE LIQ
		OIL MIST IF GENERATED	0%			FIRE		
		TRADE SECRET INGREDIENTS	0%					
9		BULL SPRAY CLEAN		110.00 GA	DRUMS, CARBOYS	ACUTE	L	COMBUSTIBLE LIQ
		ETHYLENE GLYCOL, MONOBUTYL ETHER	4%	111-76-2		FIRE		
		INORGANIC ALLALIES, SYNTHETIC DETERGENTS, WATER & DYE	96%					
10		SAFETY KLEEN 105 SOLVENT		150.00 GA	OTHER CONT TYPES	ACUTE	L	COMBUSTIBLE LIQ
		MINERAL SPIRITS	99%	8030-30-6		CHRONIC		
						FIRE		
7		OXYGEN		880.00 CF	GAS CYLINDER	PRESSURE	G	NONFLAM COMP GAS
		OXYGEN	0%	7782-44-7				

LOCATION: UG TANK/WASTE OIL /UT 1 LAFD#: 026663-006-4 NFPA-704: PRODUCTS: 1

1		WASTE OIL	YES	1,000.00 GA	UNDERGROUND TANK	FIRE	L	COMBUSTIBLE LIQ

LOCATION: UG TANK/OIL /UT 2 LAFD#: 026663-007-4 NFPA-704: PRODUCTS: 1

1		OIL, MOTOR		1,000.00 GA	UNDERGROUND TANK	FIRE	L	COMBUSTIBLE LIQ

SULFURIC ACID 182 GA. B, 2 C ZA

MY SIGNATURE INDICATES THAT I HAVE VERIFIED AND AGREED WITH THE TYPES AND QUANTITIES OF HAZARDOUS MATERIALS AT THIS ADDRESS

INSP SIG:_____ INSP DATE:_____ BUS REP SIG:_____ DATE:_____ DE SIG:_____ DATE:_____

BUSINESS INFORMATION

INSTRUCTIONS: Please complete and sign this form; your signature indicates that the information, as supplied is accurate.

Business Plan Number: 009350-4 THIS IS YOUR CURRENT BUSINESS PLAN NUMBER. THIS NUMBER MUST APPEAR ON ALL BUSINESS PLAN FORMS!

Business Name: CITY OF LA - DEPT OF GENERAL SERVICES

Address Where Business Is Conducted: 12201 W SHERMAN WY

LOS ANGELES CA 91605

Other On-Site Addresses:

		WORK PHONE NUMBER
Legal Business Owner Name:	CITY OF LOS ANGELES	(213) 485-~~5190~~ 2121
On-Site Manager:	~~DAVID WILSON~~ CHARLOS MOORE	(818) 756-8466
		EMERGENCY PHONE NUMBER (24-HOUR)
Emergency Contact:	~~CITY HALL OPERATOR~~ CHARLOS MOORE	(213) 485-2121
Alternate Emergency Contact:	~~BUILDING SECURITY~~ DAVID MARSHALL	~~(213) 485-5605~~ (626) 288-4845

Standard Industrial Classification (SIC) Code of Business: 9100

Dun & Bradstreet Number: _ _-_ _ _-_ _ _ _

MAILING ADDRESS: 12201 SHERMAN WY C/O FLEET SERVICES

NORTH HOLLYWOOD CA 91605

Briefly describe the nature of the hazardous materials operations:

Number of Employees: 60 Square Footage of Facility: 40,920

Signature of Legal Business Owner/Authorized Representative Title Date

Business Plan has been reviewed and approved: _____

****

Office Use Only Insp. I.D.: 464 Date: 7/9/99 D/E I.D.: ____ Date: ____ TS: ____

BUSINESS INFORMATION (BP-1) 9350-4

NSTRUCTIONS: The information below was submitted by your business to the Los Angeles City ire Department. Review all the information and make any necessary changes to update your ecord. Cross out any information that is incorrect and insert the correct or missing nformation in the space provided. Sign the bottom of this form. Your signature indicates hat this information is accurate as corrected by you.

AFD Number: 026663-001-4 THIS IS YOUR CURRENT LAFD ACCOUNT NUMBER. THIS NUMBER MUST PPEAR ON ALL BUSINESS PLAN FORMS!

ldress Where Business Is Conducte 12201 W. Sherman Way Zip 91605

nit Type: Truck and Equipment Repair Shop Unit Number: Bldg Seq # 8/21

Examples of Unit Types: apartment, bay, building, berth, basement, dock, floor, foyer, ite, hangar, loft, level, mezzanine, office, pad, penthouse, pier, roof, room, runway, age, shop, slip, space, stall, suite, terminal, track, unit.)

		WORK PHONE NUMBER
siness Owner Name:	City of L.A. Fleet Serv	818-989-8478
-Site Manager:	Dave Waldner	818-989-8478

		EMERGENCY PHONE NUMBER (24-HOUR)
ergency Contact:	City Hall Operator 213 485-2121	9-911
ternate Emergency Contact:	Building Security 213	485-5605

andard Industrial Classification (SIC) Code of Business: 9100

low is your mailing address. Please make corrections on the space provided to the left.

12201 Sherman Way
c/o Fleet Services
o. Hollywood Calif 91605

City of LA - Dept. of General Services

scribe the business operations that use or handle hazardous materials:

Truck and Equipment Maintenance

imum number of employees: 40 Total square footage of facility: 40 920

[signature]	Auto Sup	5-23-88
ignature of Business Owner or Authorized Representative	Title	Date

ffice Use Only | 902: ____ Insp. I.D.: ____ Date: ____ D/E I.D.: 29 Date: 8-9-88.

AUG 04 1988

BUSINESS INFORMATION

INSTRUCTIONS: Please complete and sign this form; your signature indicates that the information, as supplied is accurate.

Business Plan Number: 02663-001-4 THIS IS YOUR CURRENT BUSINESS PLAN NUMBER.
THIS NUMBER MUST APPEAR ON ALL BUSINESS PLAN FORMS!

Business Name: City of Los Angeles, General Services, Fleet Service

Address Where Business Is Conducted: 12201 Sherman Way
North Hollywood, Ca. 91605

Other On-Site Addresses:

		WORK PHONE NUMBER
Legal Business Owner Name:	City of Los Angeles	(818) 989-8478
On-Site Manager:	David Bradfield	(818) 989-8478
		EMERGENCY PHONE NUMBER (24-HOUR)
Emergency Contact:	City Hall Operator	(213) 485-2121
Alternate Emergency Contact:	Building Security	(213) 485-5605

Standard Industrial Classification (SIC) Code of Business: 9100

Dun & Bradstreet Number: - - - - - - - - -

MAILING ADDRESS: 12201 Sherman Way
North Hollywood, Ca. 91605

Briefly describe the nature of the hazardous materials operations:

Truck and Equipment maintenance.

Number of Employees: 53 Square Footage of Facility: 40,920

David Bradfield Sr. Auto. Supv. 7-1-91
Signature of Legal Business Owner or Authorized Representative Title Date

Office Use Only Insp. I.D.: 416 Date: 10-8-91 D.E I.D.: _____ Date: _____ TS : _____

(Rev. 8/90)

BUSINESS PLAN for EMERGENCY RESPONSE

BUSINESS NO. 1905193504 BUSINESS NAME NORTH HOLLYWOOD SHOP

BUSINESS ADDRESS 12201 Sherman Way, NH 91605 PHONE (818) 756-8466

Please answer the following questions clearly. Attachments are acceptable if additional space is needed:

NOTIFICATION PROCEDURES

In the event of a reportable hazardous materials or waste release, or threatened release, your business is required by State law to provide an immediate verbal report to:

The Los Angeles City Fire Department (LAFD): 911
The State Office of Emergency Services (OES): (800) 852-7550 or (916) 427-4341

1. Who will notify LAFD and OES?

   Name Charles Moore Title Eq. Repair Supervisor

   Name Robert Jung Title Eq. Repair Supervisor

2. Does your business have an additional emergency response notification system? YES ☐ NO ☐

   If yes, describe the system: Notify Area II Superintendent, Jim Bonville by phone (213) 485-5190

3. Name the employee(s) responsible for responding to a release or spill:

   Name Charles Moore Title Eq. Repair Supervisor

   Name Conrad Bineau Title Equipment Mechanic

   Name Jerry Croy Title Welder

4. How will employee(s) become aware of a release or spill? (i.e., by alarm, leak detection device, etc.)

   Discover the leak visually, then alert all employees verbally.

5. Is there an evacuation plan for your business in the event of a spill or release? YES ☒ NO ☐

6. How will employees be evacuated from your facility?

   Alarm will be by voice or public address system. Employees will report to assembly area.

MEDICAL ASSISTANCE

7. List two local emergency medical facilities that will be used:

   Name of emergency medical facility: Health Line

   Address: 15211 Vanowen # 105 VN 91405 Phone (818) 997-7711

   Name of emergency medical facility: Valley Receiving Hosp.

   Address: 14500 Ssherman Circle VN 91405 Phone: (818) 997-0101

For Official Use Only

Insp. ID: Insp. Sig.: Date:

PREVENTION *(Actions your business will take to prevent a hazard from occurring.)*

8. Describe the kinds of hazards associated with the hazardous materials present at your facility.

The hazards associated with most petroleum products are skin irritation, eye contact, inhalation danger, and explosion or fire.

9. What actions would your business take to prevent these hazards from occurring?

Training all employees in proper handling and safety measures. Safety clothing is provided to each employee. Warning signs are posted appropriately. Hazardous materials are stored in approved buildings.

10. What are your safety and storage procedures?

1. Use of hazardous material (waste) building and containment barrels.
2. Waste stored for only 90 days.
3. Store only the minimum of new products.
4. Hazardous material area is fenced in locked and bermed.

MITIGATION *(How do you reduce the hazard?)*

(Actions your business will take to lessen the harm or the damage to persons, property, or the environment, and prevent what has occurred from getting worse or spreading.)

11. What is the immediate response to a leak, spill, fire, explosion, or airborne release at your business?

1. Evacuate employees.
2. Notify Fire Department - 911
3. Notify State Office of Emergency Services (O.E.S.) 1-800-852-7550.
4. Remove any ignition sources.
5. Ventilate area.
6. Appropriate abatement.

ABATEMENT *(What your facility does to stop the hazard.)*

12. How do you stop a release?

1. Refer to M.S.D.S.
2. Confine the spill.
3. Soak up with absorbent material.

13. How do you clean up a release?

1. Refer to M.S.D.S. and follow clean up procedure.
2. Wipe up with rags or towels.
3. Soak up with absorbent material.

14. How do you dispose of released materials?

Dispose of collected waste in accordance with local and federal hazardous waste regulations. Use an appropriate hazardous waste vendor.

EMPLOYEE TRAINING

Employee training is designed to teach employees about the following categories:

PART 1 - SAFETY: Handling Hazardous Materials Safely
PART 2 - EMERGENCY CONTACT: Which Emergency Agencies to Contact
PART 3 - EMERGENCY EQUIPMENT AND SUPPLIES: Use of Emergency Cleanup Equipment and Supplies
PART 4 - EVACUATION: Evacuation Procedures

PART 1: SAFETY

15. Describe the training NEW employees receive in handling and using the hazardous materials and waste that are part of your operation.

During new employee orientation, they are familiarized with hazardous waste by their supervisor reading and discussing four M.S.D.S. on different chemiclas. This training includes how to properly handle, store, cleanup and dispose of hazardous material.

16. How often does REFRESHER training occur? Every 10 working days, during the shops safety meeting, a different M.S.D.S. is discussed.

17. How is this documented? On the Safety meeting reports.

18. Where is documentation kept? In Area II's Administrative office, and in the shop office.

PART 2: EMERGENCY CONTACT

19. Are all NEW employees trained to know which emergency response agencies to contact if an emergency occurs? YES [X] NO [ ]

20. Who is assigned to contact the emergency response agencies?

Name Charles Moore Title: Equipment Repair Supervisor

Name Robert Jung Title: Equipment Repair Supervisor

21. How often does REFRESHER training occur?

Every 10 working days.

22. How is it conducted? During Safety Meetings, the shop supervisor discusses with the crew various safety topics including Emergency Action Procedures; they are informed what to do in all emergency situations. Also, the emergency numbers are posted near all telephones.

23. What is covered?

Topics include Emergency Notification Procedures. Employees are instructed on what To do in an emergency situation, what agency to call, personnel to notify and where the Emergency facilities are located.

PART 3: EMERGENCY EQUIPMENT AND SUPPLIES

24. How are NEW employees trained in the use of emergency equipment and supplies needed to stop spills, leaks, or fires?

New employees view a video tape on what causes fires and how to put out fires. All types of fire extinguishers are discussed. New employees are scheduled to attend a fire fighting class put on by the Fire Department. They are given a Hazardous Materials orientation and taught to use containment barrels, berms, and M.S.D.S. to prevent spills.

25. What kinds of equipment and supplies are they taught to use to stop the release?

Employees are instructed to get the M.S.D.S. on the substance that is spilled to determine the correct method of stopping the spill.
Normally, rags and oil absorbent are used.

26. How often is REFRESHER training conducted in the use of emergency equipment and supplies?

Every 10 working days, and monthly in the safety committee meeting

27. Are drills ever conducted? YES [X] NO [ ]

PART 4: EVACUATION

28. Are new employees given initial training on evacuation procedures? YES [X] NO [ ]

29. How often is REFRESHER training given on evacuation procedures?

1. Every 10 working days. A drill is conducted twice a year on evacuation procedures, all employees exit the shop and report to their evacuation area.

2. Evacuation plan is posted on bulletin board.

30. ***NOTE:*** Your business is required by State law to keep a copy of this Business Plan, including the inventory. Describe where this copy is located at your business.

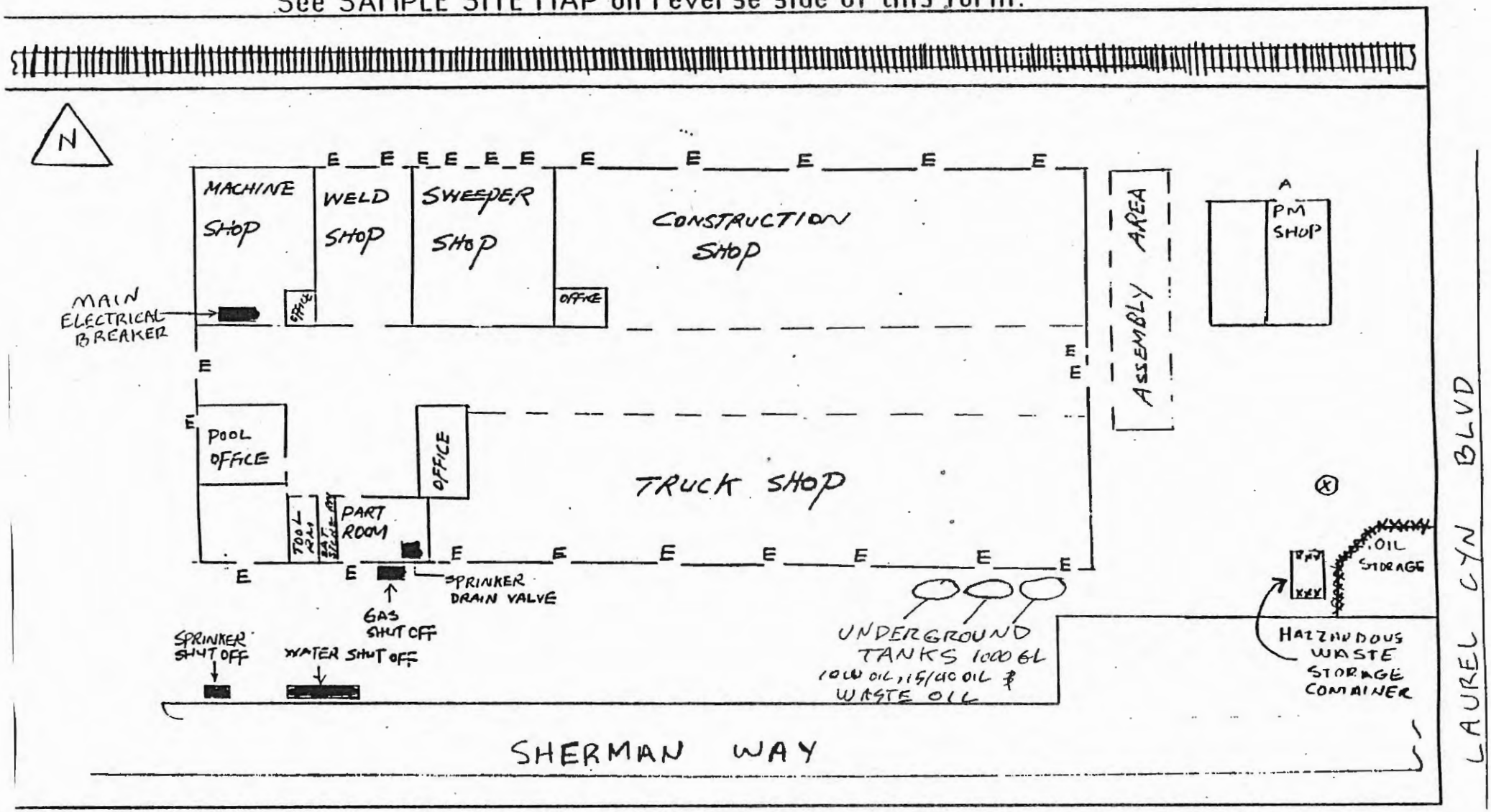
Shop office, in supervisor's desk.

SIGNATURE OF BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE:

David B Marshall DATE: 5-18-99

SITE MAP FOR BUSINESS PLAN

See SAMPLE SITE MAP on reverse side of this form.



Business Name: CITY OF LOS ANGELES Business Plan No: 1905193504 LAFD No: 02663-001-9 Emergency Phone: 213 485 2121

Business Address (Site Address): 12201 SHERMAN WAY, NH Facility Unit: NORTH HOLLYWOOD SHOP

Main Business Activity: VEHICLE REPAIR Scale of Map: 1in = 60 ft ONE INCH Date: 4-30-99

Los Angeles City Fire Department Certified Unified Program Agency

FACILITY INFORMATION (OES 2730)

FI

AMENDMENT 99

☐ Add ☐ Delete ☐ Revise

California Hazardous Materials Inventory Reporting Form - Business Owner/Operator Identification P

AMOUNT DUE: $	HAZARD CLASS CODE:		AMOUNT RECEIVED: $
Facility ID # 1905193504 1	Calendar Year Beginning 19 1-1-99	Ending 20 1-1-00	Page ____ of ____
BUSINESS NAME CITY OF LOS ANGELES, GEN/SERV, FLEET SERV. 3			BUSINESS PHONE
SITE ADDRESS 12201 Sherman Way			
CITY North Hollywood 24	CA		ZIP 91605
DUN & BRADSTREET 26			SIC CODE (4 Digit #)
COUNTY LOS ANGELES 28			
OPERATOR NAME CITY OF LOS ANGELES 29			OPERATOR PHONE (213) 485-2121

OWNER INFORMATION

OWNER NAME CITY OF L.A. GENERAL SERVICES, Fleet Svcs. 31		OWNER PHONE (213) 485-2121
OWNER MAILING ADDRESS Room 701, City Hall South		
CITY Los Angeles 34	STATE CA 35	ZIP 90012

ENVIRONMENTAL CONTACT

CONTACT NAME 37		CONTACT PHONE
CONTACT MAILING ADDRESS 12201 Sherman Way		
CITY North Hollywood 40	STATE CA 41	ZIP 91605

EMERGENCY CONTACTS

Primary		Secondary	
NAME Charles Moore	43	NAME David Marshall	
TITLE Equipment Repair Supervisor	44	TITLE General Automotive Supervisor	
BUSINESS PHONE (818) 756-8466	45	BUSINESS PHONE (213) 485-5190	
24-HOUR PHONE (213) 485-2121	46	24-HOUR PHONE (626) 288-4845	
PAGER #	47	PAGER # (213) 350-2635	

REGULATED SUBSTANCES (RS)

ON-SITE RS ☐ Yes ☒ No 5 If yes, and above Threshold Quantities, complete a RS Registration Form.

BUSINESS TAX REGISTRATION NUMBER: _____

FOR OFFICE USE ONLY

FIRE STATION NUMBER: _____

DATE RECEIVED: _____

PERMIT APPROVAL DATE+STAMP

Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

Print Name of Document Preparer DAVID MARSHALL 54	Name of Signer DAVID MARSHALL	
Signature of Owner/Operator David B Marshall 55	Title GENERAL AUTO SUPERVISOR 57	Date 5-18-99

ACTIVITY DECLARATION FORM

I: FACILITY IDENTIFICATION

FACILITY ID # 1905193504

1 EPA ID # (Provide only if hazardous waste generator/treater) CAD 981690506

DBA/FACILITY NAME NORTH HOLLYWOOD SHOP

II: ACTIVITIES DECLARATION

Does Your Facility...			If Yes, Please Complete...	
A. BUSINESS PLAN/HAZARDOUS MATERIALS Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cu ft for compressed gases (include liquids in ASTs and USTs) or any amount of EHS's, explosives, blasting agents, Class A & B poisons, Carcinogens, Etiologic Agents, or Radioactive Materials.	☑ YES ☐ NO	4	✔ OES FORM 2731 (Chemical Description Form) (one page per disclosable chemical) ✔ EMERGENCY RESPONSE PLAN (obtain business plan forms from LA City Fire Dept.) ✔ TRAINING PLAN (format not included)	CD BPE
B. REGULATED SUBSTANCES (RS) Have onsite regulated substances at greater than the threshold quantities established by the California Accidental Release Prevention program (Cal/ARP)?	☐ YES ☑ NO	5	✔ CalARP REGISTRATION FORM ✔ Prepare California Accidental Release Prevention Program (CalARP)	AR
C. UNDERGROUND STORAGE TANKS (USTs)				
1. Own or operate Underground Storage Tanks (UST)?	☑ YES ☐ NO	6	✔ UST FACILITY FORM (formerly Form A) ✔ UST TANK FORM (one per tank) (formerly Form B)	UST UST1 &2
2. Intend to upgrade existing or install new Underground Storage Tanks (UST)?	☐ YES ☑ NO	7	✔ UST INSTALLATION CERTIFICATION FORM (one per tank)	UST INS
D. TANK CLOSURE / REMOVAL				
1. Need to report closing a UST that held hazardous materials or waste?	☐ YES ☑ NO	8	✔ UST FORM (closure section-one per tank) (formerly Form B)	UST1 & 2
2. Need to report the closing/ removal of a tank that was itself classified as hazardous waste?	☐ YES ☑ NO	9	✔ TANK CLOSURE FORM (format not included)	UST C
E. ABOVE GROUND PETROLEUM STORAGE TANKS (AST) Own or operate aboveground petroleum storage tanks (ASTs) above these thresholds: any tank capacity that is greater than 660 gallons or the total capacity for the facility is greater than 1,320 gallons.	☐ YES ☑ NO	10	No form is required at this time. However, if you answered yes, prepare and maintain a Spill Prevention Control and Countermeasure (SPCC) plan as part of your contingency plan to address oil spills and releases from the AST(s) at your facility.	
F. HAZARDOUS WASTE:				
1. Generate hazardous waste?	☑ YES ☐ NO	11	✔ EPA ID number - provide on this page ✔ HAZARDOUS WASTE GENERATOR FORM	 HWG
2. Recycle more than 100 kg/mo of recyclable materials at the same location it was generated?	☐ YES ☑ NO	12	✔ RECYCLABLE MATERIALS FORM	REC
3. Recycle more than 100 kg/mo of recyclable materials at an offsite location different from the point of generation?	☐ YES ☑ NO	13		
4. Treat Hazardous Waste on site?	☐ YES ☑ NO	14	✔ TIERED PERMITTING FACILITY FORM (DTSC Form 1772)	OHW
5. Treat Hazardous Waste generated at a remote site?	☐ YES ☑ NO	15	✔ TIERED PERMITTING UNIT FORM (one per unit) ✔ CERTIFICATION OF FINANCIAL ASSURANCE	OHWTU COF
6. Consolidate Hazardous Waste generated at a remote site?	☐ YES ☑ NO	16	✔ REMOTE WASTE/CONSOLIDATION SITE NOTIFICATION FORM	RW
7. Generate exempt used oil meeting the recycled oil specifications of HSC 25250.1(a) and 25250.1(b) ?	☑ YES ☐ NO	17		

NOTE: If you marked **YES** to any part of Sections IIA-IIF above, then in addition to the forms requested above, please Submit OES Form 2730.

FOR OFFICE USE ONLY

RECEIVED BY (Initials): _____ DATE: _____

INSPECTOR ID: _____ SIGNATURE: _____ DATE: _____

DATA ENTRY (Initials): _____ DATE: _____

DATE REC'D AND INITIALS	BP:	ARP	UST:	HW:	TP:

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504

CHEMICAL NAME	SULFURIC ACID 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	BATTERY ACID 206 — EHS ☐ Y ☑ N
CAS #	7664 93 9 208 — If EHS is "Y", all Amounts must be in
FIRE CODE HAZARD CLASS	2A

TYPE	☑ PURE ☐ MIXTURE ☐ WASTE 210 — RADIOACTIVE ☐ Y ☑ N 211 — CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213 — LARGEST CONTAINER 5 GL
PHYSICAL HAZARD CATEGORIES	☐ FIRE ☑ REACTIVE ☐ PRESSURE RELEASE ☑ ACUTE HEALTH ☐ CHRONIC HEALTH
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs. — MAX DAILY AMT 1 82 GL
DAYS ON SITE 219: 365	☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS — AVG DAILY AMT 100 GL
	ANNUAL WASTE AMT
RECYCLABLE MATERIAL ☑ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☑ N

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☐ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☑ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE	☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225
STORAGE TEMPERATURE	☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS# 23
1	100%	OIL OF VITRIOL	☐ Y ☐ N	7664 93 9
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1904193504

CHEMICAL NAME	AQUA WORKS CLEANING SOLUTION 204 — TRADE SECRET ☑ Y ☐ N
COMMON NAME	206 — EHS ☐ Y ☑ N
CAS #	208 — If EHS is "Y", all Amounts must be in l
FIRE CODE HAZARD CLASS	NOT APPLICABLE

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213	LARGEST CONTAINER 30 GL	
PHYSICAL HAZARD CATEGORIES	☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		

STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.		MAX DAILY AMT 360 GL
DAYS ON SITE 219 365		☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS	AVG DAILY AMT 360 GL
			ANNUAL WASTE AMT N/A
RECYCLABLE MATERIAL ☐ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☐ N		

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☑ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1		NONE	☐ Y ☐ N	
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description F

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504
CHEMICAL NAME	COVERED ELECTRODE E 6010 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	ARC WELDING ROD 205 — EHS ☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1C
TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210 — RADIOACTIVE ☐ Y ☑ N 211 — CURIES
PHYSICAL STATE	☑ SOLID ☐ LIQUID ☐ GAS 213 — LARGEST CONTAINER 5 LB
PHYSICAL HAZARD CATEGORIES	☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH
STATE WASTE CODE 218	UNITS* *If EHS, amounts must be in lbs. — MAX DAILY AMT 650 LBS
DAYS ON SITE 219: 365	☐ GAL ☐ CU FT 220 ☑ LBS ☐ TONS — AVG DAILY AMT 500 LBS
	ANNUAL WASTE AMT
RECYCLABLE MATERIAL ☐ Y ☑ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☑ N
STORAGE CONTAINER	☐ ABOVE GROUND TANK ☑ CAN ☐ BOX ☐ TANK WAGON ☐ UNDERGROUND TANK ☐ CARBOY ☐ CYLINDER ☐ RAIL CAR ☐ TANK INSIDE BUILDING ☐ SILO ☐ GLASS BTL ☐ OTHER_____ ☐ STEEL DRUM ☐ FIBER DRUM ☐ PLASTIC BTL ☐ PLASTIC/NONMETALLIC DRUM ☐ BAG ☐ TOTE BIN
STORAGE PRESSURE	☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225
STORAGE TEMPERATURE	☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS# 23
1	5	CECCULOSE & OTHER CARBOHYDRATES	☐ Y ☑ N	65996 694
2	5	SILICATE BINDERS	☐ Y ☑ N	1344098
3	5	TITANIUM DIOXIDES	☐ Y ☑ N	13463677
4	1	IRON	☐ Y ☑ N	7439670
5	1 1	MAGNESITE MINERAL SILICATES	☐ Y ☑ N	1309426 1332587

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description F

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203
Facility ID Number	1905193504

CHEMICAL NAME	COVERED ELECTRODE E 7014 204
TRADE SECRET	☐ Y ☐ N
COMMON NAME	ARC WELDING ROD 205
EHS	☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE	☐ Y ☑ N 211
CURIES		PHYSICAL STATE	☑ SOLID ☐ LIQUID ☐ GAS 213
LARGEST CONTAINER	5 LB	PHYSICAL HAZARD CATEGORIES	☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.	MAX DAILY AMT	300 LB
DAYS ON SITE 219	365	☐ GAL ☐ CU FT 220 ☑ LBS ☐ TONS	AVG DAILY AMT 200 LB
			ANNUAL WASTE AMT N/A
RECYCLABLE MATERIAL	☐ Y ☑ N 222	PRODUCT Made from RECYCLABLE MATERIAL	☐ Y ☑ N

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☑ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☐ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS# 23
1	15	IRON	☐ Y ☑ N	65996 670
2	10	TITANIUM DIOXIDES	☐ Y ☑ N	13463 677
3	5	SILICATE BINDERS	☐ Y ☑ N	1344098
4	5	CELLULOSE / OTHER CARBOHYDRATES	☐ Y ☑ N	65996 614
5	5 5	MINERAL SILICATES MAGANESE COMPOUNDS & ALLOYS	☐ Y ☑ N	1332557 7439965

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504
CHEMICAL NAME	COVERED ELECTRODE E 7018 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	ARC WELDING ROD 205 — EHS ☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in
FIRE CODE HAZARD CLASS	1 C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☑ SOLID ☐ LIQUID ☐ GAS 213	LARGEST CONTAINER 5 LB	
PHYSICAL HAZARD CATEGORIES	☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.	MAX DAILY AMT 750 LBS	
DAYS ON SITE 219: 365	☐ GAL ☐ CU FT 220 ☑ LBS ☐ TONS	AVG DAILY AMT 500 LBS	
		ANNUAL WASTE AMT	
RECYCLABLE MATERIAL ☐ Y ☑ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☑ N		

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☑ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☐ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS# 23
1	15	IRON	☐ Y ☑ N	55996 670
2	10	LIMESTONE OR CALCIUM CARBONATE	☐ Y ☑ N	31765 3
3	5	FLUORIDES	☐ Y ☑ N	7789 75 5
4	5	SILICATE BINDERS	☐ Y ☑ N	1344098
5	5 5	MAGANESE & MAGANESE ALLOYS MINERAL SILICATES	☐ Y ☑ N	7439965 1332587

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504
CHEMICAL NAME	COVERED ELECTRODE E6010 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	ARC WELDING ROD 205 — EHS ☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in
FIRE CODE HAZARD CLASS	1C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☑ SOLID ☐ LIQUID ☐ GAS 213	LARGEST CONTAINER 5 LB	
PHYSICAL HAZARD CATEGORIES	☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.		MAX DAILY AMT 650
DAYS ON SITE 219: 365		☐ GAL ☐ CU FT 220 ☑ LBS ☐ TONS	AVG DAILY AMT 300
			ANNUAL WASTE AMT
RECYCLABLE MATERIAL ☐ Y ☑ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☑ N		

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☑ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☐ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1	5	CELLULOSE & OTHER CARBOHYDRATES	☐ Y ☑ N	65996 614
2	5	SILICATE BINDERS	☐ Y ☑ N	1344098
3	5	TITANIUM DIOXIDES	☐ Y ☑ N	13463 677
4	1	IRON	☐ Y ☑ N	65996 670
5	1 1	MAGNESITE MINERAL SILICATES	☐ Y ☑ N	1309 428 1332587

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203
Facility ID Number	1905193504

CHEMICAL NAME	PETROLEUM HYDROCARBON 204
TRADE SECRET	☐ Y ☑ N
COMMON NAME	UNION MP GEAR LUBE 206
EHS	☐ Y ☑ N
CAS # 208	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE	☐ Y ☑ N 211
CURIES			
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213	LARGEST CONTAINER	55 GL
PHYSICAL HAZARD CATEGORIES	☑ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.	MAX DAILY AMT	410 LB
DAYS ON SITE 219: 365	☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS	AVG DAILY AMT	410 LB
		ANNUAL WASTE AMT	
RECYCLABLE MATERIAL	☑ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL	☐ Y ☑ N

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☑ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1			☐ Y ☐ N	
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504

CHEMICAL NAME	ETHYLENE GLYCOL 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	ANTI FREEZE 205 — EHS ☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213	LARGEST CONTAINER	55 GL
PHYSICAL HAZARD CATEGORIES	☐ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.		MAX DAILY AMT 500 GL
DAYS ON SITE 219		☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS	AVG DAILY AMT 200 GL
365			ANNUAL WASTE AMT
RECYCLABLE MATERIAL ☑ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☑ Y ☐ N		

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☑ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1	88	ETHYLENE GLYCOL	☐ Y ☑ N	107211
2	10	DIETHYLENE GLYCOL	☐ Y ☑ N	111466
3	2	WATER	☐ Y ☑ N	7732185
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504

CHEMICAL NAME	PETROLEUM HYDROCARBON 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	CHEVRON TRACTOR HYDRAULIC FLUID 10 206 — EHS ☐ Y ☑ N
CAS # 208	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1 C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213	LARGEST CONTAINER	1000 GC
PHYSICAL HAZARD CATEGORIES	☑ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.	MAX DAILY AMT	1000 GC
DAYS ON SITE 219: 365	☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS	AVG DAILY AMT	700 GC
		ANNUAL WASTE AMT	
RECYCLABLE MATERIAL ☑ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL	☐ Y ☑ N	

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☑ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☐ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1			☐ Y ☐ N	
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504
CHEMICAL NAME	PETROLEUM HYDROCARBON 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	UNOCAL HD MOTOR OIL 10-40 206 — EHS ☐ Y ☑ N
CAS # 208	If EHS is "Y", all Amounts must be in
FIRE CODE HAZARD CLASS	
TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210 — RADIOACTIVE ☐ Y ☑ N 211 — CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213 — LARGEST CONTAINER 1000 GL
PHYSICAL HAZARD CATEGORIES	☑ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs. — MAX DAILY AMT 1000 GL
DAYS ON SITE 219: 365	☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS — AVG DAILY AMT 700 GL
	ANNUAL WASTE AMT
RECYCLABLE MATERIAL ☑ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☐ N
STORAGE CONTAINER	☐ ABOVE GROUND TANK ☑ UNDERGROUND TANK ☐ TANK INSIDE BUILDING ☐ STEEL DRUM ☐ PLASTIC/NONMETALLIC DRUM ☐ CAN ☐ CARBOY ☐ SILO ☐ FIBER DRUM ☐ BAG ☐ BOX ☐ CYLINDER ☐ GLASS BTL ☐ PLASTIC BTL ☐ TOTE BIN ☐ TANK WAGON ☐ RAIL CAR ☐ OTHER_____
STORAGE PRESSURE	☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225
STORAGE TEMPERATURE	☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1			☐ Y ☐ N	
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description F

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504

CHEMICAL NAME	PETROLEUM HYDROCARBON 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	AUTOMATIC TRANSMISSION FLUID 205 — EHS ☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1 C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213	LARGEST CONTAINER 55 GC	
PHYSICAL HAZARD CATEGORIES	☑ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.		MAX DAILY AMT 500 GC
DAYS ON SITE 219: 365		☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS	AVG DAILY AMT 200 GC
			ANNUAL WASTE AMT
RECYCLABLE MATERIAL ☐ Y ☑ N 222	PRODUCT Made from RECYCLABLE MATERIAL ☐ Y ☑ N		

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☐ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☑ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE	☐ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225
STORAGE TEMPERATURE	☐ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1			☐ Y ☐ N	
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION

CHEMICAL DESCRIPTION (OES 2731)

California Hazardous Materials Inventory Reporting Form - Chemical Description F

☐ ADD ☐ DELETE ☐ REVISE 200

BUSINESS NAME	CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES
CHEMICAL LOCATION	NORTH HOLLYWOOD SHOP
MAP # 202	GRID # 203 — Facility ID Number 1905193504
CHEMICAL NAME	PETROLEUM HYDROCARBON 204 — TRADE SECRET ☐ Y ☑ N
COMMON NAME	USED MOTOR OIL 205 — EHS ☐ Y ☑ N
CAS # 206	If EHS is "Y", all Amounts must be in lb
FIRE CODE HAZARD CLASS	1 C

TYPE	☐ PURE ☑ MIXTURE ☐ WASTE 210	RADIOACTIVE ☐ Y ☑ N 211	CURIES
PHYSICAL STATE	☐ SOLID ☑ LIQUID ☐ GAS 213	LARGEST CONTAINER	1000 GL
PHYSICAL HAZARD CATEGORIES	☑ FIRE ☐ REACTIVE ☐ PRESSURE RELEASE ☐ ACUTE HEALTH ☐ CHRONIC HEALTH		
STATE WASTE CODE 216	UNITS* *If EHS, amounts must be in lbs.	MAX DAILY AMT	1000 GL
DAYS ON SITE 219: 365	☑ GAL ☐ CU FT 220 ☐ LBS ☐ TONS	AVG DAILY AMT	400 GL
		ANNUAL WASTE AMT	5000 GL
RECYCLABLE MATERIAL ☑ Y ☐ N 222	PRODUCT Made from RECYCLABLE MATERIAL	☐ Y ☑ N	

STORAGE CONTAINER

☐ ABOVE GROUND TANK	☐ CAN	☐ BOX	☐ TANK WAGON
☑ UNDERGROUND TANK	☐ CARBOY	☐ CYLINDER	☐ RAIL CAR
☐ TANK INSIDE BUILDING	☐ SILO	☐ GLASS BTL	☐ OTHER_____
☐ STEEL DRUM	☐ FIBER DRUM	☐ PLASTIC BTL	
☐ PLASTIC/NONMETALLIC DRUM	☐ BAG	☐ TOTE BIN	

STORAGE PRESSURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT 225

STORAGE TEMPERATURE ☑ AMBIENT ☐ ABOVE AMBIENT ☐ BELOW AMBIENT ☐ CRYOGENIC 80

	%WT 227	HAZARDOUS COMPONENT 228	EHS 229	CAS#
1			☐ Y ☐ N	
2			☐ Y ☐ N	
3			☐ Y ☐ N	
4			☐ Y ☐ N	
5			☐ Y ☐ N	

ADDITIONAL LOCALLY COLLECTED INFORMATION 24

UNDERGROUND STORAGE TANK FACILITY

MARK ONLY ONE ITEM

☐ 1 NEW PERMIT ☑ 3 RENEWAL PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 7 PERMANENTLY CLOSED SITE 40

☐ 2 INTERIM PERMIT ☐ 4 AMENDED PERMIT ☐ 6 TEMPORARY SITE CLOSURE

I: FACILITY / SITE INFORMATION

DBA OR FACILITY NAME 3: NORTH HOLLYWOOD SHOP

FACILITY ID 1: 1905193504

STATE UST FACILITY NUMBER 401:

ADDRESS1: 12201 SHERMAN WAY

NEAREST CROSS STREET 402:

ADDRESS2:

CITY/ZIP: NORTH HOLLYWOOD 91605

✓BOX TO INDICATE
☐ 1 CORPORATION
☐ 2 INDIVIDUAL
☐ 3 PARTNERSHIP
☐ 4 LOCAL AGENCY/DISTRICT
☐ 5 COUNTY AGENCY*
☐ 6 STATE AGENCY*
☐ 7 FEDERAL AGENCY* 403

*If owner of UST a public agency: name of supervisor of division, section or office which operates the UST 405:

BUSINESS TYPE 408: ☐ 1 GAS STATION ☐ 3 FARM ☑ 5 OTHER ☐ 2 DISTRIBUTOR ☐ 4 PROCESSOR

☐ ✓IF Indian Reservation or trust lands 407

TOTAL NUMBER OF TANKS AT SITE 406:

II: PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 409: CITY OF LOS ANGELES, GENERAL SERVICES, FLEET SERVICES

MAILING OR STREET ADDRESS 410: ROOM 701, CITY HALL SOUTH

PROPERTY OWNER TYPE ✓BOX TO INDICATE
☐ 1 CORPORATION
☐ 2 INDIVIDUAL
☐ 3 PARTNERSHIP
☐ 4 LOCAL AGENCY/DISTRICT 411

CITY NAME 420: LOS ANGELES

STATE 413: CA

ZIP 414: 90012

PHONE # 415: 213 485-2121

III. TANK OWNER INFORMATION

NAME 416: CITY OF L.A., GS/FS

PHONE 417: 213 485-2121

ADDRESS 418: ROOM 701, CITY HALL SOUTH

TANK OWNER TYPE ✓BOX TO INDICATE
☐ 1 CORPORATION
☐ 2 INDIVIDUAL
☐ 3 PARTNERSHIP
☑ 4 LOCAL AGENCY / DISTRICT.
☐ 5 COUNTY AGENCY
☐ 6 STATE AGENCY
☐ 7 FEDERAL AGENCY 419

CITY 420: LOS ANGELES

STATE 421: CA

ZIP 422: 90012

IV: BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ | 4 | 4 | - | | | | | | | | Call (916) 322-9669 for any questions 423

V: PETROLEUM UST FINANCIAL RESPONSIBILITY

✓BOX TO INDICATE
☑ 1 SELF-INSURED
☐ 5 LETTER OF CREDIT
☐ 8 STATE FUND & CFO LETTER
☐ 2 GUARANTEE
☐ 6 EXEMPTION
☐ 9 STATE FUND & CD
☐ 3 INSURANCE
☐ 4 SURETY BOND
☐ 7 STATE FUND
☐ 10 LOCAL GOVT. MECHANISM
☐ 99 OTHER: _____ 424

VI: LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box 1 or 2 is checked. Check one box to indicate which address should be used for legal notification and billing

☐ 1 FACILITY ☐ 2 PROPERTY OWNER ☑ 3 TANK OWNER 425

VII: APPLICANT SIGNATURE

I certify that the information provided herein is true & accurate to the best of my knowledge

APPLICANT'S NAME PRINTED AND SIGNED 426: DAVID B MARSHALL David B Marshall

APPLICANT'S TITLE 427: GENERAL AUTO SUP.

DATE 428: 5-18-99

FOR OFFICE USE ONLY:

RECEIVED BY (Initials): _____ DATE: _____

INSPECTOR ID: _____ SIGNATURE: _____ DATE: _____

DATA ENTRY (Initials): _____ DATE: _____

Los Angeles City Fire Department Certified Unified Program Agency

UST1

UNDERGROUND STORAGE TANK

(one form per tank)

MARK ONLY ONE ITEM ☐ 1 NEW PERMIT ☒ 3 RENEWAL PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 7 PERMANENTLY CLOSED ON SITE
☐ 2 INTERIM PERMIT ☐ 4 AMENDED PERMIT ☐ 6 TEMPORARY SITE CLOSURE ☐ 8 TANK REMOVED 429

DBA OR FACILITY NAME 3	FACILITY ID 1
NORTH HOLLYWOOD SHOP	1905193504

LOCATION(Optional)

17201 SHERMAN WAY, NORTH HOLLYWOOD

I: TANK DESCRIPTION

STATE TANK ID 430	TANK MANUFACTURER 431
DATE INSTALLED (MO/DAY/YEAR) 97 432	TANK CAPACITY IN GALLONS 433 1000 GAL.

II: TANK CONTENTS

A. TANK USE 434
☐ 1 MOTOR VEHICLE FUEL (If A-1 is marked, complete item C. If not marked, complete item D)
☐ 2 PETROLEUM
☐ 3 CHEMICAL PRODUCT
☒ 4 OIL
☐ 80 EMPTY
☐ 99 UNKNOWN

B. STORAGE TYPE 435
☐ 1 PRODUCT
☒ 2 WASTE

C. VEHICLE FUEL TYPE 436
☐ 1a REGULAR UNLEADED
☐ 1b PREMIUM UNLEADED
☐ 1c MIDGRADE UNLEADED
☐ 2 LEADED
☐ 3 DIESEL
☐ 4 GASOHOL
☐ 5 JET FUEL
☐ 6 AVIATION GAS
☐ 7 METHANOL
☐ 8 M85
☐ 99 OTHER (describe in item D below)

D. Enter name of substance stored (If A1 is not marked) 437
USED MOTOR OIL

CAS # 208

III: TANK CONSTRUCTION

A. TYPE OF SYSTEM (check one item only)
☒ 1 DOUBLE WALL
☐ 2 SINGLE WALL
☐ 3 SINGLE WALL WITH EXTERIOR LINER
☐ 4 SINGLE WALL IN A VAULT
☐ 5 INTERNAL BLADDER SYSTEM
☐ 95 UNKNOWN
☐ 99 OTHER _____ 438

B. TANK MATERIAL (primary tank) (check one item only)
☐ 1 BARE STEEL
☐ 5 CONCRETE
☐ 9 BRONZE
☐ 2 STAINLESS STEEL
☐ 6 POLYVINYL CHLORIDE
☐ 10 GALVANIZED STEEL
☐ 3 FIBERGLASS
☐ 7 ALUMINUM
☐ 95 UNKNOWN
☐ 4 STEEL CLAD W/ FRP
☐ 8 100% METHANOL COMPATIBLE W/FRP
☐ 99 OTHER 439

C. INTERIOR LINING OR COATING (check one item only)
☐ 1 RUBBER LINED
☐ 5 GLASS LINING
☐ 2 ALKYD LINING
☐ 6 UNLINED
☐ 3 EPOXY LINING
☐ 95 UNKNOWN
☐ 4 PHENOLIC LINING
☐ 99 OTHER _____ 440

Is lining material compatible with 100% methanol? ☐ Yes ☐ No 441

D. CORROSION PROTECTION (check as many as apply)
☐ 1 POLYETHYLENE WRAP
☐ 5 CATHODIC PROTECTION
☐ 2 COATING
☐ 91 NONE
☐ 3 VINYL WRAP
☐ 95 UNKNOWN
☐ 4 FIBERGLASS REINFORCED PLASTIC
☐ 99 OTHER 442

E. SPILL AND OVERFILL (check as many as apply)
SPILL CONTAINMENT INSTALLED (YEAR) 97 443
OVERFILL PROTECTION EQUIPMENT INSTALLED (YEAR) 97 444

DROP TUBE ☐ Yes ☐ No 445	STRIKER PLATE ☐ Yes ☐ No 446	DISPENSER CONTAINMENT ☐ Yes ☐ No 447

Los Angeles City Fire Department Certified Unified Program Agency

UST2+

UNDERGROUND STORAGE TANK

(Continued)

IV. PIPING INFORMATION

A. SYSTEM TYPE	☐ i. ABOVEGROUND	☐ 1 SUCTION	☐ 2 PRESSURE	☐ 3 GRAVITY	☐ 4 FLEXIBLE PIPING	☐ 99 OTHER
	☒ ii. UNDERGROUND	☒ 1 SUCTION	☐ 2 PRESSURE	☐ 3 GRAVITY	☒ 4 FLEXIBLE PIPING	☐ 99 OTHER 448
B.CONSTRUCTION	☐ i. ABOVEGROUND	☐ 1 SINGLE WALL	☐ 2 DOUBLE WALL	☐ 3 LINED TRENCH	☐ 95 UNKNOWN	☐ 99 OTHER
	☒ ii. UNDERGROUND	☐ 1 SINGLE WALL	☒ 2 DOUBLE WALL	☒ 3 LINED TRENCH	☐ 95 UNKNOWN	☐ 99 OTHER 449

C. MATERIAL AND CORROSION PROTECTION	☒ i. ABOVEGROUND	☒ 1 BARE STEEL	☐ 4 FIBERGLASS PIPE	☒ 7 STEEL WITH COATING	☐ 10 CATHODIC PROTECTION
		☐ 2 STAINLESS STEEL	☐ 5 ALUMINUM	☐ 8 100% METHANOL COMPATIBLE WRAP	☐ 95 UNKNOWN
		☐ 3 PVC	☐ 6 CONCRETE	☐ 9 GALVANIZED STEEL	☐ 99 OTHER
	☒ ii. UNDERGROUND	☐ 1 BARE STEEL	☒ 4 FIBERGLASS PIPE	☐ 7 STEEL WITH COATING	☐ 10 CATHODIC PROTECTION
		☐ 2 STAINLESS STEEL	☐ 5 ALUMINUM	☐ 8 100% METHANOL COMPATIBLE WRAP	☐ 95 UNKNOWN
		☐ 3 PVC	☐ 6 CONCRETE	☐ 9 GALVANIZED STEEL	☐ 99 OTHER 450

D. LEAK DETECTION	☐ 1 MECHANICAL LINE LEAK DETECTOR	☒ 3 CONTINUOUS INTERSTITIAL MONITORING	☒ 5 AUTOMATIC PUMP SHUTDOWN	
(Check all that apply)	☐ 2 LINE TIGHTNESS TESTING	☒ 4 ELECTRONIC LINE LEAK DETECTOR	☐ 99 OTHER	451

V. TANK LEAK DETECTION

☐ 1 VISUAL CHECK	☐ 4 AUTOMATIC TANK GAUGING(ATG)	☒ 7 CONTINUOUS INTERSTITIAL MONITORING	☐ 10 MONTHLY TANK TESTING	☐ 95 UNKNOWN
☐ 2 MANUAL INVENTORY RECONCILIATION	☐ 5 GROUNDWATER MONITORING	☐ 8 SIR	☐ 11 CONTINUOUS ATG	☐ 99 OTHER
☐ 3 VADOSE MONITORING	☒ ANNUAL TANK TESTING	☐ 9 WEEKLY MANUAL TANK GAUGING	☐ 91 NONE	452

VI. TANK CLOSURE INFORMATION

ESTIMATED DATE LAST USED (MO/DAY/YR) 453	ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GAL 454	WAS TANK FILLED WITH INERT MATERIAL? ☐ YES ☒ NO 455

VII: APPLICANT SIGNATURE

I certify that the information provided herein is true & accurate to the best of my knowledge. 456 TANK OWNER' S NAME PRINTED AND SIGNED	OWNER/OPERATOR TITLE 457	DATE 458
DAVID MARSHALL [signature]	GENERAL AUTOMOTIVE SUPERVISOR	5-18-99

Permit Number	Permit Approved by	Permit Expiration Date

Note: This form must be accompanied by an ACTIVITY DECLARATION FORM (ACT) and a FACILITY INFORMATION (FI) form, unless a current ACT and FI have been filed. The UNDERGROUND STORAGE TANK/INSTALLATION CERTIFICATE OF COMPLIANCE (UST INST+) must be completed for installations. This should be accompanied by a plot plan. File this form with the local Certified Unified Program Agency implementing the Underground Storage Tank regulations.

Los Angeles City Fire Department Certified Unified Program Agency

UST1

UNDERGROUND STORAGE TANK

(one form per tank)

MARK ONLY ONE ITEM
- ☐ 1 NEW PERMIT
- ☐ 2 INTERIM PERMIT
- ☒ 3 RENEWAL PERMIT
- ☐ 4 AMENDED PERMIT
- ☐ 5 CHANGE OF INFORMATION
- ☐ 6 TEMPORARY SITE CLOSURE
- ☐ 7 PERMANENTLY CLOSED ON SITE
- ☐ 8 TANK REMOVED

426

DBA OR FACILITY NAME (3)	FACILITY ID (1)
NORTH HOLLYWOOD SHOP	1905193504

LOCATION(Optional)

12201 SHERMAN WAY, NORTH HOLLYWOOD

I: TANK DESCRIPTION

STATE TANK ID (430)	TANK MANUFACTURER (431)
DATE INSTALLED (MO/DAY/YEAR) (432)	**TANK CAPACITY IN GALLONS (433)**
	1000 GAL.

II: TANK CONTENTS

A. TANK USE (434)
- ☐ 1 MOTOR VEHICLE FUEL (If A-1 is marked, complete item C; If not marked, complete item D)
- ☐ 2 PETROLEUM
- ☐ 3 CHEMICAL PRODUCT
- ☒ 4 OIL
- ☐ 80 EMPTY
- ☐ 99 UNKNOWN

B. STORAGE TYPE (435)
- ☐ 1 PRODUCT
- ☐ 2 WASTE

C. VEHICLE FUEL TYPE (436)
- ☐ 1a REGULAR UNLEADED
- ☐ 1b PREMIUM UNLEADED
- ☐ 1c MIDGRADE UNLEADED
- ☐ 2 LEADED
- ☐ 3 DIESEL
- ☐ 4 GASOHOL
- ☐ 5 JET FUEL
- ☐ 6 AVIATION GAS
- ☐ 7 METHANOL
- ☐ 8 M85
- ☐ 99 OTHER (describe in item D below)

D. Enter name of substance stored (If A1 is not marked) (437)

10W HYDRAULIC OIL

CAS # (208)

III: TANK CONSTRUCTION

A. TYPE OF SYSTEM (check one item only)
- ☒ 1 DOUBLE WALL
- ☐ 2 SINGLE WALL
- ☐ 3 SINGLE WALL WITH EXTERIOR LINER
- ☐ 4 SINGLE WALL IN A VAULT
- ☐ 5 INTERNAL BLADDER SYSTEM
- ☐ 95 UNKNOWN
- ☐ 99 OTHER _____

438

B. TANK MATERIAL (primary tank) (check one item only)
- ☐ 1 BARE STEEL
- ☐ 5 CONCRETE
- ☐ 9 BRONZE
- ☐ 2 STAINLESS STEEL
- ☐ 6 POLYVINYL CHLORIDE
- ☐ 10 GALVANIZED STEEL
- ☐ 3 FIBERGLASS
- ☐ 7 ALUMINUM
- ☐ 95 UNKNOWN
- ☐ 4 STEEL CLAD W/ FRP
- ☐ 8 100% METHANOL COMPATIBLE W/FRP
- ☐ 99 OTHER

439

C. INTERIOR LINING OR COATING (check one item only)
- ☐ 1 RUBBER LINED
- ☐ 5 GLASS LINING
- ☐ 2 ALKYD LINING
- ☐ 6 UNLINED
- ☐ 3 EPOXY LINING
- ☐ 95 UNKNOWN
- ☐ 4 PHENOLIC LINING
- ☐ 99 OTHER _____

440

Is lining material compatible with 100% methanol? ☐ Yes ☐ No 441

D. CORROSION PROTECTION (check as many as apply)
- ☐ 1 POLYETHYLENE WRAP
- ☐ 5 CATHODIC PROTECTION
- ☐ 2 COATING
- ☐ 91 NONE
- ☐ 3 VINYL WRAP
- ☐ 95 UNKNOWN
- ☐ 4 FIBERGLASS REINFORCED PLASTIC
- ☐ 99 OTHER

442

E. SPILL AND OVERFILL (check as many as apply)

SPILL CONTAINMENT INSTALLED (YEAR) 97 (443)

OVERFILL PROTECTION EQUIPMENT INSTALLED (YEAR) 97 (444)

DROP TUBE (445)	STRIKER PLATE (446)	DISPENSER CONTAINMENT (447)
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Los Angeles City Fire Department Certified Unified Program Agency

UST2-

UNDERGROUND STORAGE TANK

(Continued)

IV. PIPING INFORMATION

A. SYSTEM TYPE	☐ i. ABOVEGROUND	☐ 1 SUCTION	☐ 2 PRESSURE	☐ 3 GRAVITY	☐ 4 FLEXIBLE PIPING	☐ 99 OTHER
	☒ ii. UNDERGROUND	☒ 1 SUCTION	☐ 2 PRESSURE	☐ 3 GRAVITY	☒ 4 FLEXIBLE PIPING	☐ 99 OTHER 448
B.CONSTRUCTION	☐ i. ABOVEGROUND	☐ 1 SINGLE WALL	☐ 2 DOUBLE WALL	☐ 3 LINED TRENCH	☐ 95 UNKNOWN	☐ 99 OTHER
	☒ ii. UNDERGROUND	☐ 1 SINGLE WALL	☒ 2 DOUBLE WALL	☒ 3 LINED TRENCH	☐ 95 UNKNOWN	☐ 99 OTHER 449

C. MATERIAL AND CORROSION PROTECTION	☒ i. ABOVEGROUND	☒ 1 BARE STEEL	☐ 4 FIBERGLASS PIPE	☒ 7 STEEL WITH COATING	☐ 10 CATHODIC PROTECTION
		☐ 2 STAINLESS STEEL	☐ 5 ALUMINUM	☐ 8 100% METHANOL COMPATIBLE WRAP	☐ 95 UNKNOWN
		☐ 3 PVC	☐ 6 CONCRETE	☐ 9 GALVANIZED STEEL	☐ 99 OTHER
	☒ ii. UNDERGROUND	☐ 1 BARE STEEL	☒ 4 FIBERGLASS PIPE	☐ 7 STEEL WITH COATING	☐ 10 CATHODIC PROTECTION
		☐ 2 STAINLESS STEEL	☐ 5 ALUMINUM	☐ 8 100% METHANOL COMPATIBLE WRAP	☐ 95 UNKNOWN
		☐ 3 PVC	☐ 6 CONCRETE	☐ 9 GALVANIZED STEEL	☐ 99 OTHER 450

D. LEAK DETECTION	☐ 1 MECHANICAL LINE LEAK DETECTOR	☒ 3 CONTINUOUS INTERSTITIAL MONITORING	☒ 5 AUTOMATIC PUMP SHUTDOWN	
(Check all that apply)	☐ 2 LINE TIGHTNESS TESTING	☒ 4 ELECTRONIC LINE LEAK DETECTOR	☐ 99 OTHER	451

V. TANK LEAK DETECTION

☐ 1 VISUAL CHECK	☐ 4 AUTOMATIC TANK GAUGING(ATG)	☒ 7 CONTINUOUS INTERSTITIAL MONITORING	☐ 10 MONTHLY TANK TESTING	☐ 95 UNKNOWN
☐ 2 MANUAL INVENTORY RECONCILIATION	☐ 5 GROUNDWATER MONITORING	☐ 8 SIR	☐ 11 CONTINUOUS ATG	☐ 99 OTHER
☐ 3 VADOSE MONITORING	☒ ANNUAL TANK TESTING	☐ 9 WEEKLY MANUAL TANK GAUGING	☐ 91 NONE	452

VI. TANK CLOSURE INFORMATION

ESTIMATED DATE LAST USED (MO/DAY/YR) 453	ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GAL 454	WAS TANK FILLED WITH INERT MATERIAL? ☐ YES ☒ NO 455

VII: APPLICANT SIGNATURE

I certify that the information provided herein is true & accurate to the best of my knowledge. 456	OWNER/OPERATOR TITLE 457	DATE 458
TANK OWNER' S NAME PRINTED AND SIGNED DAVID MARSHALL David Marshall	GENERAL AUTOMOTIVE SUPERVISOR	5-18-99

Permit Number	Permit Approved by	Permit Expiration Date

Note: This form must be accompanied by an ACTIVITY DECLARATION FORM (ACT) and a FACILITY INFORMATION (FI) form, unless a current ACT and FI have been filed. The UNDERGROUND STORAGE TANK/INSTALLATION CERTIFICATE OF COMPLIANCE (UST INST+) must be completed for installations. This should be accompanied by a plot plan. File this form with the local Certified Unified Program Agency implementing the Underground Storage Tank regulations.

UST1+

UNDERGROUND STORAGE TANK

(one form per tank)

MARK ONLY ONE ITEM ☐ 1 NEW PERMIT ☒ 3 RENEWAL PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 7 PERMANENTLY CLOSED ON SITE
☐ 2 INTERIM PERMIT ☐ 4 AMENDED PERMIT ☐ 6 TEMPORARY SITE CLOSURE ☐ 8 TANK REMOVED 429

DBA OR FACILITY NAME 3	FACILITY ID 1
NORTH HOLLYWOOD SHOP	1905193504

LOCATION(Optional)

17201 SHERMAN WAY, NORTH HOLLYWOOD

I: TANK DESCRIPTION

STATE TANK ID 430	TANK MANUFACTURER 431
DATE INSTALLED (MO/DAY/YEAR) 432	TANK CAPACITY IN GALLONS 433
	1000 GAL.

II: TANK CONTENTS

A. TANK USE 434
☐ 1 MOTOR VEHICLE FUEL (If A-1 is marked, complete item C; if not marked, complete item D)
☐ 2 PETROLEUM
☐ 3 CHEMICAL PRODUCT
☒ 4 OIL
☐ 80 EMPTY
☐ 99 UNKNOWN

B. STORAGE TYPE 435
☒ 1 PRODUCT
☐ 2 WASTE

C. VEHICLE FUEL TYPE 436
☐ 1a REGULAR UNLEADED
☐ 1b PREMIUM UNLEADED
☐ 1c MIDGRADE UNLEADED
☐ 2 LEADED
☐ 3 DIESEL
☐ 4 GASOHOL
☐ 5 JET FUEL
☐ 6 AVIATION GAS
☐ 7 METHANOL
☐ 8 M85
☐ 99 OTHER (describe in item D below)

D. Enter name of substance stored (If A1 is not marked) 437
15-40 W MOTOR OIL

CAS # 208

III: TANK CONSTRUCTION

A. TYPE OF SYSTEM (check one item only)
☒ 1 DOUBLE WALL
☐ 2 SINGLE WALL
☐ 3 SINGLE WALL WITH EXTERIOR LINER
☐ 4 SINGLE WALL IN A VAULT
☐ 5 INTERNAL BLADDER SYSTEM
☐ 95 UNKNOWN
☐ 99 OTHER _____ 438

B. TANK MATERIAL (primary tank) (check one item only)
☐ 1 BARE STEEL
☐ 5 CONCRETE
☐ 9 BRONZE
☐ 2 STAINLESS STEEL
☐ 6 POLYVINYL CHLORIDE
☐ 10 GALVANIZED STEEL
☐ 3 FIBERGLASS
☐ 7 ALUMINUM
☒ 95 UNKNOWN
☐ 4 STEEL CLAD W/ FRP
☐ 8 100% METHANOL COMPATIBLE W/FRP
☐ 99 OTHER 439

C. INTERIOR LINING OR COATING (check one item only)
☐ 1 RUBBER LINED
☐ 5 GLASS LINING
☐ 2 ALKYD LINING
☐ 6 UNLINED
☐ 3 EPOXY LINING
☒ 95 UNKNOWN
☐ 4 PHENOLIC LINING
☐ 99 OTHER _____ 440

Is lining material compatible with 100% methanol? ☐ Yes ☐ No 441

D. CORROSION PROTECTION (check as many as apply)
☐ 1 POLYETHYLENE WRAP
☐ 5 CATHODIC PROTECTION
☐ 2 COATING
☐ 91 NONE
☐ 3 VINYL WRAP
☒ 95 UNKNOWN
☐ 4 FIBERGLASS REINFORCED PLASTIC
☐ 99 OTHER 442

E. SPILL AND OVERFILL (check as many as apply)
SPILL CONTAINMENT INSTALLED (YEAR) 97 443
OVERFILL PROTECTION EQUIPMENT INSTALLED (YEAR) 97 444

DROP TUBE ☐ Yes ☐ No 445
STRIKER PLATE ☐ Yes ☐ No 446
DISPENSER CONTAINMENT ☐ Yes ☐ No 447

Los Angeles City Fire Department Certified Unified Program Agency

UST2

UNDERGROUND STORAGE TANK

(Continued)

IV. PIPING INFORMATION

A. SYSTEM TYPE	☐ i. ABOVEGROUND	☐ 1 SUCTION	☐ 2 PRESSURE	☐ 3 GRAVITY	☐ 4 FLEXIBLE PIPING	☐ 99 OTHER
	☒ ii. UNDERGROUND	☒ 1 SUCTION	☐ 2 PRESSURE	☐ 3 GRAVITY	☒ 4 FLEXIBLE PIPING	☐ 99 OTHER 448
B.CONSTRUCTION	☐ i. ABOVEGROUND	☐ 1 SINGLE WALL	☐ 2 DOUBLE WALL	☐ 3 LINED TRENCH	☐ 95 UNKNOWN	☐ 99 OTHER
	☒ ii. UNDERGROUND	☐ 1 SINGLE WALL	☒ 2 DOUBLE WALL	☒ 3 LINED TRENCH	☐ 95 UNKNOWN	☐ 99 OTHER 449

C. MATERIAL AND CORROSION PROTECTION	☒ i. ABOVEGROUND	☒ 1 BARE STEEL	☐ 4 FIBERGLASS PIPE	☒ 7 STEEL WITH COATING	☐ 10 CATHODIC PROTECTION
		☐ 2 STAINLESS STEEL	☐ 5 ALUMINUM	☐ 8 100% METHANOL COMPATIBLE WRAP	☐ 95 UNKNOWN
		☐ 3 PVC	☐ 6 CONCRETE	☐ 9 GALVANIZED STEEL	☐ 99 OTHER
	☒ ii. UNDERGROUND	☐ 1 BARE STEEL	☒ 4 FIBERGLASS PIPE	☐ 7 STEEL WITH COATING	☐ 10 CATHODIC PROTECTION
		☐ 2 STAINLESS STEEL	☐ 5 ALUMINUM	☐ 8 100% METHANOL COMPATIBLE WRAP	☐ 95 UNKNOWN
		☐ 3 PVC	☐ 6 CONCRETE	☐ 9 GALVANIZED STEEL	☐ 99 OTHER 450

D. LEAK DETECTION (Check all that apply)	☐ 1 MECHANICAL LINE LEAK DETECTOR	☒ 3 CONTINUOUS INTERSTITIAL MONITORING	☒ 5 AUTOMATIC PUMP SHUTDOWN	
	☐ 2 LINE TIGHTNESS TESTING	☒ 4 ELECTRONIC LINE LEAK DETECTOR	☐ 99 OTHER	451

V. TANK LEAK DETECTION

☐ 1 VISUAL CHECK	☐ 4 AUTOMATIC TANK GAUGING(ATG)	☒ 7 CONTINUOUS INTERSTITIAL MONITORING	☐ 10 MONTHLY TANK TESTING	☐ 95 UNKNOWN
☐ 2 MANUAL INVENTORY RECONCILIATION	☐ 5 GROUNDWATER MONITORING	☐ 8 SIR	☐ 11 CONTINUOUS ATG	☐ 99 OTHER
☐ 3 VADOSE MONITORING	☒ 6 ANNUAL TANK TESTING	☐ 9 WEEKLY MANUAL TANK GAUGING	☐ 91 NONE	452

VI. TANK CLOSURE INFORMATION

ESTIMATED DATE LAST USED (MO/DAY/YR) 453	ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GAL 454	WAS TANK FILLED WITH INERT MATERIAL? ☐ YES ☒ NO 455

VII: APPLICANT SIGNATURE

I certify that the information provided herein is true & accurate to the best of my knowledge. 456 TANK OWNER' S NAME PRINTED AND SIGNED	OWNER/OPERATOR TITLE 457	DATE 458
DAVID MARSHALL David Marshall	GENERAL AUTOMOTIVE SUPERVISOR	5-18-99

Permit Number	Permit Approved by	Permit Expiration Date

Note: This form must be accompanied by an ACTIVITY DECLARATION FORM (ACT) and a FACILITY INFORMATION (FI) form, unless a current ACT and FI have been filed. The UNDERGROUND STORAGE TANK/INSTALLATION CERTIFICATE OF COMPLIANCE (UST INST+) must be completed for installations. This should be accompanied by a plot plan. File this form with the local Certified Unified Program Agency implementing the Underground Storage Tank regulations.

FID 89

AMENDMENT APPLICATION

JUN 24

F-971 (3/92)

INSTRUCTIONS ARE PROVIDED ON THE REVERSE SIDE OF THIS FORM. TYPE OR PRINT NEATLY. COMPLETE **ALL** ITEMS BELOW. AN INCOMPLETE OR ILLEGIBLE FORM WILL BE REJECTED RESULTING IN NON-COMPLIANCE.

BUSINESS NO. 9350-4 BUSINESS TAX ACCOUNT NO. _____ SIC CODE NO. 9100

LEGAL NAME OF BUSINESS City of Los Angeles, Dept. of General Services/Fleet Services

BUSINESS SITE ADDRESS 12201 Sherman Way UNIT NO. _____

CITY North Hollywood STATE CA ZIP 91605

NAME OF BUSINESS OWNER City of Los Angeles PHONE 213-485-5190

NAME OF ON-SITE MANAGER Victor Martin PHONE 818-989-8466

PRIMARY EMERGENCY CONTACT City Hall Operator 24 HR EMERGENCY PHONE 213-485-2121

ALTERNATE EMER. CONTACT Building Security 24 HR EMERGENCY PHONE 213-485-5605

DOING BUSINESS AS (DBA) City of Los Angeles, Department of General Services/Fleet Services

BUSINESS MAILING ADDRESS 2310 E. 7th Street IN CARE OF Harold Cain

NAME OF PROPERTY OWNER City of Los Angeles DUN & BRADSTREET NO. N/A

MAILING ADDRESS 201 N. Main Street, LA, CA 90012

LIST ALL ADDITIONAL ADDRESSES THAT MAY BE USED TO REPORT AN EMERGENCY AT THIS SITE 555 Ramirez Street, L.A.,CA

BRIEFLY DESCRIBE HOW HAZARDOUS MATERIALS ARE USED IN YOUR BUSINESS

maintenance and repair of trucks and construction equipment

NUMBER OF EMPLOYEES: 60 SQUARE FOOTAGE OF FACILITY: 40,920

CHECK APPLICABLE BOXES:

☐ NO PERMIT FOR HAZARDOUS SUBSTANCE OR WASTE HAS BEEN ISSUED TO MY BUSINESS.

☐ PHYSICIANS, DENTISTS, PODIATRISTS, VETERINARIANS AND PHARMACISTS WHO STORE **ONLY** OXYGEN OR NITROUS OXIDE IN QUANTITIES OF 1000 CUBIC FEET OR LESS OF EITHER MATERIAL MUST CHECK THIS BOX.

PERMIT INFORMATION: If your business has a permit issued for hazardous substance or waste, list the permit number:

A. L.A. FIRE DEPARTMENT (FIRE PERMIT) 026663-001-4

B. L.A. BUREAU OF SANITATION _____

C. SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT _____

D. STATE HEALTH SERVICES (RADIOACTIVE MATL LICENSE) _____

E. L.A. COUNTY HEALTH DEPT. (GENERATORS HAZARDOUS WASTE) _____

F. E.P.A. I.D. (GENERATORS HAZARDOUS WASTE) CAD981690506

G. E.P.A. I.D. (HAZARDOUS WASTE HAULERS) _____

H. E.P.A. I.D. (HAZARDOUS WASTE FACILITY-TSD) _____

I. REGIONAL WATER QUALITY BOARD _____

J. CAL-OSHA (CARCINOGEN REGISTRATION) _____

OTHER AGENCY (SPECIFY) state generators I.D. # HYHQ36013693

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY VIOLATE ANY PROVISION OF THE FIRE CODE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL REGULATIONS, LAWS, AND ORDINANCES PERTAINING TO OR RELATING TO THE ABOVE BUSINESS.

FOR OFFICE USE ONLY:

Dave Brady Senior Supervisor 5-19-93
SIGNATURE OF BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE, TITLE DATE

Victor Martin (DW) 5-19-93
SIGNATURE OF ON-SITE MANAGER DATE

FOR OFFICE USE ONLY: FD CLASS

RECEIVED BY INITIALS: _____ DATE: 6-24-93

INSPECTOR I.D. 416 LAFD SIGNATURE Peter E. Lane DATE 8/4/93

AMENDMENT INSTRUCTIONS

A business which has a Certificate of Disclosure of Hazardous Substances shall file an Amendment with the Los Angeles City Fire Department before:

1. The business handles a hazardous substance not previously disclosed to the Los Angeles City Fire Department; and/or

2. The quantity of hazardous materials significantly increases or decreases from the amount previously disclosed to the Los Angeles City Fire Department; and/or

3. There is a change in the method or place of storage of hazardous substance from that indicated on the form on file with the Los Angeles City Fire Department; and/or

4. The business changes its emergency contact information.

DO NOT USE THIS FORM FOR A CHANGE IN BUSINESS LOCATION OR BUSINESS OWNER. AN APPLICATION FOR A "CERTIFICATE OF DISCLOSURE OF HAZARDOUS SUBSTANCES" MUST BE COMPLETED AND SUBMITTED TO THE LOS ANGELES CITY FIRE DEPARTMENT WHEN A BUSINESS MOVES TO A NEW LOCATION OR CHANGES OWNERSHIP.

Make extra copies of the blank forms to use as work sheets and for filing future Amendments. A COPY OF THE COMPLETED AMENDMENT MUST BE RETAINED IN YOUR RECORDS. Please mail the completed forms to:

LOS ANGELES CITY FIRE DEPARTMENT
HAZARDOUS MATERIALS SECTION
ATTENTION: AMENDMENTS
200 NORTH MAIN STREET, ROOM 970
LOS ANGELES, CA 90012

COMPLETING THE AMENDMENT FORMS

AMENDMENT APPLICATION (REVERSE SIDE OF THIS PAGE)

This form is for business information and MUST BE FILLED OUT COMPLETELY. Include the signature of the business owner or authorized representative and the signature of the on-site manager.

HAZARDOUS MATERIALS AND HAZARDOUS WASTE INVENTORY AMENDMENT FORM

List ONLY those chemicals that are ADDED, CHANGED, or DELETED from the inventory report that the Los Angeles City Fire Department currently has on file. Use the "Inventory Form Instructions" provided in this packet.

For additional information, contact the Hazardous Materials Section, Monday through Friday, 7:30 a.m. to 5:00 p.m. at (213) 485-7476 or (213) 485-7477.

NOTE: It is your legal obligation to provide an immediate, VERBAL report of any significant RELEASE or THREATENED RELEASE of a hazardous substance to the Los Angeles City Fire Department by dialling 911 AND the Office of Emergency Services (OES) at 1-800-852-7550.

AMENDMENT FORM

HAZARDOUS MATERIALS AND HAZARDOUS WASTE INVENTORY

BUSINESS NO.: 587741-28 **LAFD NO.:** 026663-001-4 **DATE:** 5-19-93 **PAGE** 1 **OF** 1

BUSINESS NAME: City of Los Angeles/Dept. of General Svcs. **ADDRESS:** 12201 Sherman Way, North Hollywood

MAKE EXTRA PHOTOCOPIES OF THIS FORM BEFORE COMPLETING IT. **READ ALL OF THE INSTRUCTIONS INCLUDED IN THIS PACKET.** COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK, OR ROOM WHERE THE AMENDED AMOUNTS OF HAZARDOUS MATERIALS OR WASTE ARE LOCATED.

FOR EACH PRODUCT, INDICATE WHETHER THE INFORMATION SHOULD BE ADDED, CHANGED, OR DELETED FROM THE LAST REPORT GIVEN TO THE LOS ANGELES CITY FIRE DEPARTMENT BY MARKING THE APPROPRIATE BOX:

ADD: MARK IF THE PRODUCT IS AN ADDITION TO YOUR EXISTING INVENTORY.

CHANGE: MARK IF THERE IS A SIGNIFICANT CHANGE IN THE INFORMATION (I.E., QUANTITY) PREVIOUSLY REPORTED FOR THAT PRODUCT.

DELETE: MARK IF THE PRODUCT HAS BEEN DELETED FROM YOUR INVENTORY.

SPECIFY THE LOCATION:

BUILDING NAME OR OUTDOOR AREA LOCATION: North Hollywood Shop **ROOM NUMBER OR UNDERGROUND TANK NO.:**

(MARK ONE)	(1) IS THIS AN EXTREMELY HAZARDOUS SUBSTANCE?	(2) CHEMICAL, PRODUCT, OR WASTE NAME	(3) (MARK ONE)
[X] ADD [ ] CHANGE [ ] DELETE	YES [ ] NO [X]	Silicone, food grade (bulk).	[ ] PURE [X] MIXTURE [ ] WASTE

(4) MAXIMUM AMOUNT AT ANY TIME	(5) TOTAL ANNUAL AMOUNT	(6) STORAGE TYPE	(7) HEALTH & PHYSICAL HAZARDS	(8) PHYSICAL STATE	(9) HAZARD CLASS	(10) STORAGE PRESSURE	(11) STORAGE TEMPERATURE
36.5 LBS 5 (CIRCLE ONE) GALS CU. FT.	182.5 LBS 25 (CIRCLE ONE) GALS CU. FT.	(SEE TABLE 1) A	(SEE TABLE 2) MARK APPLICABLE BOXES: 1 [ ] 3 [X] 5 [ ] 2 [ ] 4 [ ]	(MARK ONE) SOLID [ ] LIQUID [X] GAS [ ]	(SEE TABLE 3) 1B	(MARK ONE) ABOVE [ ] STANDARD [X] BELOW [ ]	(MARK ONE) ABOVE [ ] AMBIENT [X] BELOW [ ] CRYOGENIC [ ]

(12) HAZARDOUS CHEMICAL INGREDIENTS:	PERCENTAGE	CAS NUMBER	(13) NUMBER OF DAYS ON-SITE	(14) STATE WASTE CODE (SEE TABLE 4)	(15) TREATMENT AND DISPOSAL (SEE TABLE
1. Trichlorethane	93 %	71-55-6			
2. Dioxolane	6 %	646-06-0			
3. Butanol	1 %	78-92-2	365	212	23

(MARK ONE)	(1) IS THIS AN EXTREMELY HAZARDOUS SUBSTANCE?	(2) CHEMICAL, PRODUCT, OR WASTE NAME	(3) MARK ONE:
[X] ADD [ ] CHANGE [ ] DELETE	YES [ ] NO [X]	Degreaser, Heavy Duty, Bulk	[ ] PURE [X] MIXTURE [ ] WASTE

(4) MAXIMUM AMOUNT AT ANY TIME	(5) TOTAL ANNUAL AMOUNT	(6) STORAGE TYPE	(7) HEALTH & PHYSICAL HAZARDS	(8) PHYSICAL STATE	(9) HAZARD CLASS	(10) STORAGE PRESSURE	(11) STORAGE TEMPERATURE
36.5 LBS 5 (CIRCLE ONE) GALS CU. FT.	182.5 LBS 25 (CIRCLE ONE) GALS CU. FT.	(SEE TABLE 1) A	(SEE TABLE 2) MARK APPLICABLE BOXES: 1 [ ] 3 [X] 5 [ ] 2 [ ] 4 [ ]	(MARK ONE) SOLID [ ] LIQUID [X] GAS [ ]	(SEE TABLE 3) 1B	(MARK ONE) ABOVE [ ] STANDARD [X] BELOW [ ]	(MARK ONE) ABOVE [ ] AMBIENT [X] BELOW [ ] CRYOGENIC [ ]

(12) HAZARDOUS CHEMICAL INGREDIENTS:	PERCENTAGE	CAS NUMBER	(13) NUMBER OF DAYS ON-SITE	(14) STATE WASTE CODE (SEE TABLE 4)	(15) TREATMENT AND DISPOSAL (SEE TABLE
1. Trichlorethane	93 %	71-55-6			
2. Perchoroethane	25 %	127-18-4	365	212	23
	%				

BUSINESS NO.: _____ LAFD NO.: _____ DATE: _____ PAGE _____ OF _____

BUSINESS NAME: _____ ADDRESS: _____

BUILDING NAME OR OUTDOOR AREA LOCATION: _____ ROOM NUMBER OR UNDERGROUND TANK NO.: _____

(MARK ONE) ADD / CHANGE / DELETE	(1) IS THIS AN EXTREMELY HAZARDOUS SUBSTANCE? YES / NO	(2) CHEMICAL, PRODUCT, OR WASTE NAME	(3) (MARK ONE) PURE / MIXTURE / WASTE

(4) MAXIMUM AMOUNT AT ANY TIME	(5) TOTAL ANNUAL AMOUNT	(6) STORAGE TYPE	(7) HEALTH & PHYSICAL HAZARDS	(8) PHYSICAL STATE	(9) HAZARD CLASS	(10) STORAGE PRESSURE	(11) STORAGE TEMPERATURE
_____ LBS	_____ LBS	(SEE TABLE 1)	(SEE TABLE 2) MARK APPLICABLE BOXES: 1 ☐ 3 ☐ 5 ☐ 2 ☐ 4 ☐	(MARK ONE) SOLID ☐ LIQUID ☐ GAS ☐	(SEE TABLE 3) _____	(MARK ONE) ABOVE ☐ STANDARD ☐ BELOW ☐	(MARK ONE) ABOVE ☐ AMBIENT ☐ BELOW ☐ CRYOGENIC ☐
(CIRCLE ONE) GALS / CU. FT.	(CIRCLE ONE) GALS / CU. FT.	_____					

(12) HAZARDOUS CHEMICAL INGREDIENTS:	PERCENTAGE	CAS NUMBER	(13) NUMBER OF DAYS ON-SITE	(14) STATE WASTE CODE (SEE TABLE 4)	(15) TREATMENT AND DISPOSAL (SEE TABLE 5)
_____	_____%	_____	_____	_____	_____
_____	_____%	_____			
_____	_____%	_____			

(MARK ONE) ADD / CHANGE / DELETE	(1) IS THIS AN EXTREMELY HAZARDOUS SUBSTANCE? YES / NO	(2) CHEMICAL, PRODUCT, OR WASTE NAME	(3) (MARK ONE) PURE / MIXTURE / WASTE

(4) MAXIMUM AMOUNT AT ANY TIME	(5) TOTAL ANNUAL AMOUNT	(6) STORAGE TYPE	(7) HEALTH & PHYSICAL HAZARDS	(8) PHYSICAL STATE	(9) HAZARD CLASS	(10) STORAGE PRESSURE	(11) STORAGE TEMPERATURE
_____ LBS	_____ LBS	(SEE TABLE 1)	(SEE TABLE 2) MARK APPLICABLE BOXES: 1 ☐ 3 ☐ 5 ☐ 2 ☐ 4 ☐	(MARK ONE) SOLID ☐ LIQUID ☐ GAS ☐	(SEE TABLE 3) _____	(MARK ONE) ABOVE ☐ STANDARD ☐ BELOW ☐	(MARK ONE) ABOVE ☐ AMBIENT ☐ BELOW ☐ CRYOGENIC ☐
(CIRCLE ONE) GALS / CU. FT.	(CIRCLE ONE) GALS / CU. FT.	_____					

(12) HAZARDOUS CHEMICAL INGREDIENTS:	PERCENTAGE	CAS NUMBER	(13) NUMBER OF DAYS ON-SITE	(14) STATE WASTE CODE (SEE TABLE 4)	(15) TREATMENT AND DISPOSAL (SEE TABLE 5)
_____	_____%	_____	_____	_____	_____
_____	_____%	_____			
_____	_____%	_____			

(MARK ONE) ADD / CHANGE / DELETE	(1) IS THIS AN EXTREMELY HAZARDOUS SUBSTANCE? YES / NO	(2) CHEMICAL, PRODUCT, OR WASTE NAME	(3) (MARK ONE) PURE / MIXTURE / WASTE

(4) MAXIMUM AMOUNT AT ANY TIME	(5) TOTAL ANNUAL AMOUNT	(6) STORAGE TYPE	(7) HEALTH & PHYSICAL HAZARDS	(8) PHYSICAL STATE	(9) HAZARD CLASS	(10) STORAGE PRESSURE	(11) STORAGE TEMPERATURE
_____ LBS	_____ LBS	(SEE TABLE 1)	(SEE TABLE 2) MARK APPLICABLE BOXES: 1 ☐ 3 ☐ 5 ☐ 2 ☐ 4 ☐	(MARK ONE) SOLID ☐ LIQUID ☐ GAS ☐	(SEE TABLE 3) _____	(MARK ONE) ABOVE ☐ STANDARD ☐ BELOW ☐	(MARK ONE) ABOVE ☐ AMBIENT ☐ BELOW ☐ CRYOGENIC ☐
(CIRCLE ONE) GALS / CU. FT.	(CIRCLE ONE) GALS / CU. FT.	_____					

12) HAZARDOUS CHEMICAL INGREDIENTS:	PERCENTAGE	CAS NUMBER	(13) NUMBER OF DAYS ON-SITE	(14) STATE WASTE CODE (SEE TABLE 4)	(15) TREATMENT AND DISPOSAL (SEE TABLE 5)
_____	_____%	_____	_____	_____	_____
_____	_____%	_____			
_____	_____%	_____			

FOR OFFICE USE ONLY:

INSP. ID _____ INSP. INITIAL _____ DATE _____ DATA ENTRY INITIALS: _____ DATE: _____

75-89

009350-4

INITIAL APPLICATION

CERTIFICATE OF DISCLOSURE OF HAZARDOUS SUBSTANCES

PART A

FOR OFFICE USE ONLY:	LAFD #		902 #		LOCATION CHANGE	
FD	CLASS	MC	PC	PERIOD	AMOUNT	PAYMENT DATE	ED	DISTRICT
F		P	21	A	$			

INSTRUCTIONS: USE THIS FORM FOR A CHANGE IN THE BUSINESS LOCATION OR THE BUSINESS OWNER. A NEW APPLICATION MUST BE SUBMITTED WHEN A BUSINESS MOVES TO A NEW LOCATION OR CHANGES OWNERSHIP. COMPLETE ALL ITEMS BELOW. SIGNATURES MUST BE INCLUDED. TYPE OR PRINT NEATLY. MAIL PARTS A, B, C AND FEE TO THE CITY CLERK'S OFFICE. GOVERNMENT AGENCIES MUST FILE AN APPLICATION FOR DISCLOSURE AND SUBMIT AN INVENTORY, BUT ARE FEE EXEMPT.

CITY CLERK ACCOUNT # _____ SIC CODE # _____

BUSINESS SITE ADDRESS 12201 Sherman Way UNIT # _____

CITY North Hollywood STATE Ca ZIP 91605

LEGAL NAME OF BUSINESS: CITY OF LOS ANGELES - GENERAL SERVICES - MATERIALS MANAGEMENT

NAME OF BUSINESS OWNER Same as above PHONE 3-8653

NAME OF ON SITE MANAGER Howard Crow PHONE 3-8653

PRIMARY EMERGENCY CONTACT Gary Loomis 24 HR EMERGENCY PHONE 5-4894

ALTERNATE EMER. CONTACT Arnold Levine 24 HR EMERGENCY PHONE 5-4837

DOING BUSINESS AS (DBA) Same as above IN CARE OF Harold Jackson

BUSINESS MAILING ADDRESS Same as above

NAME OF PROPERTY OWNER Same as above

MAILING ADDRESS Same as above PHONE 3-8653

BRIEFLY DESCRIBE THE NATURE OF HAZARDOUS OPERATION Storage and distribution

PERMIT INFORMATION: IF YOUR BUSINESS HAS A PERMIT ISSUED FOR HAZARDOUS SUBSTANCES OR WASTES, LIST THE PERMIT NUMBER.

	PERMIT NUMBER
A. L.A. FIRE DEPT. (FIRE PERMIT)	
B. L.A. BUREAU OF SANITATION (INDUSTRIAL WASTE)	
C. SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT	
D. STATE HEALTH SERVICES (RADIOACTIVE MAT'L LICENSE)	
E. L.A. COUNTY HEALTH DEPT. (GENERATORS HAZARDOUS WASTE)	
F. E.P.A. IDENTIFICATION NO. (GENERATORS HAZARDOUS WASTE)	CAD 981693526
G. E.P.A. IDENTIFICATION NO. (HAZARDOUS WASTE HAULER)	
H. E.P.A. IDENTIFICATION NO. (HAZARDOUS WASTE FACILITY-TSD)	
I. REGIONAL WATER QUALITY CONTROL BOARD	
J. CAL-OSHA (CARCINOGEN REGISTRATION)	
K. OTHER AGENCY (SPECIFY)	

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY VIOLATE ANY PROVISION OF THIS ORDINANCE. I CERTIFY UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL REGULATIONS, LAWS AND ORDINANCES PERTAINING TO OR RELATING TO THE ABOVE BUSINESS, THAT ARE NOW IN EFFECT OR THAT MAY BE HEREAFTER ADDED.

IF THE CITY DETERMINES THAT NO CERTIFICATE AND/OR FEE IS REQUIRED, I AUTHORIZE THE CITY CLERK TO REFUND THE TOTAL PAYMENT. I UNDERSTAND THAT NO REFUND CAN BE MADE WITHOUT A SIGNATURE.

G A Loomis Stores Superintendent 3/5/90

SIGNATURE OF BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE/TITLE/ DATE

[signature] 3-12-90

SIGNATURE OF ON-SITE MANAGER DATE

FOR OFFICE USE ONLY:

RECEIVED BY INIT. _____ DATE _____

LAFD SIGNATURE _____ DATE _____

DATA ENTRY INIT. _____ DATE _____

GENERAL INSTRUCTIONS

1. Make extra copies for worksheets for Part A, Business Application; Part B, Hazardous Materials Inventory; and Part C, Hazardous Waste Inventory, and complete the information requested. To obtain copies of the application, contact the City Clerk's office at (213) 485-9120.
2. BE SURE TO PHOTOCOPY THE COMPLETED APPLICATION FOR YOUR RECORDS. The fee for 1988's Certificate of Disclosure, is $100.00. Do not add the cost of any other permits. Mail Parts A, B & C with a check of one hundred dollars payable to:

Elias Martinez, City Clerk
P. O. Box 30626
Terminal Annex
Los Angeles, CA 90030-0626

PART A (BUSINESS INFORMATION)

THIS PAGE MUST BE FILLED OUT COMPLETELY. You must provide all of the requested information including the signature of the business owner or authorized representative and the signature of the on-site manager.

PARTS B & C (HAZARDOUS MATERIALS INVENTORY & HAZARDOUS WASTE INVENTORY REPORTS)

STEP 1: GATHER YOUR BUSINESS RECORDS:

a. INVENTORY RECORDS.
b. SALES RECEIPTS AND SHIPPING RECORDS (Purchasing Agent).
c. MATERIALS SAFETY DATA SHEETS (MSDS's).
Gather MSDS's. Use them to complete various Items on Part B, the Hazardous Materials Inventory. STATE LAW and FEDERAL LAW requires you to maintain an MSDS for each hazardous substance at your business premises. They are available from chemical manufacturers or distributors.
d. UNIFORM HAZARDOUS WASTE MANIFESTS.
Use this document to complete ITEM 6 of Part C, the Hazardous Waste Inventory Form. Manifests are used whenever hazardous wastes are transported off-site by a hazardous waste hauler.

STEP 2: INSPECT YOUR BUSINESS:

Conduct a thorough site inspection and make a detailed inventory of all the hazardous materials and wastes handled or stored by the business. Use your extra copies of the inventory forms as worksheets.

Consult with supervisors who can show you what hazardous materials or wastes they handle or store. Include all departments in the inspection to prevent overlooking any materials.

STEP 3: COMPLETE PARTS B & C:

IMPORTANT:
MAKE A SEPARATE INVENTORY FOR EACH BUILDING, OUTDOOR AREA, UNDERGROUND TANK AND HAZARDOUS MATERIALS ROOM.
REPORT HAZARDOUS MATERIALS ON PART B. REPORT HAZARDOUS WASTES ON PART C.

After examining your records and conducting your inspection, please prepare the final copies of Parts B & C. Type or print neatly. Please use correct spelling. Keep a copy of your application on file at your place of Business. Upon inspection of your facility, you may be asked to provide your inventory to the inspector.

AMENDMENTS

DO NOT USE THIS FORM FOR AMENDMENTS TO YOUR DISCLOSURE. The Los Angeles Fire Department provides the forms needed to amend your disclosure.

A business which has a Certificate of Disclosure of Hazardous Substances, shall file an amendment with the Fire Department before:

A. The business handles a hazardous substance not previosly disclosed to the Fire Department; and/or

B. The business handles quantities of a hazardous substance which exceed the maximum quantities previously disclosed on the form on file with the Fire Department; and/or

C. There is a change in the method or place of storage of a hazardous substance from that indicated on the form on file with the Fire Department such that continued reliance on the information could pose a threat to the environment or to the health or safety of individuals.

D. The business changes their emergency contact information.

NOTE: It is your legal obligation to provide an immediate, VERBAL report of any significant RELEASE or THREATENED RELEASE of a hazardous substance to the Fire Department, Dial (911), AND the Office of Emergency Services (Dial (800) 852-7550.)

For further information regarding the Disclosure Inventory, contact the Hazardous Materials Section of the Los Angeles Fire Department at (213) 485-7476 or 485-7477.

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: LOCTITE 242 THREADLOCKER LOCK N' SEAL

MMS: 6701881-740

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.89GL	3.56	R	1 x	S		
			2			
			3 x	L x	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Polyglycol dimethacrylates	60 %	
Polyclycol oleates	25 %	
N,N-dialkyltoluidine	1 %	
Cumene hydroperoxide	2 %	
Saccharin	3 %	
Silicon dioxide	2 %	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: 3M SUPER WEATHERSTRIP ADHESIVE

MMS: 6701746

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1.25GL	5GL	R	1 x	S		
			2			
			3	L x	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Aliphatic petroleum distillate	33 %	8030 30 6
Methyl ethyl ketone	24 %	78 93 3
Toluene	4 %	108 88 3
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: SUPER SILICONE SEALANT

MMS: 6701698

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.25 GL.	1.01	R	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each — (10) CAS Numbers of Each Ingredient

Ingredient	%	CAS Number
Ethyl & methyl triacetoxy silane	5 %	4253 34 3
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: 3M BRAND SUPER SILICONE

MMS: 6701698

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.25 GL.	1.01		1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each — (10) CAS Numbers of Each Ingredient

Ingredient	%	CAS Number
Silicone rubber	100%	
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 1 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: PERMATEX BATTERY CLEANER

MMS: 3500194

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
7GL	28 GL	R	1 x	S		
			2			
			3 x	L x	3A	
			4 x			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
2-Butoxy ethanol	5 %	111 76 2
Isobutane propellent	10 %	75 28 5
Water	75 %	7732 18 5
Detergent	10 %	none
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: SULFURIC ACID

MMS: 3525066-88-81-70-72-52-54-56-59-69-35-36-39-41-68-92-40-64

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
182GL	782GL	Q	1 x	S		
			2			
			3 x	L x	2A	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oil of Vitriol	%	7664 93 9
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: LINDE ARC GOUGING ELECTRODES

MMS: 6100138-37-36-41

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
0	0	G	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Graphite	100%	7782 42 5
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: COVERED ELECTRODE E6013

MMS: 6119180-81-324-228-9

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
150 LB	600 LB	G	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Titanium dioxides	10 %	13463 67 7
Iron	5 %	66996 67 0
Mineral silicates	5 %	1332 58 7
Silicate binder	5 %	1344 09 8
Manganese or manganese alloys	5 %	7439 96 5
Limestone or calcium carbonate	5 %	317 65 3

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: COVERED ELECTRODE E6013

MMS: 6119180-81-324-228-29

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
150 LB	600 LB	G	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Titanium dioxides	10 %	1343 67 7
Iron	5 %	55996 67 0
Mineral silicates	5 %	1332 58 7
Silicate binder	5 %	1344 09 8
Manganese alloys	5 %	7439 96 5
Limestone or Calcium carbonate	5 %	317 65 3

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: COVERED ELECTRODE E7014

MMS: 6119309-167-310

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
300 LB	1,200 LB	G	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Iron	15 %	65996 67 0
Titanium dioxides	10 %	13463 67 7
Silicate binders	5 %	1344 09 8
Cellulose /other carbohydrates	5 %	65996 61 4
Mineral silicates	5 %	1332 58 7
Manganese compounds and alloys	5 %	7439 96 5

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BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS.

(1) Chemical or Product Name: COVERED ELECTRODE E6010

MMS: 6119313-331-319-321

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
650 LB	2100 LB	G	1 x	S x		
			2			
			3	L	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Cellulose & other carbohydrates	5 %	65996 61 4
Silicate binders	5 %	1344 09 8
Titanium dioxides	5 %	13463 67 7
Iron	1 %	65996 67 0
Magnesite	1 %	1309 42 8
Mineral silicates	1 %	1332 58 7

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: COVERED ELECTRODE E6011

MMS: 6100102 6119315-08-23-

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
350 LB	1100 LB	G	1 x	S x		
			2			
			3	L	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Cellulose and other carbohydrates	5 %	65996 61 4
Iron	5 %	55996 87 0
Silicate binders	5 %	1344 09 8
Titanium dioxides	5 %	13463 67 7
Magnesite & alkali carbonates	5 %	1309 42 8
Manganese & manganese alloys	1 %	7439 96 5

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BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: SOLDERS

MMS: 6340753-56-24

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
4LB	5LB	6	1 x	S x		
			2			
			3	L	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Tin (oxide)	%	7440 31 5
Lead	%	7439 92 1
Silver	%	7440 22 4
Silver (soluble compounds)	%	7440 22 4
Antimony	%	7440 36 0
Cadmium (oxide fume)	%	1306 19 0

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: BRAKE PARTS CLEANER

MMS: 6700105

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
51.25GL	125GL	R	1 x	S		
			2			
			3	L x	1A	
			4 x			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
111 Trichloroethane	80 %	
Chlorodifluoroethane	20 %	
	%	
	%	
	%	
	%	

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Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 9 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: BRAKLEEN (AEROSOL)

MMS: 6700105

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
31.25 GL	125 GL	R	1 x	S		
			2			
			3	L x	1A	
			4 x			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
111 Trichloroethane	72 %	71 55 6
Perchloroethylene	24 %	127 18 4
Carbon Dioxide	4 %	124 38 9
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: COOLING SYSTEM CLEANER

MMS: 6700109

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
		R	1 x	S x		
			2			
8.25 GL.	8.75 GL.		3	L	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Inorganic salt	25 %	7681 57 4
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: NO. 7 COOLING SYSTEM CLEANSER 213N

MMS: 6700109

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
66 GL.	70	R	1 x 2 3 x 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Sodium Carbonate	%	497 19 8
Oxalic acid dihydrate	%	6153 56 6
Sodium Naphthalenesulfonate	%	9008 63 3
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: MCKAY ANTI RUST 807

MMS: 6700111

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
14.87 GL.	59.48 GL.	R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Petroleum Hydrocarbon	25 %	
Fatty & rosin acids	6 %	
Alkanocamines	1 %	141 43 5
Silicones	1 %	
Fatty amide condens.	1 %	
Water	75 %	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: NO. 7 COLLING SYSTEM SEALER 2312N

MMS: 6700112

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
10 GL	10 GL		1 x	S		
			2			
			3	L x	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Isopropyl alcohol	%	67 63 0
Silicon dioxide	%	7631 86 9
Sodium Naphthalenesulfonsate	%	9008 63 3
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: MCKAY FUEL SYSTEM WATER REMOVER

MMS: 6700113

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
2 GL	10 GL		1 x	S		
			2			
			3 x	L x	3A	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Methyl Alcohol	100%	67 56 1
Xylene	5 %	1330 20 7
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

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ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: PERMATEX (R) GASKET REMOVER

MMS: 6700514

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
10 GL	20 GL	R	1 x 2 x 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Methylene chloride	60 %	75 09 2
Isopropyl alcohol (2)	10 %	67 630
Xylene (3)	5 %	1330 20 7
Mineral spirits (4)	5 %	64742 88 7
Propane/isobutane propellent	10 %	74 98 6/75 28 5
Additives	5 %	none

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: CHEVRON THINNER 35011

MMS: 6700660

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
600 GL	600 GL	B	1 x 2 3 x 4 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Paraffins	93 %	
Aromatics C8+	7 %	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: QUAL ELECTROLYTE

MMS: 6701001

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
50 GL	50 GL	Q	1 x 2 3 x 4 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Sulfuric Acid	34 %	7664939
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: ANTI-SEIZE PART # 75440-75507

MMS: 6701024

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
2.12 Q	3 GL	P	1 2 x 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Grease	50 %	
Zinc oxide	5 %	
Aluminum	10 %	
Copper	10 %	
Graphite	20 %	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: PIPE SEALANT W/TEFLON 75505,75510

MMS: 6701047

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1.10GL	1.50GL	R	1 ____ 2 ____ 3 x 4 ____ 5 ____	S x L ____ G ____	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Dimethacrylate esters	73 %	
Sulfimide	2 %	
Alkyl aryl amines	1 %	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: 3M BRAND TRIM ADHESIVE 08021

MMS: 6701052

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1.06GL	1.06GL	R	1 x 2 ____ 3 ____ 4 ____ 5 ____	S x L ____ G ____	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Aliphatic petroleum distillate	60 %	8030 30 6
Toluene	2 %	108 88 3
Ethyl alcohol	1 %	64 17 5
Styrene/butadiene & polyisoprene elastomers,		
zinc rosinate, hydrocarbon rein,	%	
phenolic resin, curative, antioxidant,etc.	38%	

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BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name	(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous	(9) Hazardous Chemical Ingredients & Percentage of Each	(10) CAS Numbers of Each Ingredient
NAPA LEAK FIND MMS: 6701109	12LB	20LB		1 2 3 4 x 5	S L G x	1A		Dichlorodiflouromethane 99 %	75 71 8

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name	(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous	(9) Hazardous Chemical Ingredients & Percentage of Each	(10) CAS Numbers of Each Ingredient
FREON® 12 MMS: 6701111-08	300LB	450LB	J R	1 2 3 4 x 5	S L G x	1A		Methane, Dichlorodifluoro %	75 71 8

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: CLEAN R CARB #05079, 05081

MMS: 6701115

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
25GL	93.75 GL	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Xylene	20 %	1330 20 7
Toluene	40 %	108 88 3
Methyl ethyl ketone	30 %	78 93 3
Butyl cellosolve	5 %	111 76 2
2 Butanol	5 %	78 92 2
Methanol	5 %	67 56 1

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: SHELLZONE® ANTIFREEZE

MMS: 6701448

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
500GL	1,490 GL	Q	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Ethylene glycol	84 %	107 21 1
Diethylene glycol	10 %	111 46 6
Water	2 %	7732 18 5
Inorganic/organic salts	2 %	
	%	
	%	

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BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: PERMATEX FORM-A-GASKET® NO. 1 SEALANT

MMS: 6701527

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1.18 GL	.06 GL	R	1 x 2 x 3 x 4 5	S x L G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Isopropyl alcohol	10 %	67 63 0
Clay	50 %	1332 58 7
Red iron oxide	1 %	1309 37 1
Modified natural resins	30 %	61790 51 0
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: TITE SEAL GASKET & JOINT SEALING COMPOUND

MMS: 6701592

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.60 GL	1.02 GL	R	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Isopropanol	9 %	67 63 0
Vegetable oil	13 %	n/a
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: PERMATEX GASKET SEALER

MMS: 6701592

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
60 GL	1.02 GL	R	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Isopropanol	15 %	67 63 0
	%	
	%	
	%	
	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

(1) Chemical or Product Name: MOPAR MANIFOLD HEAT RISER SOLVENT

MMS: 6701690

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
6.87 GL	27.5 GL	R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Ethylene glycol butyl ether	%	
Methyl isobutyl carbinol	%	
Aromatic solvent 100	%	
Propane	%	
Heavy naphthenic distillate	%	
	%	

For Office Use Only: Insp. ID _____ Insp. Int. _____ Date _____ Data Entry ID _____ Data Entry Init. _____ Date _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: PERMATEX AVIATION FORM-A-GASKET SEALANT

MMS: 6701822

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.40 GL	.210	R	1 x 2 3 x 4 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Ispropyl alcohol	20 %	
Talc	15 %	
Modified Natural resins	55 %	
	%	
	%	
	%	

(1) Chemical or Product Name: FOAMING ENGINE DEGREASER #5020

MMS: 6701877

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
20 GL	80 GL	R	1 x 2 3 4 x 5	S L x G	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Xylene	13 %	1330-20-7
Butyl Cellosolve	4 %	111-76-2
Detergents	5 %	n/a
Propane	6 %	74-98-6
Isobutane	7 %	75-28-5
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS.

(1) Chemical or Product Name: PERMATEX HIGH TEMP FORM A GASKET

MMS: 8024366

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
0	0		1 x	S		
			2			
			3	L x	1C	
			4			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Poly(dimethylsiloxane)	80 %	
Polyacetoxy siloxane	5 %	
Silicon dioxide	10 %	
Red iron oxide	5 %	
	%	
	%	

(1) Chemical or Product Name: KRYLON INT./EXT ENAMEL OR ENGINE COLOR

MMS:6707451-56-57-58-60-65

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
90.62 GL.	79.62 GL.	R	1 x	S		
			2			
			3 x	L x	3A	
			4 x			
			5	G		

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acetone	30 %	87 84 1
Butyl alcohol	.2 %	71 36 3
Propane	16 %	74 98 5
Methyl ethyl ketone	17 %	78 93 3
Methyl isobutyl ketone	2 %	108 10 1
2-Propanol,1-methoxy, acetate	7 %	108 65 6

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS.

(1)Chemical/Product Name

ORR LAC BRAND PAINT

MMS CODE: 6707451-56-57-58-60-65-82-87-93-506

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
100.25 GL	138.12 GL	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
PM Acetate	3.8%	108 65 6
MIBK	7.1%	108 10 1
Toluene	12 %	108 88 3
Acetone	31 %	67 64 1
Propane	15 %	74 98 6
	%	

(1) Chemical/Product Name:

KRYLON SILVER SPRAY PAINT

MMS CODE: 6707459

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
3.12 GL.	4	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acetone	47 %	67 64 1
Propane	16 %	74 98 6
Heptane	14 %	142 82 5
Xylene	4 %	1330 20 7
VM & P naphtha	4 %	8032 32 4
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS.

(1) Chemical/Product Name

KRYLON 1404 CHROME SPRAY PAINT

MMS CODE: 6707478

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1 Gal	15.37 Gal	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acetone	47 %	67 64 1
Propane	18 %	74 98 6
Heptane	17 %	142 82 5
Xylene	4 %	1330 20 7
VM & P Naphtha	4 %	8032 32 4
	%	

(1) Chemical/Product Name

KRYLON SPRAY PRIMER

MMS CODE: 6707509

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
6.25 Gal	31.46 Gal	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acetone	33 %	67 64 1
Propane	16 %	74 98 6
Isobutyl alcohol	1 %	78 83 1
Toluene	23 %	188 88 3
VM & P Naphtha	6 %	8032 32 4
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 23 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: AEROSOL SPRAY PRIMER

MMS: 6707509

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
6.25 GL	31.46 GL	R	1 x 2 3 4 x 5	S L x G	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acetone	35 %	67 64 1
Toluene	15 %	108 98 3
Xylene	5 %	133 20 7
VM & P naphtha	5 %	803232 4
Methanol	5 %	67 56 1
Propane	15 %	74 98 6

(1) Chemical or Product Name: STALUBE FORMULA VI PUMICE HAND CLEANER

MMS: 6707802

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
16.93 GL	67.75	R	1 2 3 x 4 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Petroleum 140° flash aliphatic	%	
solvent	50 %	8002 05 9
Moncethanolamine soap fatty acid	7 %	n/a
Polyethyleneglycol ether	7 %	68439 46 7
Pumice	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical or Product Name: UNION MP GEAR LUBE

MMS: 6730013

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
410 LB	410 LB	B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
	%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical or Product Name: UNOCAL HEAVY DUTY MOTOR OIL

MMS: 6730031

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
550 GL	550 GL	B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oil mist, if generated	%	
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY

LAFD# _____ PAGE 25 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services

ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse

BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS.

(1)Chemical/Product Name

UNION HEAVY DUTY MOTOR OIL

MMS CODE: 6730037

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
550 GL	550 GL	B	1 x 2 x 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Petroleum hydrocarbon	%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name:

UNOCAL GUARDOL MOTOR OIL

MMS CODE: 6730042

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
2000 ~~1500~~ GL	4000 ~~3000~~ GL	C B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oil mist, if generated	%	
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

UNOCAL GUARDOL MOTOR OIL 10

MMS CODE: 6730082-83

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
275 GL	275 GL	B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oil mist, if generated	%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name

UNOCAL GUARDOL MOTOR OIL 30

MMS CODE: 6730084-85

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
550 GL	550 GL	B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oil mist	%	
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 27 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

MARVEL MYSTERY OIL

MMS CODE: 6730093

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
5 GL	20GL	R	1 x 2 3 x 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Mineral Spirits	30 %	64742 88 7
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name:

LIQUID WRENCH NO. 1 PENETRANT

MMS CODE: 6730098

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
7.5 GL.	8.75	R	1 x 2 3 x 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Aliphatic Petroleum Distillate	90 %	8002 05 9
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

MOPAR POWER STEERING FLUID

MMS CODE: 6730127

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
0	0		1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Paraffinic Process oil	5 %	
Distillates	%	
Residual oils	5 %	
	%	
	%	
	%	

(1) Chemical/Product Name

ASSEMBLY LUBE

MMS CODE: 6730221

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.25 GL.	.50	R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Propprietary	%	
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

WAGNER BRAKE FLUIDS

MMS CODE: 6730222

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
13.53 GAL.	54.2	R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Tetra-pentaethylene glycol	15 %	112 60 7
Diethylene glycol	15 %	111 46 6
Diethylene glycol monoethyl ether	10 %	111 90 0
Methyl glycol ether	20 %	mixture
Diethylene glycol monobutylether	15 %	142 22 6
Triethylene glycol monobutylether	35 %	112 34 5

(1) Chemical/Product Name:

BRAKE FLUID

MMS CODE: 6730222

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
13.53 GAL.	54.2	R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Diethylene glycol	%	
Ethanol, 2,2'-oxybis-	%	
	%	
	%	
	%	
	%	

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ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

CHEVRON TRACTOR HYDRAULIC FLUID

MMS CODE: 6730224

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1500 GL	3,000	C B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Refined base oils	90 %	6471 96 4 64742 65 0
	%	64742 54 7
Additives inhibitors, zinc alkyl	%	
dithiophosphate	10 %	68649 43 3
Butylbenzylphthalate	1 %	85 68 7
	%	

(1) Chemical/Product Name

UNOCAL HYDRAULIC/TRACTOR FLUID

MMS CODE: 6730224

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1500 GL	3000	C B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
	%	
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS.

(1)Chemical/Product Name

PERMATEX ENGINE STARTING FLUID

MMS CODE: 6730226

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
16.75 GL	67GL	R	1 x 2 x 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Ethyl ether	35 %	60 29 7
Heptane (2)	50 %	142 82 5
Hexane (3)	5 %	110 54 3
Paraffinic Lubricant	3 %	64742 13 8
Propellent carbon dioxide	7 %	124 38 9
	%	

(1) Chemical/Product Name:

MCKAY SURE START

MMS CODE: 6730226

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
16.75 GL	67GL	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Diethyl ether	30 %	
Heptanes, hexanes	61 %	
Isopropyl alcohol	2 %	
Carbon Dioxide	6%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

LUBRASTART STARTING LUBRICANT

MMS CODE: 6730226

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
16.75 GL	67 GL	R	1 x 2 3 x 4 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Solvent Blend	100%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name

AUTOMATIC TRANSMISSION FLUID

MMS CODE: 6730228-29

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
59.50 GL	59.50	B R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Refined base oils	85 %	64742 55 8
Additives including inhibitors,	%	
extreme pressure agents, and	%	
zinc dialkyl dithiophosphate	15 %	68649 42 3
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

UNOCAL MULTIPURPOSE ATF DEXRON II

MMS CODE: 6730228-29

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
592.5 GL	592.5 GL	B R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oil mist	%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name:

ATF TYPE F

MMS CODE: 6730230-231

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
131.75 GL.	131.75	B R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
	%	
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name: UNOCAL A GREASE

MMS CODE: d6730256

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
480 LB	480 LB	B	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
grease	%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name: UNOCAL A GREASE O

MMS CODE: 6730257

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1640 LB	1640 LB	B	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
	%	
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 35 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

DISC BRAKE HIGH TEMP WHEEL BEARING GREASE

MMS CODE: 6730270-78-81

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
800 LB	2830 LB	G	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Heavy solvent-refined naphthenic	%	64741 96 4
Aluminum soap complex	%	7429 90 5
Organic antimony compound	%	7440 36 0
Inorganic molybdenum compound	%	7439 98 7
Graphite	%	7782 42 5
	%	

(1) Chemical/Product Name:

LUBRIPLATE "100" Series

MMS CODE: 6730283

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
64LB	64LB	R	1 x 2 3 x 4 5	S x L G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
	%	
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

PERMATEX CHAIN LUBE 122GA 4-314

MMS CODE: 6730308

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1.12 GL	1.12 GL	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
1,1,1-Trichloroethane(1)	35 %	77 55 6
Kerosene(2)	10 %	8008 54 3
Propane propellent	5 %	74 98 6
Petroleum oil	40 %	n/a
Additives	%	n/a
	%	

(1) Chemical/Product Name

RUSTOP

MMS CODE: 6730311

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
12GL	12GL	R	1 x 2 3 4 x 5	S L x G	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
111 Trichlor	62 %	
Chlorodifluoromethane	13 %	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

COPPER COAT GASKET COMPOUND

MMS CODE: 6730522

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
.37 GL	.37 GL	R	1 x 2 3 x 4 x 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Heptane	%	142845
Synthetic Rubber	%	
Suspended Copper	%	7440508
Glycerol ester of hydrogenated rosin	%	
	%	
	%	

(1) Chemical/Product Name:

DIESEL FUEL CON

MMS CODE: 6730769

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
4.50 GL	1800 GL	R	1 x 2 3 x 4 5	S L x G	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Kerosene	90 %	8008 20 6
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

SILICONE SPRAY

MMS CODE: 6730315

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
2.53 GL	10.12 GL	R	1 x 2 3 4 x 5	S L x G	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
111 Trichloroethane	45 %	
111 Trichlor	32 %	
Chlorodifluoromethane	20 %	
	%	
	%	
	%	

(1) Chemical/Product Name

BRAZING FLUXES

MMS CODE: 6750552

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
3 LB	2 LB	R	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Boric Acid	5 %	1303 86 2
Borates	25 %	1303 96 4
Fluorides, Fluoborates a F	25 %	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

GENERAL JPURPOSE BRAZING FLUX

MMS CODE: 6750552

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
3LB	2 LB	R	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Zinc Chromate	.007%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name:

ACETYLENE

MMS CODE: 6750739-82-99-98-97-740

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
25,020 CU/FT	100,080 CUFT	J	1 2 3 x 4 x 5	S L G x	1B	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acetylene	%	000 074 862
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

NITROGEN

MMS CODE: 6750685

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1200 cu/FT	1200 cu/FT	J	1 x 2 3 4 x 5	S L G x	3A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Nitrogen	99 %	7727 37 9
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name

OXYGEN

MMS CODE: 6750730

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
7,040 cu/FT	28,160	J	1 2 3 4 x 5	S L G x	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Oxygen	99.5%	7782 44 7
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

OXYGEN

MMS CODE: 6750730

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
7,040 cu/FT	28,160 cu/FT	J	1 ___ 2 ___ 3 ___ 4 x 5 ___	S ___ L ___ G x	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each — (10) CAS Numbers of Each Ingredient

Ingredient	%	CAS Number
Oxygen	100%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name:

GAS ARGON

MMS CODE: 6750743

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1,344 cu/FT	2,688 cu/FT	J	1 ___ 2 ___ 3 ___ 4 x 5 ___	S ___ L ___ G x	1a	

(9) Hazardous Chemical Ingredients & Percentage of Each — (10) CAS Numbers of Each Ingredient

Ingredient	%	CAS Number
Argon	100%	
	%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name: GAS ARGON

MMS CODE: 6750743

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1344 CU/FT	2688 CU/FT	J	1 ___ 2 ___ 3 ___ 4 x 5 ___	S ___ L ___ G x	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Argon	100%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name: PERMATEX BELT DRESSING

MMS CODE: 8005806

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1.25 GL	5	R	1 x 2 x 3 ___ 4 x 5 ___	S ___ L x G ___	1A	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Hexane	10 %	110 54 3
111 trichloroethane	15 %	77 55 6
Isobutane propellent	10 %	75 28 5
Polybutene polymer	5 %	none
Water, emulsifiers	60 %	7732 18 5
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

DISC BRAKE QUIET #5016, 5115

MMS CODE: 8009936

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
2.12 GL	2.12 GL	R	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Acrylic polymer	57 %	na
Ethylene glycol	2 %	107 21 1
Pigment	1 %	n/a
Water	40 %	7732 18 5
	%	
	%	

(1) Chemical/Product Name:

GC LIQUID STEAM SOAP #3

MMS CODE: 9325232,9325315

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1,100 GL.	1,100	B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Water, phosphate amine derivatives,	%	
wetting and coupling agent	100%	
	%	
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name

SPRAY CLEAN

MMS CODE: 9325315, 9325232

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
1,100 GL	1,100 GL	B	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Ethylene glycol monobutyl ether	4 %	111762
Inorganic alkalies, synthetic	%	
detergents, water and a trace of dye	96%	
	%	
	%	
	%	

(1) Chemical/Product Name

HD -16 HEAVY DUTY RESIN GLAZE

MMS CODE: 9325370

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
3,12 GL.	13,18	R	1 x 2 3 x 4 5	S L x G	1B	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Shell solvent #360	20 %	
Shell TS-28	50 %	
Turpentine	20 %	
Aliphatic alcohol	10 %	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 45 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

STALUBE FORMULA II HAND CLEANER

MMS CODE: 9325396

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
48 LB	190 LB	R	1 x 2 3 4 5	S L x G	1B	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
petroleum 140■ flash aliphatic	50 %	64742 96 7
monoethanolamine soap of tallow acid	7%	n/a
polyethyleneglycol ehter	7 %	68439 46 3
Water	36 %	
	%	
	%	

(1) Chemical/Product Name:

STALUBE FORMULA I HAND CLEANER

MMS CODE: 9325396

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
48LB	190 LB	R	1 x 2 3 4 5	S L x G	1B	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Petroleum 140■flash Aliphatic	50 %	8002 05 9
Ammonium soap of tallow fatty acid	11%	n/a
Ammonia	.4 %	7664 41 7
	%	
	%	
	%	

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1) Chemical/Product Name: ABSORBEE

MMS CODE: 9399602

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
4000 LB	5,550 LB	F	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
	%	
	%	
	%	
	%	
	%	
	%	

(1) Chemical/Product Name: WINDSHIELD WASHER SOLVENT - 344

MMS CODE: 9399637

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
5.28 GL	21.12 GL	R	1 x 2 3 4 5	S L x G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
Methyl alcohol	30 %	67561
	%	
	%	
	%	
	%	
	%	

Part B INITIAL DISCLOSURE OF HAZARDOUS MATERIALS INVENTORY LAFD# _____ PAGE 47 OF 47

BUSINESS NAME City of L.A. - Dept. of General Services ADDRESS 12201 Sherman Way - No. Hollywood

ROOM NAME OR NUMBER C22 - Fleet Services Warehouse BLDG. NAME, OUTDOOR AREA, OR UNDERGROUND TANK NOS. _____

(1)Chemical/Product Name

EMPIRE SWEEPING COMPOUND

MMS CODE: 9399640

(2) Maximum Quantity Any Time	(3) Total Yearly Quantity	(4) Storage Types	(5) Health & Physical Hazardous	(6) Phys. State	(7) Hazard Class	(8) Extremely Hazardous
2000 LB	2900 LB	F	1 x 2 3 4 5	S x L G	1C	

(9) Hazardous Chemical Ingredients & Percentage of Each		(10) CAS Numbers of Each Ingredient
n/a	%	
	%	
	%	
	%	
	%	
	%	

APPLICATION FOR CERTIFICATE OF DISCLOSURE OF HAZARDOUS SUBSTANCES

026663-001-4

AUG 03 1987

PART A

FILL OUT AND RETURN PAGE 2, 3, 5 & 6 WITH PAYMENT

INSTRUCTIONS: COMPLETE ALL ITEMS BELOW. **ALL SIGNATURES MUST BE INCLUDED.** RETURN BOTH COPIES OF PART A, AND PARTS B AND C. TYPE OR PRINT NEATLY.

BUSINESS TAX # 58774128 POLICE/FIRE PERMIT # 9350-4 BUSINESS'S STANDARD INDUSTRIAL CLASSIFICATION, SIC CODE

FOR OFFICE USE ONLY	FD	CLASS	MC	PC	PERIOD	AMOUNT	PT. DT.	LAFD 902 CODE
	F	800	P	21	A 87	$ -0-	07-14-87	

LEGAL NAME OF BUSINESS: (DO NOT ENTER FICTITIOUS NAME OR DBA) City of Los Angeles PHONE 818 9998478

LOCATION WHERE HAZARDOUS MATERIALS OR WASTE ARE HANDLED OR STORED: ADDRESS 12201 Sherman Way (STREET NO. / FULL STREET NAME) UNIT #

CITY North Hollywood STATE Ca. ZIP 91605 UNIT TYPE

BUILDING NAMES North Hollywood Fleet Service Repair Facility

LIST THE NAMES OR NUMBERS OF ALL BUILDINGS AT THIS STREET ADDRESS WITH HAZARDOUS MATERIALS OR WASTE.

DOING BUSINESS AS (DBA) ENTER FICTITIOUS NAME HERE, IF APPLICABLE

IN CARE OF BUSINESS MAILING ADDRESS P.O. BOX, STREET # AND NAME STATE ZIP

NAME OF BUSINESS OWNER City of Los Angeles PHONE 818 9998478

NAME OF ON SITE MANAGER John Mills PHONE 818 9998478

PRIMARY EMERGENCY CONTACT John Mills EMERGENCY PHONE 818 9998478

ALTERNATE EMERGENCY CONTACT John Gasca EMERGENCY PHONE 213 4855404

NAME OF PROPERTY OWNER City of Los Angeles/Fleet Service MAILING ADDRESS 12201 Sherman Way

CITY North Hollywood STATE Ca ZIP 91605 PHONE # 818 9998478

BRIEFLY DESCRIBE THE NATURE OF YOUR BUSINESS (USE ADDITIONAL SHEET IF NECESSARY) Vehicle and Equipment Repair and Maintenance

PERMIT INFORMATION:

REVIEW THE LIST OF AGENCY NAMES. IF YOUR BUSINESS HAS A PERMIT ISSUED BY ANY OF THEM FOR HAZARDOUS SUBSTANCES OR WASTE, GIVE THE PERMIT NUMBER.

		PERMIT NUMBER
A	L.A. FIRE DEPT. (FIRE PERMIT)	
B	L.A. BUREAU OF SANITATION (INDUSTRIAL WASTE)	
C	SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT	
D	STATE HEALTH SERVICES (RADIOACTIVE MAT'L LICENSE)	
E	L.A. COUNTY HEALTH DEPT. (GENERATORS HAZARDOUS WASTE)	
F	E.P.A. IDENTIFICATION NO. (GENERATORS HAZARDOUS WASTE)	
G	E.P.A. IDENTIFICATION NO. (HAZARDOUS WASTE HAULER)	
H	E.P.A. IDENTIFICATION NO. (HAZARDOUS WASTE FACILITY - TSD)	
I	REGIONAL WATER QUALITY CONTROL BOARD	
J	OTHER AGENCY, SPECIFY NAME	

APPROVED CERTIFICATE 42) BP

FEE EXEMPTION: IF YOUR ESTABLISHMENT IS A GOVERNMENT AGENCY, CHECK HERE ✓ GOVERNMENT AGENCIES MUST FILE AN APPLICATION FOR DISCLOSURE AND SUBMIT THE INVENTORY; HOWEVER, NO FEE IS REQUIRED.

REMIT TO:
CITY OF LOS ANGELES
ELIAS MARTINEZ, CITY CLERK
TAX AND PERMIT DIVISION
P.O. BOX 30626
LOS ANGELES, CA. 90030-0626

SIGNATURES: Read paragraphs A & B below. All signatures must be included.

PLEASE NOTE: IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY VIOLATE ANY PROVISION OF THIS ORDINANCE.

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

A) I AGREE TO COMPLY WITH ALL REGULATIONS, LAWS AND ORDINANCES PERTAINING TO OR REGULATING THE ABOVE BUSINESS THAT ARE NOW IN EFFECT OR THAT MAY BE HEREAFTER ADOPTED.

B) IF THE CITY DETERMINES THAT NO CERTIFICATE AND/OR FEE IS REQUIRED, I AUTHORIZE THE CITY CLERK TO REFUND THE TOTAL PAYMENT. I UNDERSTAND THAT NO REFUND CAN BE MADE WITHOUT THE SIGNATURE.

SIGNATURE	TITLE	DATE
X John Mills	Assistant Supt.	7-14-87
X John Mills	Assistant Supt.	7-14-87
X John Mills	Assistant Supt.	7-14-87

SIGNATURE OF BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE / SIGNATURE OF ON-SITE MANAGER / SIGNATURE OF BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE

OFFICE USE ONLY ➡ MASTER CODE DATE 8-28-87 LAFD SIGNATURE [signature] DATE 8-28-87

026663-001-4

[redacted]

WHERE TO START ON PARTS B & C - INVENTORIES

Step 1: Read the IMPORTANT NOTICE AND GENERAL INSTRUCTIONS ON PAGE 1:

Xerox extra copies of Parts B & C to use as worksheets and to ensure that you have enough forms to list all the business' hazardous substances.

Step 2: Gather Your Business Records:

A. INVENTORY RECORDS.
B. SALES RECEIPTS AND SHIPPING RECORDS. (Purchasing Agent).
C. MATERIALS SAFETY DATA SHEETS (MSDS's).
Gather MSDS's and use them to complete column 1 of the Hazardous Materials Inventory. State law requires you to maintain an MSDS for each hazardous substance on your business premises. They are available from chemical manufacturers or distributors.
D. UNIFORM HAZARDOUS WASTE MANIFESTS.
Use this document to complete column 7 of the Hazardous Waste Inventory. Manifests are used whenever hazardous wastes are transported off-site by a hazardous waste hauler.

Step 3: Inspect your business:

Conduct a thorough site inspection and make a detailed inventory of all the hazardous materials and wastes handled or stored by the business. Use your extra copies of the inventory forms as worksheets.

Consult with supervisors who can show you what hazardous materials or wastes they handle or store. Include all departments in the inspection to prevent overlooking any materials.

IMPORTANT: MAKE A SEPARATE INVENTORY FOR EACH BUILDING, OUTDOOR AREA AND HAZARDOUS MATERIALS ROOM. PUT HAZARDOUS MATERIALS ON PART B AND HAZARDOUS WASTES ON PART C.

Step 4: Complete Parts B & C:

After examining your records and conducting your inspection, please prepare the final copies of Parts B & C. Type or print neatly. Please use correct spelling. For assistance in completing these forms, refer to the examples below:

EXAMPLE: PART B HAZARDOUS MATERIALS INVENTORY (SEE PAGE 5 FOR TABLE 1)

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
FILL IN A & B FOR EACH HAZARDOUS MATERIAL OR HAZARDOUS MATERIAL MIXTURE. USE EXACT SPELLING. A. PRODUCT NAME OR COMMON NAME OF HAZARDOUS MATERIAL. B. CHEMICAL NAME AND PERCENT(%) CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS MATERIAL.	ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS, etc.)	ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	LIST ALL THE TYPES OF CONTAINERS USED TO STORE HAZARDOUS MATERIAL - USE TABLE 1.	✓ IF YOU HAVE MATERIAL SAFETY DATA SHEET FOR THE HAZARDOUS MATERIAL.
NAPHTHA SAFETY SOLVENT NONANE 85 % TRIMETHYL BENZENE 15 % % %	600 GALLONS	1800 GALLONS	B C I	✓

EXAMPLE: PART C HAZARDOUS WASTE INVENTORY (SEE PAGE 6 FOR TABLE 1 AND 2)

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7		
FILL IN A AND B FOR EACH HAZARDOUS WASTE OR HAZARDOUS WASTE MIXTURE. USE EXACT SPELLING. A. GIVE COMMON NAME OR DEPARTMENT OF TRANSPORTATION SHIPPING NAME (DOT) OF WASTE. B. GIVE CHEMICAL NAME AND PERCENT % CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS WASTE.	ESTIMATE AVERAGE MONTHLY QUANTITY GENERATED IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS)	ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS.	ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	LIST ALL THE TYPES OF CONTAINERS USED TO STORE WASTE. USE TABLE 1 BELOW.	LIST ALL WASTE TREATMENT AND/OR DISPOSAL METHODS. USE TABLE 2 BELOW.	A. ✓ IF WASTE TREATED ON SITE. B. ✓ IF WASTE DISPOSED OF ON SITE. C. GIVE WASTE HAULER'S EPA I.D. NUMBER. ASK HAULER OR CONSULT WASTE MANIFEST.		
						A.	B.	C.
A. SPENT CARTRIDGE FILTERS B. PERCHLOROETHYLENE %	25 Pounds	75 Pounds	300 Pounds	B	02	N.A.	N.A.	CAD 130422592

SAMPLE

PART B - 1987 HAZARDOUS MATERIALS INVENTORY

026663-001-4

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND ON PAGE 4. PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (REPORT HAZARDOUS WASTES ON REVERSE SIDE.)

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, OR ROOM WHERE HAZARDOUS MATERIALS ARE LOCATED. USE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS MATERIALS LISTED ON THIS FORM. (HAZARDOUS WASTE ON PART C.)

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX.
BUSINESS NAME: City of Los Angeles ADDRESS: 12201 Sherman Way N/Hooy
ROOM NAME OR NUMBER: ____ BUILDING NAME OR NUMBER: Fleet Service OUTDOOR AREA NAME OR NUMBER: ____

2. COMPLETE COLUMNS 1-5 FOR EACH HAZARDOUS MATERIAL STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE, REGARDLESS OF THE QUANTITY. INCLUDE RAW MATERIALS, FINISHED CHEMICAL PRODUCTS, CHEMICALS MANUFACTURED OR REPACKAGED, AND CHEMICALS DISTRIBUTED. USE THE CODES IN TABLE 1 AT THE BOTTOM OF THIS FORM TO COMPLETE COLUMN 4.
3. RETURN COMPLETED INVENTORY AND APPLICATION IN ENCLOSED SELF-ADDRESSED ENVELOPE.

COLUMN 1 FILL IN A & B FOR EACH HAZARDOUS MATERIAL OR HAZARDOUS MATERIAL MIXTURE. USE EXACT SPELLING. A. PRODUCT NAME OR COMMON NAME OF HAZARDOUS MATERIAL. B. CHEMICAL NAME AND PERCENT(%) CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS MATERIAL.	COLUMN 2 ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS, etc.)	COLUMN 3 ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	COLUMN 4 LIST ALL THE TYPES OF CONTAINERS USED TO STORE HAZARDOUS MATERIAL - USE TABLE 1.	COLUMN 5 ✓ IF YOU HAVE MATERIAL SAFETY DATA SHEET FOR THE HAZARDOUS MATERIAL.
A. Motor Oil B. Petroleum Hydrocarbons 100 %	5500 gal	11,000 gal	B	✓
A. Automatic Transmission Oil B. Petroleum Hydrocarbons 100 %	1200 gal	2400 gal	B	✓
A. Gear Oil B. Petroleum Hydrocarbons 100 %	880. gal	1760 gal	B	✓
A. Cleaning Solvent B. ~~Petroleum Hydrocarbons 100 %~~ Petroleum Naphtha 100 %	660 gal	2220 gal	B	✓
A. Detergent Cleaner B. Inorganic Alkalies, Detergents % Water, Dye 96 % Ethelyne Glycol Monubutly % Ether 4 %	550 gal	1870 gal	B	✓
A. Carburetor Cleaner B. Methylene Chloride 50 % O-Dichlorobentime, phenols % petroleum distillates 50 %	25 gal	150 gal	B	✓
A. Aerosal Enamel B. Pigment 11 % Vehicle 25 % Solvent 64 %	50 cans	1000 cans	A	✓

TABLE 1 STORAGE CONTAINER TYPES. (LIST ALL THAT APPLY)

A = Metal Containers (<5 gallons)
B = Drums, Barrels, Carboys
C = Underground Tanks
D = Aboveground Tanks
E = Glass Containers
F = Bags
G = Boxes, Cartons, Cases
H = Sump or Pit
I = Industrial Processing Equipment
J = Compressed Gas Cylinders
K = Compressed Gas Manifold
L = Pressure Vessel - Not portable
M = Tank Car/Trailer
N = Sealed Source (radioactive material)
O = Unsealed Source (radioactive material)
P = Other container type, specify

OFFICE USE ONLY
INSP. ID ____ DATA ENTRY ID ____
INSP INIT ____ DATA ENTRY INIT ____
DATE ____ DATE ____

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND ON PAGE 4. PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (REPORT HAZARDOUS MATERIALS ON REVERSE SIDE.)

1. COMPLETE A SEPARATE FORM FOR EVERY BUILDING, OUTDOOR AREA, OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE:
BUSINESS NAME: City of Los Angeles ADDRESS: 12201 Sherman Way, N/Hollywood
ROOM NAME OR NUMBER: BUILDING NAME OR NUMBER: Fleet Service OUTDOOR AREA NAME OR NUMBER:

2. COMPLETE COLUMNS 1-7 FOR EACH HAZARDOUS WASTE GENERATED, STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE, REGARDLESS OF THE QUANTITY. USE THE CODES IN TABLE 1 & 2 AT THE BOTTOM OF THIS FORM TO COMPLETE COLUMNS 5 AND 6. PLACE THE INITIALS N.A. IN ANY COLUMN THAT DOES NOT APPLY TO THE BUSINESS.
3. RETURN COMPLETED INVENTORY AND APPLICATION IN ENCLOSED SELF-ADDRESSED ENVELOPE.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7 A.	COLUMN 7 B.	COLUMN 7 C.
FILL IN A AND B FOR EACH HAZARDOUS WASTE OR HAZARDOUS WASTE MIXTURE. USE EXACT SPELLING. A. GIVE COMMON NAME OR DEPARTMENT OF TRANSPORTATION SHIPPING NAME (DOT) OF WASTE. B. GIVE CHEMICAL NAME AND PERCENT % CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS WASTE.	ESTIMATE AVERAGE MONTHLY QUANTITY GENERATED IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS)	ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS.	ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	LIST ALL THE TYPES OF CONTAINERS USED TO STORE WASTE. USE TABLE 1 BELOW.	LIST ALL WASTE TREATMENT AND/OR DISPOSAL METHODS. USE TABLE 2 BELOW.	A. ✓ IF WASTE TREATED ON SITE.	B. ✓ IF WASTE DISPOSED OF ON SITE.	C. GIVE WASTE HAULER'S EPA I.D. NUMBER. ASK HAULER OR CONSULT WASTE MANIFEST.
A. Gasoline, Unleaded B. Blend of parraffins, naphthenes, aromatics & olefins 99 % PRC F310 Additives 0.5 % Lead 0.01 %	25 gallons	110 gallons	300 gallons	B	27			CAD 980814917
A. Diesel fuel B. Blend of paraffins naphthenes, aromatics & olefins 100 %	25 gallons	110 gallons	300 gallons	B	27			CAD 980814917
A. Cleaning Solvent B. Parraffins, Naphthenes 93 % ~~Aromatics & olefins 3 %~~ C8T 7 % Benzene 0.1 %	185 gallons	220 gallons	2220	B	27			CAD 980814917
A. Carburetor Cleaner B. Methylene Chloride 50 % Dichlorobenzine 14 % Phenols 14 % Petroleum Distillates 22 %	8 gallons	55 gallons	96 gallons	B	27			CAD 980814917

TABLE 1: STORAGE CONTAINER TYPES. List all that apply.

A = Metal Containers (<5 gallons)
B = Drums, Barrels, Carboys
C = Underground Tanks
D = Aboveground Tanks
E = Glass Containers
F = Bags
G = Boxes, Cartons, Cases
H = Sump or Pit
I = Industrial Processing Equipment
J = Compressed Gas Cylinders
K = Compressed Gas Manifold
L = Pressure Vessel - Not portable
M = Tank Car/Trailer
N = Sealed Source (radioactive material)
O = Unsealed Source (radioactive material)
P = Other container type, specify

TABLE 2 - TREATMENT & DISPOSAL TYPES List all that apply.

Treatment Types
01 = Sewer, with clarifier or treatment
02 = Recycle
03 = Incineration
04 = Neutralization
05 = Filtration
06 = Stabilization Pond
07 = Treatment Pond

Disposal Types
20 = Sewer, without clarifier or treatment
21 = Ground around business
22 = Trash or garbage
23 = Air, released during processing
24 = Waterway, except ocean
25 = Storm drain
26 = Injection well
27 = Hazardous waste landfill
28 = Land application
29 = Ocean disposal
30 = Surface Impoundment
31 = Transfer Station

OFFICE USE ONLY
INSP. ID _____ DATA ENTRY ID _____
INSP. INIT _____ DATA ENTRY INIT _____
DATE _____ DATE _____

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND ON PAGE 4. PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (REPORT HAZARDOUS WASTES ON REVERSE SIDE.)

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, OR ROOM WHERE HAZARDOUS MATERIALS ARE LOCATED. USE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS MATERIALS LISTED ON THIS FORM. (HAZARDOUS WASTE ON PART C.)

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX.
BUSINESS NAME: City of Los Angeles
ADDRESS: 12201 Sherman Way N/Hollywood
ROOM NAME OR NUMBER:
BUILDING NAME OR NUMBER: Fleet Service
OUTDOOR AREA NAME OR NUMBER:

2. COMPLETE COLUMNS 1-5 FOR EACH HAZARDOUS MATERIAL STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE, REGARDLESS OF THE QUANTITY. INCLUDE RAW MATERIALS, FINISHED CHEMICAL PRODUCTS, CHEMICALS MANUFACTURED OR REPACKAGED, AND CHEMICALS DISTRIBUTED. USE THE CODES IN TABLE 1 AT THE BOTTOM OF THIS FORM TO COMPLETE COLUMN 4.
3. RETURN COMPLETED INVENTORY AND APPLICATION IN ENCLOSED SELF-ADDRESSED ENVELOPE.

COLUMN 1 FILL IN A & B FOR EACH HAZARDOUS MATERIAL OR HAZARDOUS MATERIAL MIXTURE. USE EXACT SPELLING. A. PRODUCT NAME OR COMMON NAME OF HAZARDOUS MATERIAL. B. CHEMICAL NAME AND PERCENT(%) CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS MATERIAL.	COLUMN 2 ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS, etc.)	COLUMN 3 ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	COLUMN 4 LIST ALL THE TYPES OF CONTAINERS USED TO STORE HAZARDOUS MATERIAL - USE TABLE 1.	COLUMN 5 ✓ IF YOU HAVE MATERIAL SAFETY DATA SHEET FOR THE HAZARDOUS MATERIAL.
A. Brake Fluid B. polyalkaline glycol & glycol ethers 100 %	50 qts.	1000 qts	H	✓
A. Battery Acid B. Sulfuric Acid 100 %	25 gal	100 gal	G	✓
A. Aerosol Carb Cleaner B. MEK 31.8 % XYLENE 19.6 % TOULENE 39.0 % Methanol, Carbon Dioxide 6.1 %	50 cans (12 oz.)	1000	A	✓
A. Oil Additive B. Petroleum Hydrocarbon 100 %	50 cans (12 oz)	200 cans	A	✓
A. Adhesive B. Asphaltic Petroleum Distillate 33 % MEK 24 % Resins, polymers 43 %	50 tubes (8 oz)	500 tubes	P-tube	✓
A. Anti-Freeze B. Ethelyne Glycol 94 % Water 6 %	600 gal	3000 gal	P-plastic containers	✓
A. Gasket Cement B. Isopropanol 100 %	50 tubes	250 tubes	P-tube	✓

TABLE 1 STORAGE CONTAINER TYPES. (LIST ALL THAT APPLY)

A = Metal Containers (<5 gallons)
B = Drums, Barrels, Carboys
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E = Glass Containers
F = Bags
G = Boxes, Cartons, Cases
H = Sump or Pit
I = Industrial Processing Equipment
J = Compressed Gas Cylinders
K = Compressed Gas Manifold
L = Pressure Vessel - Not portable
M = Tank Car/Trailer
N = Sealed Source (radioactive material)
O = Unsealed Source (radioactive material)
P = Other container type, specify

OFFICE USE ONLY

INSP. ID _____ DATA ENTRY ID _____
INSP INIT _____ DATA ENTRY INIT _____
DATE _____ DATE _____

PART B - 1987 HAZARDOUS MATERIALS INVENTORY

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND ON PAGE 4. PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (REPORT HAZARDOUS WASTES ON REVERSE SIDE.)

1. COMPLETE A SEPARATE FORM FOR EACH BUILDING, OUTDOOR AREA, OR ROOM WHERE HAZARDOUS MATERIALS ARE LOCATED. USE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS MATERIALS LISTED ON THIS FORM. (HAZARDOUS WASTE ON PART C.)

LOCATION OF HAZARDOUS MATERIALS: COMPLETE ALL ITEMS IN BOX.
BUSINESS NAME: City of. Los Angeles ADDRESS: 12201 Sherman Way N/HOLLYWOOD
ROOM NAME OR NUMBER: _____ BUILDING NAME OR NUMBER: Fleet Services OUTDOOR AREA NAME OR NUMBER: _____

2. COMPLETE COLUMNS 1-5 FOR EACH HAZARDOUS MATERIAL STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE, REGARDLESS OF THE QUANTITY. INCLUDE RAW MATERIALS, FINISHED CHEMICAL PRODUCTS, CHEMICALS MANUFACTURED OR REPACKAGED, AND CHEMICALS DISTRIBUTED. USE THE CODES IN TABLE 1 AT THE BOTTOM OF THIS FORM TO COMPLETE COLUMN 4.
3. RETURN COMPLETED INVENTORY AND APPLICATION IN ENCLOSED SELF-ADDRESSED ENVELOPE.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
FILL IN A & B FOR EACH HAZARDOUS MATERIAL OR HAZARDOUS MATERIAL MIXTURE. USE EXACT SPELLING. A. PRODUCT NAME OR COMMON NAME OF HAZARDOUS MATERIAL. B. CHEMICAL NAME AND PERCENT(%) CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS MATERIAL.	ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS, etc.)	ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	LIST ALL THE TYPES OF CONTAINERS USED TO STORE HAZARDOUS MATERIAL - USE TABLE 1.	✓ IF YOU HAVE MATERIAL SAFETY DATA SHEET FOR THE HAZARDOUS MATERIAL.
A. Hand Cleaner B. Petroleum Hepaltic Solvent 50 % SOAP OF tallow fat acid 11 % Amonia 0.4 % WATER 39 %	100 CANS (12 oz)	1000	A	✓
A. Contact Cleaner B. trichloroethane 65 % chloradiflorumethane 35 %	50 CANS (12 oz)	200 CANS	A	✓
A. Radiator Compound B. Isopropyl alcohol, silicon dioxide, sodum naphthalene - sulfonate 100 %	50 CANS (8 oz)	500 CANS	A	✓
A. Muriatic Acid B.	5 gal	5 gal	P-Plastic CONTAINER	NO
A. STARTING FLUID B. Ethyl Ether 30 % Asphaltic hydrocarbon GAS 60 % SOLVENT 10 %	50 CANS (10 oz)	500 CAN	A	✓
A. B.				
A. B.				

ABLE 1 STORAGE CONTAINER TYPES. (LIST ALL THAT APPLY)

A = Metal Containers (<5 gallons)
B = Drums, Barrels, Carboys
C = Underground Tanks
D = Aboveground Tanks
E = Glass Containers
F = Bags
G = Boxes, Cartons, Cases
H = Sump or Pit
I = Industrial Processing Equipment
J = Compressed Gas Cylinders
K = Compressed Gas Manifold
L = Pressure Vessel - Not portable
M = Tank Car/Trailer
N = Sealed Source (radioactive material)
O = Unsealed Source (radioactive material)
P = Other container type, specify

OFFICE USE ONLY
INSP. ID _____ DATA ENTRY ID _____
INSP INIT _____ DATA ENTRY INIT _____
DATE _____ DATE _____

PART C - 1987 HAZARDOUS WASTE INVENTORY

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND ON PAGE 4. PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (REPORT HAZARDOUS MATERIALS ON REVERSE SIDE.)

1. COMPLETE A SEPARATE FORM FOR EVERY BUILDING, OUTDOOR AREA, OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE:
BUSINESS NAME: City of Los Angeles ADDRESS: 12201 Sherman Way N/Hollywood
ROOM NAME OR NUMBER: ____ BUILDING NAME OR NUMBER: ____ OUTDOOR AREA NAME OR NUMBER: ____

2. COMPLETE COLUMNS 1-7 FOR EACH HAZARDOUS WASTE GENERATED, STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE, REGARDLESS OF THE QUANTITY. USE THE CODES IN TABLE 1 & 2 AT THE BOTTOM OF THIS FORM TO COMPLETE COLUMNS 5 AND 6. PLACE THE INITIALS N.A. IN ANY COLUMN THAT DOES NOT APPLY TO THE BUSINESS.
3. RETURN COMPLETED INVENTORY AND APPLICATION IN ENCLOSED SELF-ADDRESSED ENVELOPE.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7		
FILL IN A AND B FOR EACH HAZARDOUS WASTE OR HAZARDOUS WASTE MIXTURE. USE EXACT SPELLING. A. GIVE COMMON NAME OR DEPARTMENT OF TRANSPORTATION SHIPPING NAME (DOT) OF WASTE. B. GIVE CHEMICAL NAME AND PERCENT % CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS WASTE.	ESTIMATE AVERAGE MONTHLY QUANTITY GENERATED IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS)	ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS.	ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	LIST ALL THE TYPES OF CONTAINERS USED TO STORE WASTE. USE TABLE 1 BELOW.	LIST ALL WASTE TREATMENT AND/OR DISPOSAL METHODS. USE TABLE 2 BELOW.	A. ✓ IF WASTE TREATED ON SITE. B. ✓ IF WASTE DISPOSED OF ON SITE. C. GIVE WASTE HAULER'S EPA I.D. NUMBER. ASK HAULER OR CONSULT WASTE MANIFEST.		
						A.	B.	C.
A. Waste Oil B. Petroleum Hydrocarbon % 100 %	460 gallons	1200 gallons	5520 gal	C	02			CAD 980694848
A. Used Batteries B. LEAD 75 % ELECTRLYTE 25 %	40 ea	100 ea	1200 ea		02			0
A. B. %								
A. B. %								

TABLE 1: STORAGE CONTAINER TYPES. List all that apply.

A = Metal Containers (<5 gallons)
B = Drums, Barrels, Carboys
C = Underground Tanks
D = Aboveground Tanks
E = Glass Containers
F = Bags
G = Boxes, Cartons, Cases
H = Sump or Pit
I = Industrial Processing Equipment
J = Compressed Gas Cylinders
K = Compressed Gas Manifold
L = Pressure Vessel - Not portable
M = Tank Car/Trailer
N = Sealed Source (radioactive material)
O = Unsealed Source (radioactive material)
P = Other container type, specify

TABLE 2 - TREATMENT & DISPOSAL TYPES List all that apply.

Treatment Types
01 = Sewer, with clarifier or treatment
02 = Recycle
03 = Incineration
04 = Neutralization
05 = Filtration
06 = Stabilization Pond
07 = Treatment Pond

Disposal Types
20 = Sewer, without clarifier or treatment
21 = Ground around business
22 = Trash or garbage
23 = Air, released during processing
24 = Waterway, except ocean
25 = Storm drain
26 = Injection well
27 = Hazardous waste landfill
28 = Land application
29 = Ocean disposal
30 = Surface Impoundment
31 = Transfer Station

OFFICE USE ONLY
INSP. ID ____ DATA ENTRY ID ____
INSP. INIT ____ DATA ENTRY INIT ____
DATE ____ DATE ____

4-100-511420

PART C - 1987 HAZARDOUS WASTE INVENTORY

INSTRUCTIONS: READ ALL THE INSTRUCTIONS BELOW AND ON PAGE 4. PHOTOCOPY EXTRA COPIES OF THIS FORM BEFORE COMPLETING IT. (REPORT HAZARDOUS MATERIALS ON REVERSE SIDE.)

1. COMPLETE A SEPARATE FORM FOR EVERY BUILDING, OUTDOOR AREA, OR ROOM WHERE HAZARDOUS WASTES ARE LOCATED. USE THE BOX BELOW TO SPECIFY THE LOCATION OF THE HAZARDOUS WASTES LISTED ON THIS FORM.

LOCATION OF HAZARDOUS WASTE:
BUSINESS NAME City of Los Angeles ADDRESS 12201 Sherman Way, N/Hollywood
ROOM NAME OR NUMBER _____ BUILDING NAME OR NUMBER Fleet Service OUTDOOR AREA NAME OR NUMBER _____

2. COMPLETE COLUMNS 1-7 FOR EACH HAZARDOUS WASTE GENERATED, STORED OR HANDLED AT THE LOCATION SPECIFIED ABOVE, REGARDLESS OF THE QUANTITY. USE THE CODES IN TABLE 1 & 2 AT THE BOTTOM OF THIS FORM TO COMPLETE COLUMNS 5 AND 6. PLACE THE INITIALS N.A. IN ANY COLUMN THAT DOES NOT APPLY TO THE BUSINESS.
3. RETURN COMPLETED INVENTORY AND APPLICATION IN ENCLOSED SELF-ADDRESSED ENVELOPE.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7		
FILL IN A AND B FOR EACH HAZARDOUS WASTE OR HAZARDOUS WASTE MIXTURE. USE EXACT SPELLING. A. GIVE COMMON NAME OR DEPARTMENT OF TRANSPORTATION SHIPPING NAME (DOT) OF WASTE. B. GIVE CHEMICAL NAME AND PERCENT % CONCENTRATION OF ALL INGREDIENTS IN HAZARDOUS WASTE.	ESTIMATE AVERAGE MONTHLY QUANTITY GENERATED IN 1987 AT ABOVE LOCATION. INCLUDE UNITS. (i.e. LBS, GALLONS)	ESTIMATE MAXIMUM QUANTITY HANDLED OR STORED AT ANY TIME IN 1987 AT ABOVE LOCATION. INCLUDE UNITS.	ESTIMATE TOTAL QUANTITY HANDLED OR STORED DURING 1987 AT ABOVE LOCATION, EVEN IF ONLY BRIEFLY. INCLUDE UNITS.	LIST ALL THE TYPES OF CONTAINERS USED TO STORE WASTE. USE TABLE 1 BELOW.	LIST ALL WASTE TREATMENT AND/OR DISPOSAL METHODS. USE TABLE 2 BELOW.	A. ✓ IF WASTE TREATED ON SITE. B. ✓ IF WASTE DISPOSED OF ON SITE. C. GIVE WASTE HAULER'S EPA I.D. NUMBER. ASK HAULER OR CONSULT WASTE MANIFEST.		
						A.	B.	C.
A. Gasoline, Unleaded B. Blend of parraffins, % Naphthenes, Aromatics & % olefins 99 % PRC F310 Additives 0.5 % Lead 0.01 %	25 gallons	110 gallons	300 gallons	B	27			CAD 980814917
A. Diesel fuel B. Blend of paraffins % Naphthenes, aromatics % & olefins 100 % %	25 gallons	110 gallons	300 gallons	B	27			CAD 980814917
A. Cleaning Solvent B. Parraffins, Naphthenes 93 % ~~Aromatics & olefins 3 %~~ C8T 7 % Benzene 0.1 %	185 gallons.	220 gallons	2220 gallons	B	27			CAD 980814917
A. Carburetor Cleaner B. Methylene Chloride 50 % Dichlorobenzine 14 % Phenols 14 % Petroleum Distillates 22 %	20 gallons	55 gallons	100 gallons	B	27			CAD 980814917

TABLE 1: STORAGE CONTAINER TYPES. List all that apply.

A = Metal Containers (<5 gallons)
B = Drums, Barrels, Carboys
C = Underground Tanks
D = Aboveground Tanks
E = Glass Containers
F = Bags
G = Boxes, Cartons, Cases
H = Sump or Pit
I = Industrial Processing Equipment
J = Compressed Gas Cylinders
K = Compressed Gas Manifold
L = Pressure Vessel - Not portable
M = Tank Car/Trailer
N = Sealed Source (radioactive material)
O = Unsealed Source (radioactive material)
P = Other container type, specify

TABLE 2 - TREATMENT & DISPOSAL TYPES
List all that apply.

Treatment Types
01 = Sewer, with clarifier or treatment
02 = Recycle
03 = Incineration
04 = Neutralization
05 = Filtration
06 = Stabilization Pond
07 = Treatment Pond

Disposal Types
20 = Sewer, without clarifier or treatment
21 = Ground around business
22 = Trash or garbage
23 = Air, released during processing
24 = Waterway, except ocean
25 = Storm drain
26 = Injection well
27 = Hazardous waste landfill
28 = Land application
29 = Ocean disposal
30 = Surface Impoundment
31 = Transfer Station

OFFICE USE ONLY
INSP. ID _____ DATA ENTRY ID _____
INSP. INIT _____ DATA ENTRY INIT _____
DATE _____ DATE _____