Table F-1: Hazardous Materials:

Pressure Vessels	**Hazardous Components**
Natural Gas	Methane Ethane Propane
Nitrogen Inert Gas	Nitrogen
Helium Inert Gas	Helium
Oxygen	Oxygen
Acetylene Gas	Acetylene
Oils	**Hazardous Components**
Mobil Pegasus 485 Refined Mineral Oil	Mineral Oil Refined additives Zinc
Mobil Dielectric Oil	Refined Mineral Oil (hydrocarbons) Phosphoric Acid
Mobil Vactra Oil	Petroleum Hydrocarbons Additives
Chevron Hydraulic Oil 32	Refined Base Oils Aoptives
Gasoline	Toluene Xylene Benzene
Crude Oil	Benzene, Toluene, Xylene and other hydrocarbons
Chevron Gear Oil	Oil
Shell Tellus Hyd. Oil	Hydrotreated Paraffinic Distillate Additives
Solvents/Cleaning Supplies	**Hazardous Components**
14 Karet (Cleaning compound)	Glycol Monobutyl Ether Sodium Hydroxide
Grease Attack (Citric Solvent)	Delemonine
Amercor 8751	Cyclohyxylamine Morpholine
DSC Liquid Spray	Glycol Monobutyl Ether Sodium Hydroxide
Glycol	Triethylene Glycol

Odorant	Tetrahydrothiophene
Chem Pro 2004	Sodium Hydroxide Potassium Hydroxide Sodium Sulfite, Anhydrous
Solvents/Cleaning Supplies Continued	**Hazardous Components**
Chem Pro AL 2700	Sodium Sulfite Solution
Chem Pro 3820	Sodium Nitrate Sodium Molybdate
Chem Pro 2856	Diethyl Aminoethanol Cyclohexylamine
Chem Pro 3808	Sodium Hydroxide
Brody Citrus Cleaner	Monocyclic Terpene
Pain Thinner	Distillates, Hydrotreated Light Alkylbenzenes
Ansul 6% Fluoroprotein Fire-fighting Foam	Ethylene Glycol Hexylene Glycol
Annsulite 3% AFFF Fire-fighting Foam	Diethylene Glycol Monobutyl Ether
EC 6020 A	Methanol
Magnacide 407	Isopropanol
Diklor L	Sodium Chlorite Solution
3968 Nalco Biocide	Glutaraldehyde Ethanol

LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040

HAZARDOUS MATERIALS STATE REPORTING FORMS

Attached are your Annual Hazardous Materials Reporting forms. These forms are to be completed and retu to this Department on or before December 31. Failure to complete and return these forms by December 31 may result in fines and penalties. If you require assistance in completing these forms, please feel free to co the Los Angeles County Fire Department, Health Hazardous Materials Division, Data Operations Unit at (3 890-4000, Monday through Friday 9:00 A.M. to 4:00 P.M.

To avoid late penalties , this Department recommends use of CERTIFIED MAIL to ensure delivery of th forms before the December 31 deadline. Sign and date the Annual Certification Section below and keep copy of the entire package for your records.

ANNUAL RE-CERTIFICATION PROCEDURE

Attached is this Department's latest computer print-out of your chemical inventory information. Carefully review and correct any information that may be incorrect or obsolete by crossing-out and writing in the cha ***If you handle Regulated Substances (RS) at or above threshold quantities, you must submit a Regulated Substance Registration for each RS for each process.*** Check the appropriate box(es) below that (most) corresponds to your facility's information.

☐ **Delete:** If you no longer handle the chemical(s) listed on the chemical inventory computer print-out WRITE DELETE across the discontinued chemical inventory computer print-out(s).

☐ **Add:** If you are handling new chemical(s) not previously disclosed. MAKE COPIES OF CHEMICAL DESCRIPTION FORM AND COMPLETE all information on the form. If applicable, complete the Regulated Substance Registration form (one form per chemical).

☐ **Revise/Update:** If there are corrections to your inventory information, cross out the errors and CLEARI PRINT the corrections directly onto the inventory computer print-out.

☑ **No Change:** Mark this Box if there are no changes to the current inventory.

☐ **Regulated Substance Registration:** If you are handling a Regulated Substance not previously disclosec you must also COMPLETE the Regulated Substance Registration form. A list of Regulated Substances i attached for reference.

ANNUAL CERTIFICATION

I certify under penalty of law that I have personally examined the information submitted herein and believe tl submitted information is true, accurate, and complete. Enclosed is our chemical inventory.

Valerie Gessey	Jim Wine	J.A. Ulin
Print Name of Document Preparer	Print Name of Owner/Operator	Signature of Owner/Operator

)19-999-012717
SO CAL GAS CO – MONTEBELLO
31 N HOWARD AVE

831 N. Howard Av, Montebello
Facility/Site Address

12/26/0
Date

LOS ANGELES COUNTY FIRE DEPARTMENT
HEALTH HAZARDOUS MATERIALS DIVISION
5825 Rickenbacker Road, Commerce, CA 90040

HAZARDOUS MATERIALS REPORTING REQUIREMENTS

WHO MUST REPORT? State Law requires disclosure by all businesses that handle a hazardous material or a mixture containing hazardous material in a quantity at any one time during the reporting year equal to or greater than a total weight of 500 pounds, or a tot volume of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas, or the threshold quantity (if less than 50 pounds) for Regulated Substances. A mixture that contains one percent (1%) or more of a hazardous ingredient is a hazardous material. mixture that contains one tenth of one *percent* (.1%) or more of a carcinogen is a hazardous material. The *California Accidental Releas Prevention (CalARP) Program* requires all Regulated Substance handlers to register with this Department. See below for specifi information.

REPORTING MADE SIMPLE- The Los Angeles County Fire Department has simplified annual reporting. The Department will provide you with a computer printout of last year's hazardous materials inventory. Enclosed is your Hazardous Materials Inventory as it currently appears in our database.

CalARP PROGRAM- The California Accidental Release Prevention (CalARP) Program replaced the California Risk Management and Prevention Program (RMPP). If you handle Regulated Substances (RS) at or above a threshold quantity, you need to register. The enclosed *Regulated Substances List (Consolidated Federal and State Regulated Substances List)* replaced the Acutely Hazardous Materials (AHM) List and should be used to determine if your business is subject to the CalARP Program. Please note all flammables on the Regulated Substances List are reportable unless they are used as fuel. The reporting threshold for a regulated substance shall be determined by the quantity of the substance in a process, not the total quantity of the substance in a facility, as was previously done in the AHM Registration. Process means "any activity involving a" RS including any use, storage, manufacturing, handling, on-site movement or any combination thereof."

MANDATORY FOR REGULATED SUBSTANCE REGISTRATION- Any business that has above threshold quantities of a regulated substance in a process, shall fill out the Regulated Substance (RS) Registration found on the back of the Chemical Description Form. This registration will provide information to this Department to evaluate the requirements imposed by the CalARP Program on each covered process. If your business filled out one or more RS Registration Forms, it is recommended that you contact this Department or wait for further instructions before attempting to fulfill the requirements of the CalARP Program. All regulated businesses under the CalARP Program will be notified of the requirements accordingly.

EXEMPTIONS- A retail store, including the interior receiving and stockroom areas, that handles hazardous materials contained solely in a consumer product for direct distribution to and use by the general public is exempt from the State reporting requirements, unless the individual container size equals or exceeds the reportable quantities in State Law.

Warehouses, storage, and/or distribution sites with a reportable quantity of hazardous material are not exempt from the disclosure reporting requirements.

Hazardous materials that are stored while in transit or temporarily maintained in a fixed facility during the course of transportation are exempt from these requirements. However, railcars or tankers containing hazardous materials are not in transit if the mode of power (i.e. locomotive or tractor) is disconnected.

Railroad cars containing hazardous materials remaining within the same railroad facility or business facility for more than thirty (30) days are deemed stored at that location and are subject to all reporting requirements.

This Department, upon written application, may exempt a handler from any portion of the Business Plan and/or exempt a hazardous material from the Inventory Form, if it is determined this exemption does not pose a significant hazard to human health, safety, or the environment.

Reporting a Release *or threatened release of hazardous materials, that poses a significant, present, or potential hazard to human health and safety, property, or the environment:*
1) Call 911 for local emergency response personnel
2) notify this Department at (323) 890-4317 and,
3) then notify the Office of Emergency Services (800) 852-7550 or (916) 262-1621.

CONSOLIDATED CONTINGENCY PLAN- A Consolidate Contingency plan must be submitted once every three years for a businesses that handle hazardous materials above the threshol The consolidated contingency plan is designed to identif emergency response plans and procedures for releases an threatened releases. The consolidated contingency plan als requires a training program on hazardous materials for employee on safety procedures in the event of a release or threatened releas of hazardous materials.

SITE MAP- A business site map is required for each business tha handles hazardous materials that has a quantity at any one tim during the reporting year greater than a total weight of 5,00 pounds, or a total volume of 500 gallons, or 2,000 cubic feet of compressed gas. See instructions on the back of map for details Blue prints will not be accepted.

FACILITY MODIFICATIONS- If you are the owner or operato of a new facility or your facility is being modified in a way tha results in any change to the safe operating limits or that introduce a new hazard, you must contact this Department as soon a possible. CalARP Program requirements may need to be me before start-up of new or modified operations.

VIOLATIONS AND FINES- Any business that violates any Health and Safety Code Sections that pertain to hazardous materials reporting may be civilly liable, for up to $2,000 for each day of the violation. A violation of these provisions creates liability of up to $5,000 for each day of the violation. Any person or business that, upon discovery of a release or threatened release, fails to immediately report to this Department, may be fined up to $25,000 per day of violation and/or be sentenced up to one (1) year in County jail. Furthermore, if the violation results in, or significantly contributes to, an emergency, including a fire, to which the county or city is required to respond, the person shall also be assessed the full cost of the county or city emergency response, as well as the cost of cleaning up and disposing of the hazardous material (Section 25515).

HAZARDOUS MATERIALS DEFINITIONS

HAZARDOUS MATERIALS are those chemicals or substances which exhibit physical or health hazards, whether the materials are in a usable or waste state.

PHYSICAL HAZARD - *is a chemical of which there is scientifically valid evidence that it is a (an):*

- *Blasting agent*
- *Combustible liquid*
- *Compressed gas*
- *Cryogentic*
- *Explosive*
- *Flammable gas*
- *Flammable liquid*
- *Flammable solid*
- *Oxidizer*
- *Pyrophoric*
- *Unstable (reactive)*
- *Water-reactive*

HEALTH HAZARD - *is a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed persons. The term "health hazard" includes chemicals which are:*

- *Carcinogens*
- *Corrosives*
- *Etiologic agents*
- *Highly toxic (including poison)*
- *Irritants*
- *Target organ toxins*
- *Radioactives*

FOR ASSISTANCE: Contact this Department Monday through Friday 9:00 AM to 4:00 PM.

Los Angeles County Fire Department
Health Hazardous Materials Division
Data Operations Unit
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4000

TO SPEAK TO OR MAKE AN APPOINTMENT WITH AN INSPECTOR, PLEASE CALL BETWEEN 8:00 AM- 10:00 AM AT ANY OF THE FOLLOWING FIELD OFFICES..

San Gabriel Valley Office
5110 North Peck Rd.
El Monte, CA 91732
(818) 450-7450

Southeast Office
7300 Alondra Blvd
Paramount, CA 90723
(310) 790-1810

Central Office
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4107

North County Office
14425 Olive View Dr
Sylmar, CA 91342
(818) 364-7120

South Bay Office
24300-A Narbonne Ave.
Lomita, CA 90717
(310) 534-6270

West Office
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4023

Risk Management Program Unit (RMP)
5825 Rickenbacker Rd.
Commerce, CA 90040
(323) 890-4035

FEE: This Department collects an annual hazardous materials fee in an amount sufficient to pay those costs incurred in carrying out the provisions of Chapter 6.95 of the California Health and Safety Code. The fee is based on the volume and degree of hazard potential of the hazardous materials handled by the businesses.

Do not send annual fee monies to the Los Angeles County Fire Department at this time. Your bill will be handled separately and will include mailing instructions.

NOTE: Hazardous Materials Inventory Chemical Description Forms and the Regulated Substance Registration Forms may be reproduced. Please feel free to make as many copies as needed to comply with the annual reporting requirements.

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UNIFIED PROGRAM (UP) FORM
BUSINESS OWNER/OPERATOR IDENTIFICATION

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE / /) PAGE OF

I. IDENTIFICATION

FACILITY ID# 0 1 9 9 9 9 0 1 2 7 1 7 1	BEGINNING DATE 100: 12/31/2000	ENDING DATE 101: 12/31/2001	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3: Southern California Gas Company		BUSINESS PHONE 102: 310-578-2688	
BUSINESS SITE ADDRESS 103: 831 North Howard Avenue			
CITY 104: Montebello	CA	ZIP CODE 105: 90640	
DUN & BRADSTREET 106:		SIC CODE (4 digit #) 107:	
COUNTY 108: LOS ANGELES		UNINCORPORATED ☐ Yes ☐ No 133a:	
BUSINESS OPERATOR NAME 109: Jim Wine		BUSINESS OPERATOR PHONE 110: 210-578-2631	

II. BUSINESS OWNER

OWNER NAME 111: Southern California Gas Company	OWNER PHONE 112: 310-578-2688
OWNER MAILING ADDRESS 113: 831 North Howard Avenue	
CITY 114: Montebello	STATE 115: CA ZIP CODE 116: 90640

III. ENVIRONMENTAL CONTACT

CONTACT NAME 117: Bob Kawahira	CONTACT PHONE 118: 310-578-2628
CONTACT MAILING ADDRESS 119: 831 North Howard Avenue	
CITY 120: Montebello	STATE 121: CA ZIP CODE 122: 90640

IV. EMERGENCY CONTACTS

-PRIMARY-	-SECONDARY-
NAME 123: Bob Kawahira	NAME 128: On-Duty Personnel
TITLE 124: Station Maintenance Supervisor	TITLE 129: Various
BUSINESS PHONE 125: 310-578-2628	BUSINESS PHONE 130: 310-578-2688
24-HOUR PHONE 126: 310-578-2688	24-HOUR PHONE 131: 310-578-2688
PAGER # 127:	PAGER # 132:

V. ADDITIONAL LOCALLY COLLECTED INFORMATION 133

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

MAILING/ BILLING INFORMATION

ADDRESS 133d: 831 North Howard Avenue	CITY 133e: Montebello	STATE 133f: CA	ZIP CODE 133g: 90640
ATTN: 133h: Bob Kawahira			

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: 12/27/00	NAME OF DOCUMENT PREPARER 135: Valerie Gessey
NAME OF SIGNER (print) 136: Jim Wine J.A. Wine	TITLE OF SIGNER 137: Storage Operations Manager	

OFFICIAL USE ONLY	INSPECTOR	HW	HM	DISTRICT	INSPECTION DATE	DIV	BATT	STA	

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INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

Business Owner/Operator Identification (Form 2730)

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please numb all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME Enter the full legal name of the business.
100. BEGINNING DATE Enter the beginning year and date of the report. (YYYYMMDD, ex. 2000/01/31)
101. ENDING DATE Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/12/31)
102. BUSINESS PHONE Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS Enter the street address where the facility is located. No post office box numbers are allowed.
104. CITY Enter the city or unincorporated area in which the business site is located.
105. ZIP CODE - Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
106. DUN & BRADSTREET Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
107. SIC CODE Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
108. COUNTY Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE Enter business operator's phone number including any extension, if different from the business phone.
111. OWNER NAME Enter name of the business owner, if different from the business operator.
112. OWNER PHONE Enter the business owner's phone number if different from the business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS Enter the owner's mailing address if different from the business site address.
114. OWNER CITY Enter the name of the city for the owner's mailing address.
115. OWNER STATE Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
117. ENVIRONMENTAL CONTACT NAME Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental corresponden and will respond to enforcement activity.
118. CONTACT PHONE Enter the phone number at which the environmental contact can be contacted including any extension.
119. CONTACT MAILING ADDRESS Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY Enter the name of the city for the environmental contact's mailing address.
121. STATE Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE Enter the zip code for the environmental contact's mailing address. The extra 4 digits in the zip code may also be added.
123. PRIMARY EMERGENCY CONTACT NAME Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE Enter the title of the primary emergency contact.
125. BUSINESS PHONE Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact i not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE Enter the title of the secondary emergency contact.
130. BUSINESS PHONE Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If i not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER Enter the pager number for the secondary emergency contact, if available.
133a. UNINCORPORATED AREA Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
133b. NUMBER OF EMPLOYEES Enter the number of employees working at your facility.
133c. TAX IDENTIFICATION NUMBER (TIN) Enter your business's tax identification number or social security number. The TIN number may be obtained from the Interr Revenue Service (IRS).
133d. MAILING/BILLING ADDRESS Enter the address that all correspondence and bills should be sent.
133e. MILING/BILLING CITY Enter the city for the mailing/billing address.
133f. MAILING/BILLING STATE Enter the 2 character state abbreviation for the mailing/billing address.
133g. MAILING/BILLING ZIP CODE Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
133h. ATTN: Enter the name of the person or department responsible for preparing the documents
134. DATE Enter the date that the document was signed. (YYYYMMDD, ex. 2000/01/31)
135. NAME OF DOCUMENT PREPARER Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER Enter the full printed name of the person signing the page.

SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.

137. TITLE OF SIGNER Enter the title of the person signing the page.

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Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

COVER PAGE

FACILITY IDENTIFICATION					
BUSINESS NAME Southern California Gas Company			3		FACILITY ID # 1 019999012717
SITE ADDRESS 831 North Howard Avenue	103	CITY Montebello	104		ZIP CODE 105 90640

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). These forms are not included in this packet.

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

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 Jim Wine	Title of Owner/Operator Storage Operations Manager
Signature of Owner/ Operator J. A. Wine	Date 12/27/00

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

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Unified Program (UP) Form
CONSOLIDATED CONTINGENCY PLAN

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 in Secti 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 Southern California Gas Company	3		FACILITY ID # 1 019999012717
SITE ADDRESS 831 North Howard Avenue	103	CITY Montebello 104	ZIP CODE 105 90640

II. EMERGENCY CONTACTS

PRIMARY		SECONDARY	
NAME Bob Kawahira	123	NAME On-Duty Personnel	128
TITLE Station Maintenance Supervisor	124	TITLE Various	129
BUSINESS PHONE 310-578-2628	125	BUSINESS PHONE 310-578-2688	130
24-HOUR PHONE 310-578-2688	126	24-HOUR PHONE 310-578-2688	131
PAGER #	127	PAGER #	132

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: 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) 890-4045
State Office of Emergency Service: (800) 852-7550 or (916) 262-1621
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: Beverly Hospital	PHONE NO: - - 1-323-726-1222
ADDRESS: 309 W. Beverly Blvd.	
CITY: Montebello, CA	ZIP CODE: 90640

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

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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. *See BP and SPCC Pl

CLEANUP/DISPOSAL CONTRACTOR

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

NAME OF CONTRACTOR: NONE	PHONE NO:
ADDRESS:	
CITY:	ZIP CODE:

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 below:

NONE

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)

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:

On-Duty Shift Personnel (*See BP)

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 ☑ Shutoff Valves ☐ Other:

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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 hazardou 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 an storage procedures. There are fire, health and sudden pressure release hazards present at the facility due to the storage of hazardous materials, which include wastes and gases in pressurized cylinders. All equipment at the facility is operated and maintained in accordance with US Department of Transportation Pipeline Safety and the Division of Oil, Gas and Geothermal Resources regulations to ensure public safety. Personnel follow specific procedures regarding hazardous materials, which include ongoing employee training in the handling and spill containment and cleanup of hazardous materials. Training to operate and maintain the facility is also ongoing. Trained personnel regularly inspect the facility, equipment, controls, instrumentation, hazardous materials storage containers and containment structures to ensure they are in good working order and comply with federal, state and local regulations.

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? The primary coordinator will identify the type, source and quantity of hazardous materials released and perform an assessment of the immediate and potential hazardous to employees, the public and the environment. All facility personnel will be notified of the incident, the area will be isolated to keep non-essentia personnel out and trained personnel will take the necessary actions to stop the release, which can involve curtailing operations, closing valves and isolating containers or areas, or contain the released materials (using dikes, booms, berms, etc.).

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?
After the emergency has been mitigated, minor incidents can be cleaned by trained employees, while major emergencies may require the assistance from the fire department and/or cleanup contractor. The cleanup will be conducted using the appropriate personal protective equipment and in accordance with CALOSHA regulations. Spilled materials will be containerized, while equipment and surfaces will be wiped clean with rags and appropriate detergent or steam cleaned. The released material and other waste generated during cleanup will be properly classified, packaged, profiled for disposal and transported to a disposal facility permitted to accept the waste. The waste will be transported on a hazardous waste manifest or other appropriate shipping paper. Any emergency involving hazardous waste will be handled using the procedures outlined in the Hazardous Waste Contingency Plan.

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		
	☐ Chemical Monitoring Equipment *(describe)*		
	☐ Chemical Protective Aprons/Coats		
	☑ Chemical Protective Boots		
	☑ Chemical Protective Gloves		
	☑ Chemical Protective Suits *(describe)*	VARIOUS	TYVEK
	☑ Face Shields		
	☑ First Aid Kits/Stations *(describe)*	VARIOUS	self contained; plumbed
	☑ Hard Hats		
	☑ Plumbed Eye Wash Stations		
	☑ Portable Eye Wash Kits *(i.e. bottle type)*		
	☑ Respirator Cartridges *(describe)*	Various	VARIOUS
	☑ Safety Glasses/Splash Goggles		
	☐ Safety Showers		
	☑ Self-Contained Breathing Apparatuses (SCBA)		
	☐ Other *(describe)*		
Fire Extinguishing Systems	☐ Automatic Fire Sprinkler Systems		
	☐ Fire Alarm Boxes/Stations		
	☑ Fire Extinguisher Systems *(describe)*	VARIOUS	
	☐ Other *(describe)*		
Spill Control Equipment and Decontamination Equipment	☑ Absorbents (describe)	VARIOUS	Kitty Litter; diet
	☑ Berms/Dikes (describe)	VARIOUS	Permanent; dirt
	☐ Decontamination Equipment (describe)		
	☐ Emergency Tanks (describe)		
	☐ Exhaust Hoods		
	☐ Gas Cylinders Leak Repair Kits (describe)		
	☐ Neutralizers (describe)		
	☐ Overpack Drums		
	☑ Sumps (describe)		
	☐ Other (describe)		
Communications And Alarm Systems	☐ Chemical Alarms (describe)		
	☐ Intercoms/ PA Systems		
	☑ Portable Radios		
	☑ Telephones		
	☐ Underground Tank Leak Detection Monitors		
	☐ 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, needed.*

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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. The items listed below are required pe 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 t 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).

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 combi into one drawing. Since these drawings are intended for use in emergency response situations, larger facilities *(generally those with com and/or multiple buildings)* should provide an overall site plan and a separate storage map for each building/storage area. A blank Facility 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) 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, abovegrou 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)
Figure 1	Facility Location
Figure 2	Facility Overview
Figure 3	Facility - Lower Area
Figure 4	Facility - Upper Area
Figure 5	Facility - Upper Area Site Details

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SITE MAP

BUSINESS NAME			3
Southern California Gas Company			
SITE ADDRESS 103	CITY 104	ZIP CODE 105	
831 North Howard Avenue	Montebello	90640	
DATE MAP DRAWN	MAP #	FACILITY ID #	1
- -		019999012717	

	A	B	C	D	E	F	G	H	I	J
1		*	SEE ATT	ACHED	FIGURES	1 - 5				
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

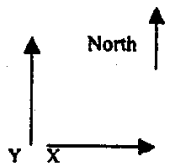
For Site Map

- 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.



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

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Montebello Station No. 19
831 N. Howard Ave.
Montebello, CA 90640-2598
ID# 19-999-01277

(323) 728-6425
(310) 578-2688

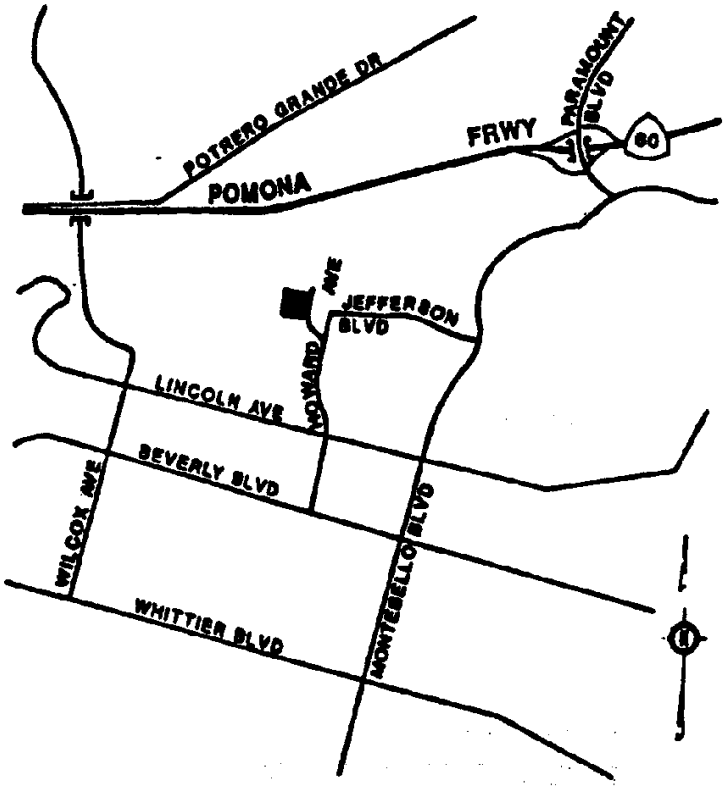
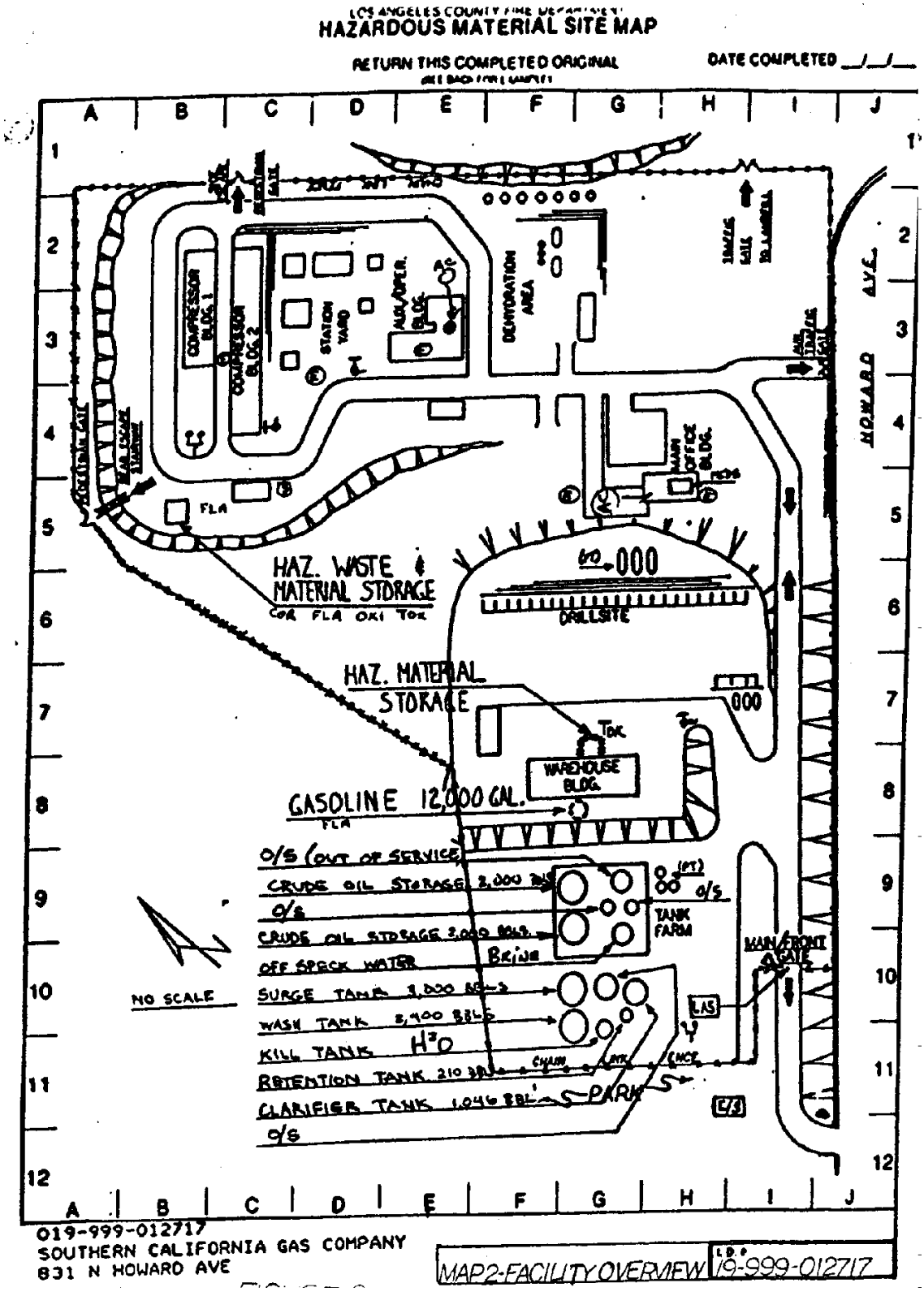


FIGURE 1.
MAP 1 FACILITY LOCATION

Revised 12/99


HAZARDOUS MATERIAL SITE MAP
RETURN THIS COMPLETED ORIGINAL
DATE COMPLETED
COMPRESSOR BLDG. 1
COMPRESSOR BLDG. 2
STATION YARD
AUX/PER. BLDG.
DEHYDRATION AREA
MAIN OFFICE BLDG.
HOWARD AVE.
FLA
HAZ. WASTE MATERIAL STORAGE
COR FLA OXI TOX
DRILLSITE
HAZ. MATERIAL STORAGE
TOX
WAREHOUSE BLDG.
GASOLINE 12,000 GAL.
O/S (OUT OF SERVICE)
CRUDE OIL STORAGE 3,000 BBLS
TANK FARM
OFF SPECK WATER
BRINE
SURGE TANK 3,000 BBLS
WASH TANK 3,900 BBLS
KILL TANK H2O
RETENTION TANK 210 BBLS
CLARIFIER TANK 1,046 BBL
PARK
MAIN/FRONT GATE
NO SCALE
019-999-012717
SOUTHERN CALIFORNIA GAS COMPANY
831 N HOWARD AVE
MAP2-FACILITY OVERVIEW
I.D.# 19-999-012717

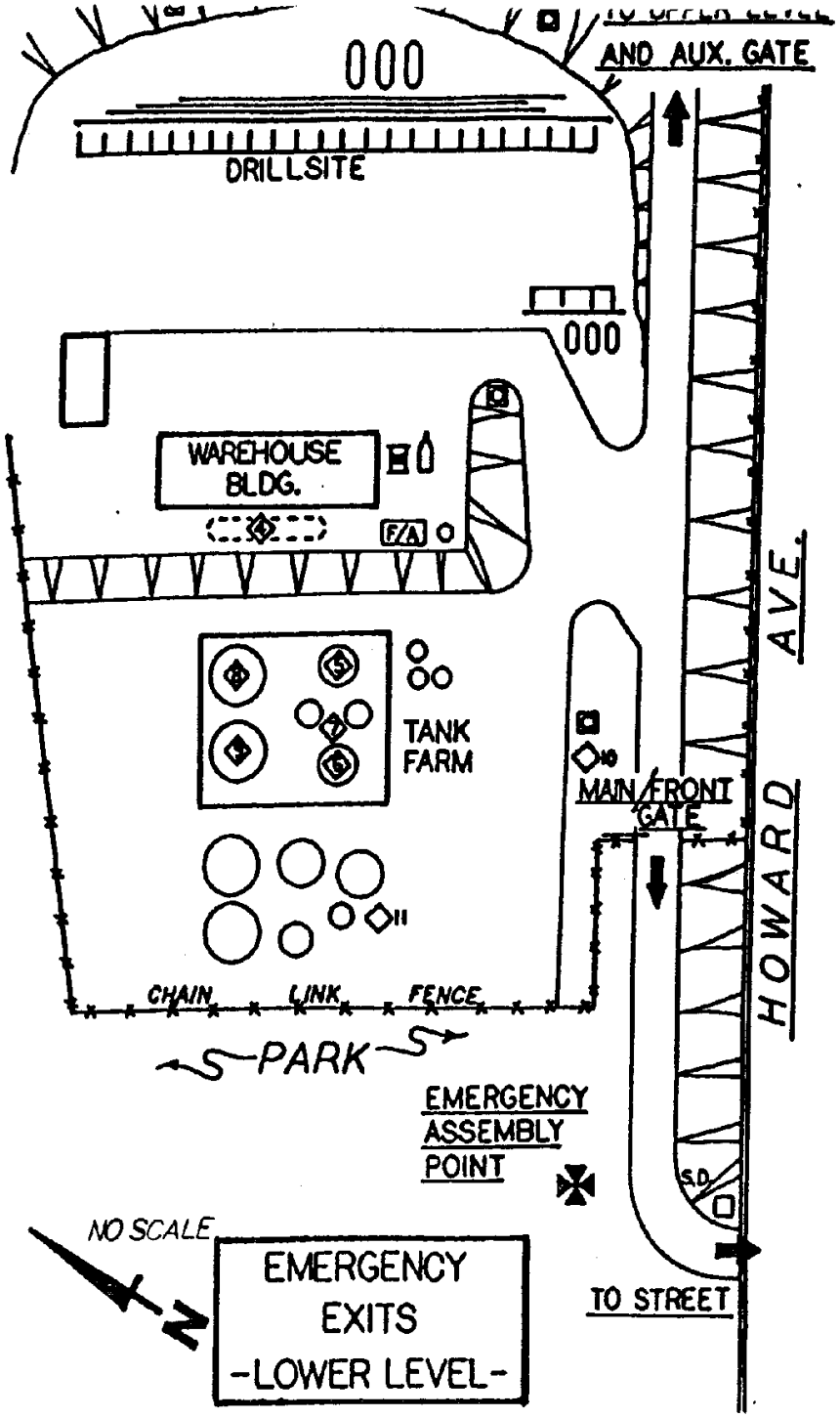

AND AUX. GATE
DRILLSITE
WAREHOUSE BLDG.
F/A
TANK FARM
MAIN FRONT GATE
HOWARD AVE.
CHAIN LINK FENCE
PARK
EMERGENCY ASSEMBLY POINT
S.D.
NO SCALE
N
EMERGENCY EXITS -LOWER LEVEL-
TO STREET

FIGURE 3

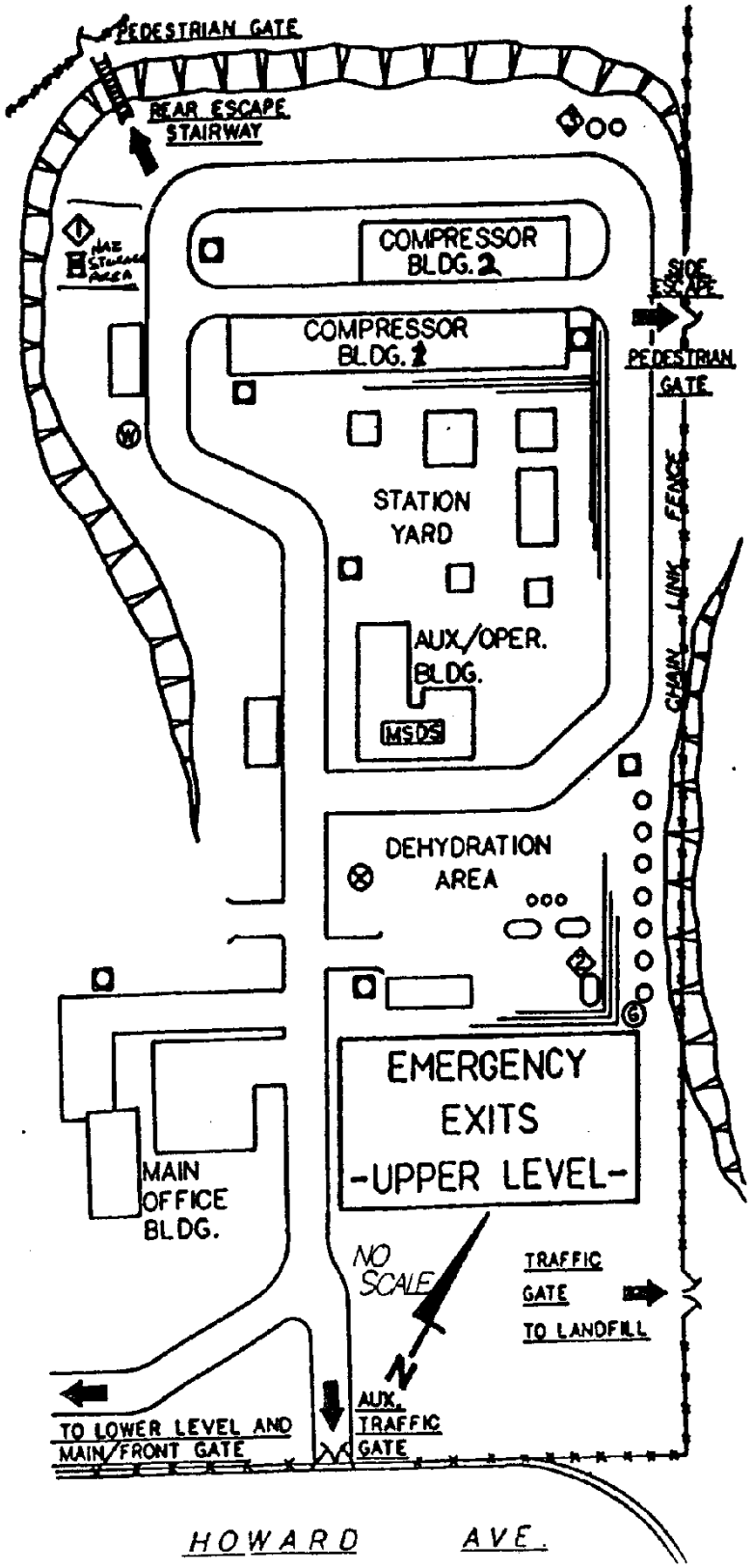


FIGURE 4
MAP 4- UPPER AREA

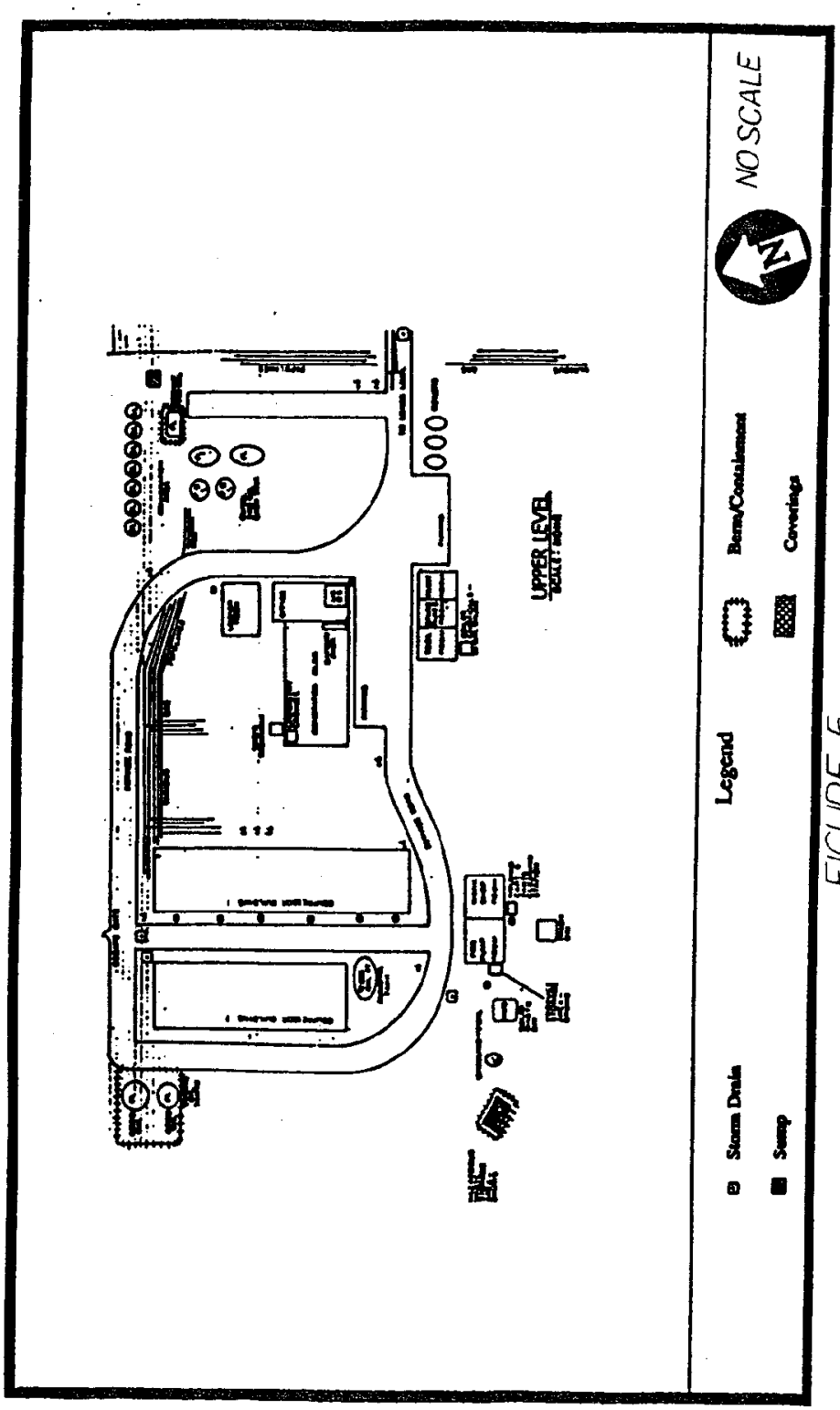


FIGURE 5
MAP 5 UPPER FACILITY SITE DETAILS

SO CAL GAS
MONTEBELLO ID#19-909-012717

CALIFORNIA BUSINESS & OWNER/OPERATOR IDENTIFICATION PAGE

CALENDAR YEAR BEGINNING (19) [01/01/1999] ENDING (20) [12/31/1999] (21) PAGE 1 OF [29]
BUSINESS NAME (3) [SO CAL GAS CO (MONTEBELLO)] BUSINESS PHONE (22) [(310) 578-2688]
SITE ADDRESS (23) [831 N HOWARD AVE]
CITY (24) [MONTEBELLO] STATE [CA] ZIP (25) [90640]
DUN & BRADST. (26) [006908826] SIC CODE (4 DIGIT #) (27) [4923]
OPERATOR NAME (29) [JIM WINE] OPERATOR PHONE (30) [(310) 578-2631]

OWNER INFORMATION

OWNER NAME (31) [SEMPRA ~~ENERGY FOR~~ SO CAL GAS CO] OWNER PHONE (32) [~~(213) 244-5959~~ 310-578-2631]
OWNER MAILING ADDRESS (33) [~~PO 513249~~ 531 N. HOWARD AVE]
CITY (34) [~~LOS ANGELES~~ Montebello] STATE (35) [CA] ZIP (36) [~~90051~~ 90640]

ENVIRONMENTAL CONTACT

CONTACT NAME (37) [BOB KAWAHIRA] CONTACT PHONE (38) [( ) - 310 5782628]
MAILING ADRESS (39) [831 N HOWARD AVE]
CITY (40) [MONTEBELLO] STATE (41) [CA] ZIP (42) [90640]

PRIMARY	EMERGENCY CONTACTS	SECONDARY
NAME (43) [~~RON GRDEN~~ Bob Kawahira]	NAME (48) [~~DEANNA HAINES~~ On-Duty Personnel]	
TITLE (44) [~~TEAM LDR HAZMAT~~ 310 5782628	TITLE (49) [~~ENVIR SVCS MGR~~ VARIOUS 310 5782628	
BUSINESS PHONE (45) [~~(213) 244-5015~~]	BUSINESS PHONE (50) [~~(213) 244-5019~~]	
24-HOUR PHONE (46) [~~(800) 325-4070~~]	24-HOUR PHONE (51) ~~[(800) 325-4070]~~	
PAGER # (47) 310 823-7945 [~~(213) 287-2085~~]	PAGER # (52) (310) 823-7945 ~~[(213) 287-2102]~~	

REGULATED SUBSTANCES (RS)

ON SITE RS (5) [YES]

ADDITIONAL LOCALLY COLLECTED INFORMATION

(53)

ASSESSOR'S PARCEL NUMBER _____-_____-_____	FOR OFFICIAL USE ONLY ID #_____

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 (54) [~~CRYSTAL LANCEY YORK~~ VALERIE GESSEY]
Signature of Owner/Operator (55) [12/27/00] Date (56) [12/28/1999]

019-999-012717
SO CAL GAS CO – MONTEBELLO
831 N HOWARD AVE
6 MTB