

HAZARDOUS MATERIAL BUSINESS PLAN

Attach Mailing Label Here

A. BUSINESS NAME & MAILING ADDRESS

HOANG'S AUTO CARE
20009 MEELAND AVE
HAYWARD, CA 94541

B. BUSINESS PHONE

(415) 886-2712

C. OWNER

TRINH HOANG

D. SIC CODE

E. ADDRESS OF FACILITY

20009 MEELAND AVE
HAYWARD, CA 94541

F. NATURE OF BUSINESS

AUTO REPAIR

G. EMERGENCY CONTACT PERSON

Name & Title

Primary TRINH HOANG OWNER

Alternate _____

H. 24-Hour Phone Numbers
Business Non-Business

886-2712 785-7145

X

(H - 1)

HAZARDOUS MATERIAL INFORMATION

IDENTIFICATION

Trademark _____ Other Name _____

Chemical Category _____

Use _____ Trade Secret: Yes [] No []

Maximum Amount _____ Units _____

Manufacturer's Name, Address, and Phone No.

Location: Bldg _____ Floor _____ Room _____

Storage Types _____ Temperature/Pressure Conditions _____

INGREDIENTS

Chemical Name	CIN No. (Table 1)	CAS No.	DOT No.	Percent

X

(H - 2)

HAZARDOUS WASTE INFORMATION

IDENTIFICATION

Chemical Category PEUROLEUM PRODUCT Trade Secret: Yes [] No [X]

Location: Bldg BEHIND Floor _____ Room _____

Amount Generated / Year 250 - 300 GALS Units _____

EPA Waste Category No. (Table 3) _____ CIN No. (Table 2) _____

Storage Types Underground Tank Temperature/Pressure Conditions Ambient

INGREDIENTS

Chemical Name CIN No. (Table 1) CAS No. DOT No. Percent

Chemical Name	CIN No. (Table 1)	CAS No.	DOT No.	Percent
WASTE OIL (UNDER GROUND TANK)				

X

I. SITE LAYOUT AND FACILITY DIAGRAMS

Attach an annotated map of the facility sufficient to allow fire, safety, health, and other appropriate personnel to adequately respond to an emergency at your facility and indicate if it is available on site to first responders. See instructions.

J. NUMBER OF EMPLOYEES

1

K. SIZE OF FACILITY IN SQ. FT.

ABOUT 10,000 IN SQUARE FEET

L. EMERGENCY RESPONSE PLANS AND PROCEDURES

Emergency Response and Evacuation Plan for your business:

CALL LOCAL EMERGENCY AND THE TRINH HOANG AT 785-7145 AND TRY TO USE A FIRE EXTINGUISHER IF CANT STOP THE FIRE AND GET AWAY FROM BUILDING AND DONT LET ANY BODY GET CLOSER TO BUILDING

(See Instructions. Use additional sheets as required)

M. EMPLOYEE TRAINING PROGRAM

Initial and annual refresher training plan for your business:

SHOW HOW TO USE THE FIRE EXTINGUISHER + CLEAN ALL SPILL OIL AROUND BUILDING AND NO SMOKING AROUND THE SOLVENT TANK

(See Instructions. Use additional sheets as required)

I certify that the information contained in this business plan is accurate, that the plan meets the requirements of Chapter 6.95 (Section 25500 et seq.) of the Health and Safety Code, that amendments and revisions to it will be submitted in accordance with that Chapter, and that I am authorized to make this certification on behalf of the above-named business.

Signature Trinh Hoang Title OWNER Date 6/18/96

If this is not an initial submission, date of last change: _____

X

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