

# CHEVRON PRODUCTS COMPANY INC.

P.O. BOX 6004  
SAN RAMON, CA 94583  
(925) 842-9002

## CALIFORNIA

Certified Unified Program Agency  
HAZARDOUS MATERIALS BUSINESS PLAN  
HMBP 2001

Chevron Station #208029  
9755 Edes Ave, Oakland CA 94612  
510-568-6021









# UNIFIED PROGRAM CONSOLIDATED FORM

## HAZARDOUS MATERIALS

### HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

 ADD

 DELETE

 REVISE

200

Page 4 of 5

## I. FACILITY INFORMATION

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

3

Chevron Station #208029

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL

202

Inside Store

EPCRA

 YES  NO

FACILITY ID #

0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

MAP# (optional)

203

GRID# (optional)

204

2 of 2

H4

## II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET

 Yes  No

206

Carbon Dioxide

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS\*

 Yes  No

208

Carbon Dioxide (CO2)

CAS#

209

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

124-38-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

Compressed Gas Class 2.2

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

350

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

175

350

UNITS\* (Check one item only)

 a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input checked="" type="checkbox"/> l. CYLINDER	<input type="checkbox"/> 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%	Carbon Dioxide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	124-38-9
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION DOT#1013

246

If EPCRA, Please Sign Here

# UNIFIED PROGRAM CONSOLIDATED FORM

## HAZARDOUS MATERIALS

### HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

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 DELETE

 REVISE

200

Page 5 of 5

## I. FACILITY INFORMATION

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

3

Chevron Station #208029

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL

202

Building Storage Room

EPCRA

 YES  NO

FACILITY ID #

0 0 0 0 0 0 0 0 0 0 0 0 1

MAP# (optional)

203

GRID# (optional)

204

2 of 2

G3

## II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET

 Yes  No

206

New Motor Oil

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS\*

 Yes  No

208

New Motor Oil

CAS#

209

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

64741884

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

210

Flammable Liquids Class 1

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

1

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

30

60

UNITS\*

 a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

221

DAYS ON SITE:

222

(Check one item only)

\* If EHS, amount must be in pounds.

365

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 85%	Lubricating Base Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64741884
2 2%	Zinc Alkyl Dithiophosphate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	68649423
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

ADDITIONAL LOCALLY COLLECTED INFORMATION DOT#1270

246

If EPCRA, Please Sign Here

**EMERGENCY RESPONSE PROCEDURES**  
**GASOLINE and CARBON DIOXIDE**

**FIRE OR EXPLOSION DATA**

Carbon dioxide is not flammable. **CAUTION:** Compressed Gas Cylinder may explode in heat of fire.

**HEALTH HAZARD CAUTION:**

1. Vapors may cause dizziness or suffocation.
2. Contact with liquid carbon dioxide may cause frostbite.

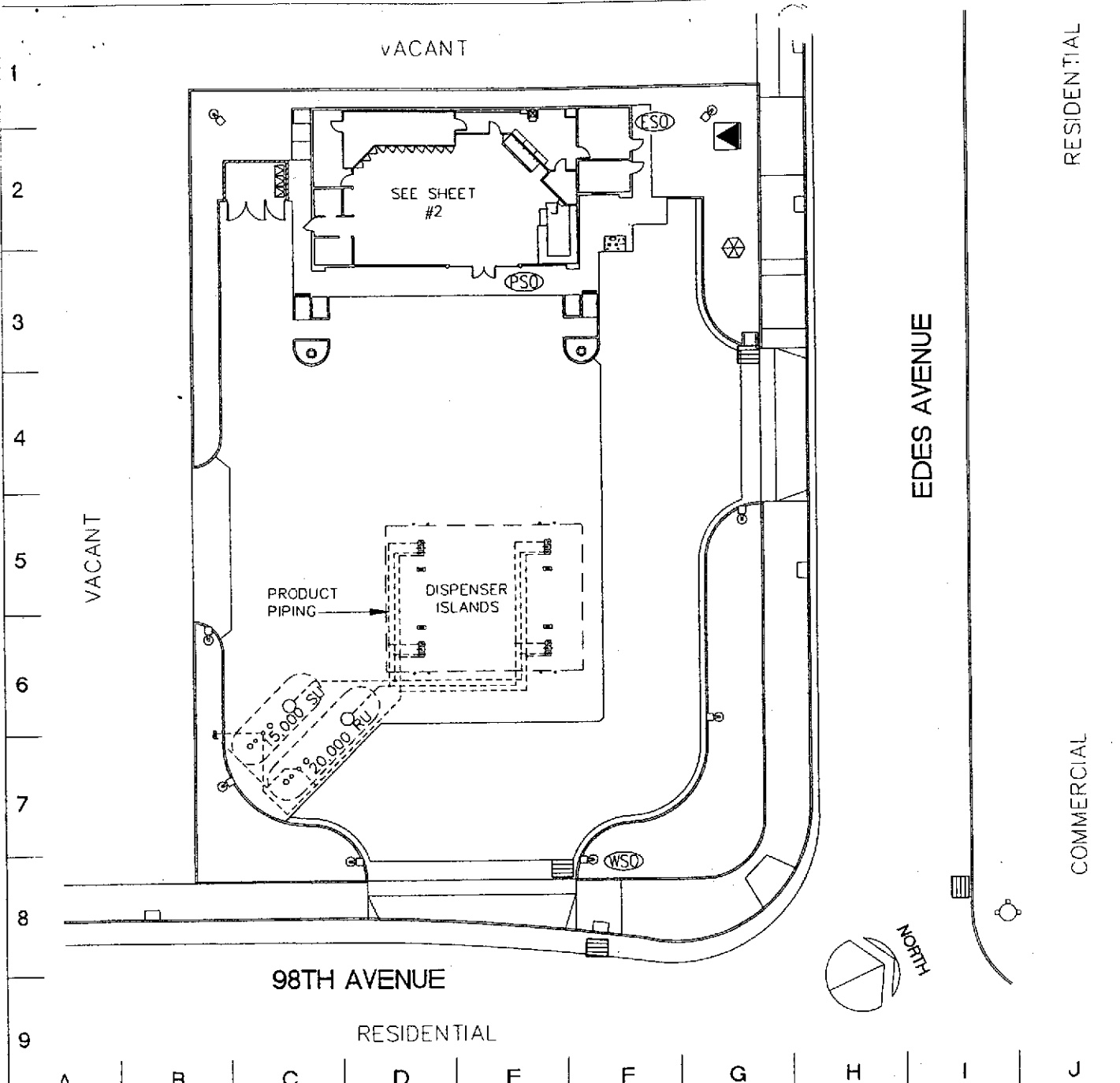
In the event of a fire, spill, leak, or suspected leak in the tanks, piping, or cylinder, or natural disasters such as an earthquake or flood, the following steps are to be taken as applicable:

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATION:** If there is any immediate danger, **ANNOUNCE** to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately."
3. **CALL FOR HELP** in case of an emergency by dialing **9-1-1** and giving the following information:  
"THERE IS A FIRE / GASOLINE SPILL at the station at (9755 Edes Ave, Oakland )." If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **LOOK AROUND** to assure that all others have left the station if necessary, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist, or direct assistance to, anyone having difficulty leaving the station area, and anyone who may be injured.
5. **ATTEMPT TO EXTINGUISH** any small or incipient fire if you can do so safely. Have the fire extinguisher ready to use in the event of any spill. Try to contain any large spill, or use absorbent on smaller spills.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need.
7. **CONTACT** the station Operator if s/he is not already at the station. Use the list below for emergency contacts: Name/Title/Home #:

	<b>Station Manager</b>		<b>Home Phone</b>
--	------------------------	--	-------------------

8. **NOTIFY** Chevron Maintenance by phone **WITHIN 24 HOURS 1-800-423-3528**  
Chevron incident desk will notify the appropriate State and Local agencies unless the situation requires urgent immediate response by the agencies, in which case the **OPERATOR** should notify these agencies:
  1. **LOCAL AGENCY: CITY OF OAKLAND FIRE DEPARTMENT 510-238-3938**
  2. **CALIFORNIA OFFICE OF EMERGENCY SERVICES (24 Hours), 800-852-7550**
  3. **NATIONAL RESPONSE CENTER (24 Hours), 800-424-8802**
9. Operator should attempt to isolate leak location by inspection.
10. Chevron will coordinate whatever corrective actions need to be taken beyond the Operator's capabilities. Chevron will file whatever reports need to be filed with local and state agencies, and send a copy to the station for the Operator's files.
11. **EVACUATION:** In the event evacuation is necessary, the attendant will announce for all customers and personnel to evacuate the building using the nearest exit door. All persons should go to the emergency assembly area as designated on the site map.
12. **RE-ENTRY:** If evacuation has occurred and emergency responders have been called, re-entering this facility should take place with extreme caution and only under the direction of the senior emergency responder on site and Chevron personnel.

**THESE EMERGENCY RESPONSE PROCEDURES MUST BE FILLED OUT AND POSTED CONSPICUOUSLY ON SITE ALONG WITH THE ATTACHED SITE PLAN**



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VACANT

98TH AVENUE

RESIDENTIAL

A B C D E F G H I J

EDDES AVENUE

RESIDENTIAL

COMMERCIAL

**SELF SERVICE STATION LEGEND**

SCALE: 1"=40'-0"± DATE: 2/17/99

- |                           |                                |
|---------------------------|--------------------------------|
| EMERGENCY PUMP SHUT-OFF   | MONITORING WELLS               |
| ELECTRICAL PANEL SHUT-OFF | OBSERVATION WELLS              |
| NATURAL GAS SHUT-OFF      | ANTIFREEZE                     |
| WATER SHUT-OFF            | MOTOR/TRANSMISSION OIL         |
| TANK MONITORING ALARM     | A.G. PRODUCT TANK              |
| TELEPHONE                 | U.G. PRODUCT TANK              |
| FIRST AID KIT             | USED OIL TANK                  |
| FIRE EXTINGUISHER         | SPILL KIT                      |
| STORM DRAIN               | CO <sub>2</sub> CARBON DIOXIDE |
| OIL/WATER SEPARATOR       | CWP CAR WASH PRODUCTS          |
| EMERGENCY ASSEMBLY AREA   |                                |
| HMMP, AND MSDS LOCATION   |                                |
| FIRE HYDRANT              |                                |
| FENCE                     |                                |

**SITE PLAN**

9755 EDES AVENUE

OAKLAND, CALIFORNIA

SS# NEW



**Chevron**

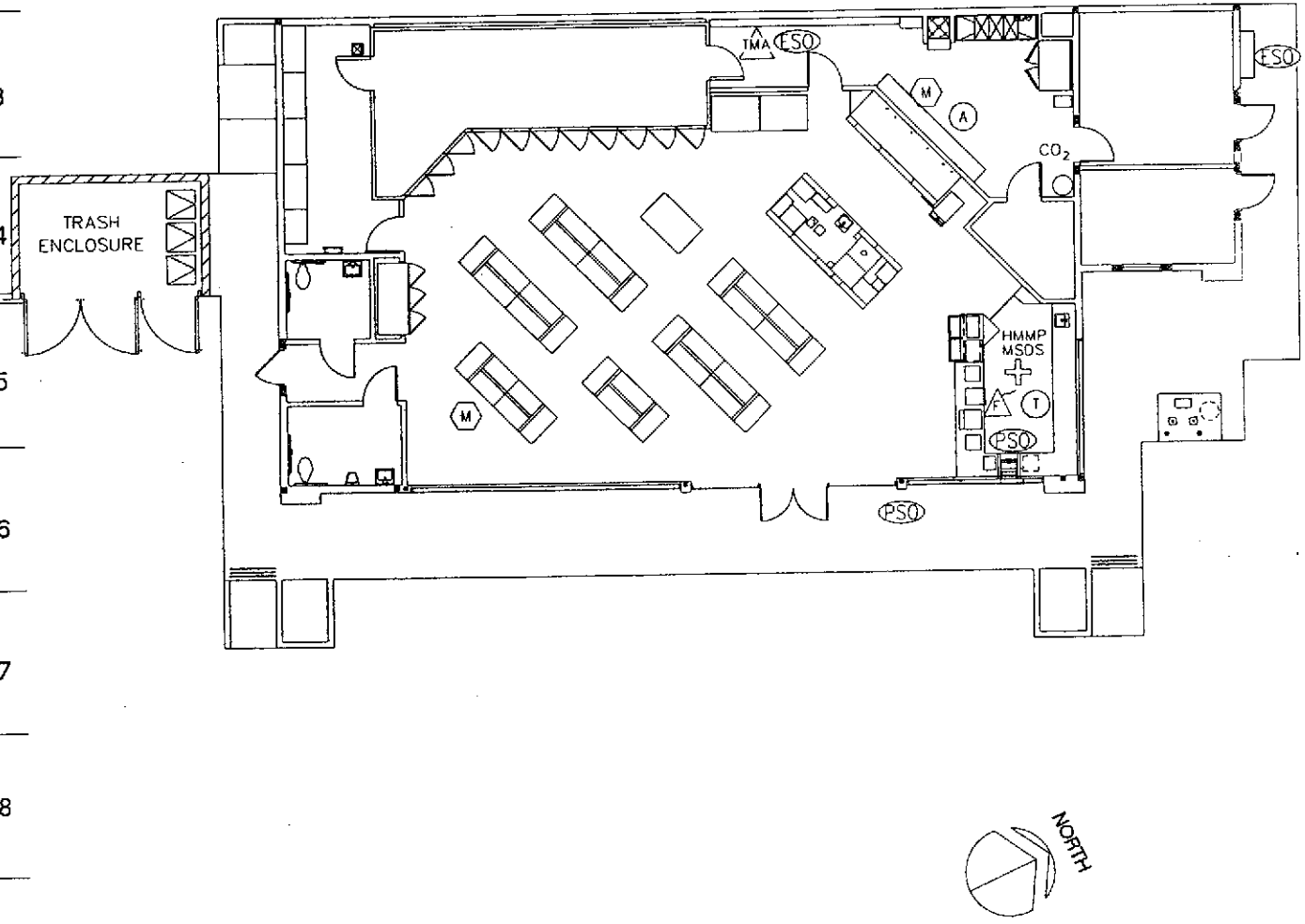
PREPARED BY: **RIHIL** ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES

DESIGN GROUP INC. 1137 N. McDOWELL BLVD. PETALUMA, CA (707) 765-1660  
JOHN W. JOHNSON, ARCHITECT JAMES H. RAY, CIVIL ENGINEER

AUG. 27, 1999 10:47 Scale: 483



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A B C D E F G H I J

**SELF SERVICE STATION LEGEND**

SCALE: NONE DATE: 2/17/99

- |                           |                        |
|---------------------------|------------------------|
| EMERGENCY PUMP SHUT-OFF   | MONITORING WELLS       |
| ELECTRICAL PANEL SHUT-OFF | OBSERVATION WELLS      |
| NATURAL GAS SHUT-OFF      | ANTIFREEZE             |
| WATER SHUT-OFF            | MOTOR/TRANSMISSION OIL |
| TANK MONITORING ALARM     | A.G. PRODUCT TANK      |
| TELEPHONE                 | U.G. PRODUCT TANK      |
| FIRST AID KIT             | USED OIL TANK          |
| FIRE EXTINGUISHER         | SPILL KIT              |
| STORM DRAIN               | CARBON DIOXIDE         |
| OIL/WATER SEPARATOR       | CAR WASH PRODUCTS      |
| EMERGENCY ASSEMBLY AREA   |                        |
| HMMP, AND MSDS LOCATION   |                        |
| FIRE HYDRANT              |                        |
| FENCE                     |                        |

FLOOR PLAN  
9755 EDES AVENUE  
OAKLAND, CALIFORNIA

SS# NEW



PREPARED BY: **RIHL** ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES  
DESIGN GROUP INC. 1137 N. McDOWELL BLVD. PETALUMA, CA (707) 765-1660  
JOHN W. JOHNSON, ARCHITECT JAMES H. RAY, CIVIL ENGINEER

## SITE SPECIFIC EMERGENCY RESPONSE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign this document upon completion of training. Retain these records for a minimum of three years.

### I. FIRST THINGS TO KNOW:

- A. **EMERGENCY PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
LOCATION: **1-CASHIER AREA, 1-OUTSIDE BUILDING**
- B. **ELECTRICAL PANEL:** The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
LOCATION: **BACKROOM OF STORE**
- C. **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
LOCATION: **LANDSCAPE AREA ON CORNER of 98<sup>th</sup> AVE & EDES AVE**
- D. **NATURAL GAS SHUT-OFF:** If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
LOCATION: **NONE**
- E. **FIRST AID KIT:**  
LOCATION: **BACKROOM OF STORE**
- F. **FIRE EXTINGUISHER:** Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
LOCATION: **1-AT CASHIER AREA 1- BACKROOM OF STORE**
- G. **ABSORBENT:** In the form of crystals or cloth, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.  
LOCATION: **BACKROOM OF STORE**
- H. **EMERGENCY EVACUATION AND ASSEMBLY AREA:**  
LOCATION: **DRIVEWAY ON EDES AVE**
- I. **NEAREST MEDICAL FACILITY & TRAUMA CENTER:** Employees should know what facilities are available in case customers or other employees need medical attention.

**SUMMIT MEDICAL CENTER  
350 HAWTHORNE STREET  
OAKLAND, CA. 94609  
510-655-4000**

II. All employees should review the Service Station Monitoring Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

### III. FIRST AID PROCEDURES for EXPOSURE TO GASOLINE AND DIESEL FUEL

A. **EYE CONTACT:** Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. **SKIN CONTACT:** Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. **INHALATION (Breathing):** Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. **INGESTION (Swallowing):**  
**DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!** If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

E. **NOTE TO PHYSICIAN:** If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

F. For further information, consult the **Materials Safety Data Sheets** for these products and for other hazardous materials.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:** Consult the warning advice on container labels or refer to the MSDS for that product.

Document prepared by:  
CHEVRON PRODUCTS COMPANY, RETAIL ESH

(LAST UPDATED: February 1, 2001)



**BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID #	0	0	0	0	0	0	0	0	0	0	0	EPA ID # (Hazardous Waste Only)	CAL000202714
---------------	---	---	---	---	---	---	---	---	---	---	---	---------------------------------	--------------

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

**Chevron Station #208029, 9755 Edes Ave, Oakland CA 94606**

**II. ACTIVITIES DECLARATION**

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).

Does your facility... If Yes, please complete these pages of the UPCF

<p><b>A. HAZARDOUS MATERIALS</b></p> <p>Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4</p>	<ul style="list-style-type: none"> <li>HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)</li> </ul>
<p><b>B. UNDERGROUND STORAGE TANKS (USTs)</b></p> <p>1. Own or operate underground storage tanks?</p> <p>2. Intend to upgrade existing or install new USTs?</p> <p>3. Need to report closing a UST?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7</p>	<ul style="list-style-type: none"> <li>UST FACILITY (Formerly SWRCB Form A)</li> <li>UST TANK (one page per tank) (Formerly Form B)</li> <li>UST FACILITY</li> <li>UST TANK (one per tank)</li> <li>UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)</li> <li>UST TANK (closure portion -one page per tank)</li> </ul>
<p><b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b></p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8</p>	<ul style="list-style-type: none"> <li>NO FORM REQUIRED TO CUPAs</li> </ul>
<p><b>D. HAZARDOUS WASTE</b></p> <p>1. Generate hazardous waste?</p> <p>2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?</p> <p>3. Treat hazardous waste on site?</p> <p>4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?</p> <p>5. Consolidate hazardous waste generated at a remote site?</p> <p>6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14</p>	<ul style="list-style-type: none"> <li>EPA ID NUMBER - provide at the top of this page</li> <li>RECYCLABLE MATERIALS REPORT (one per recycler)</li> <li>ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)</li> <li>ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)</li> <li>CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</li> <li>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</li> <li>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</li> </ul>

**E. LOCAL REQUIREMENTS**

(You may also be required to provide additional information by your CUPA or local agency.)