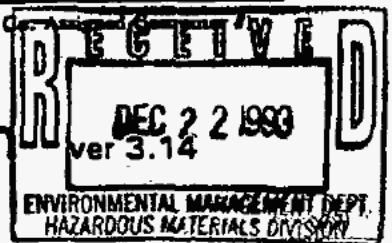


BID :  
(Sec. Of. Assigned)

# Hazardous Materials Disclosure Information

And Permit Application Form  
Please Use Typewriter or Print Clearly



## Section I - Business and Address Information

CARLYNE GOLF CARS  
Business Name

2347-I GOLD RIVER RD, RANCHO CORONA 92670 (CORONA)  
Business Site Address (Not a PO Box) Suite/Blg # City Zip Cross Street

Mailing Address Business Name (if different from above)  
KEN C. SMITH  
Mail to the Attention of

Mailing Address (if different from above) City State Zip  
KEN C. SMITH

Owner's Name  
(916) 635-6105 RANCHO CORONA  
Business Phone Fire District  
AMERICAN RIVERS

## Section II - Contact Information

A) Supply the name, title, phone and available hours of the responsible person to contact During Business Hours:

8:00 / 4:30 KEN SMITH / OWNER (916) 635-6105  
SHIFT/HOURS NAME / TITLE PHONE NUMBER (with extension)

B) Supply the names, titles, phone numbers and available hours of at least two people to contact After Business Hours:

SHIFT HOURS KEN SMITH / OWNER ( )  
NAME / TITLE

SHIFT HOURS DENNIS MERRIFIELD / SERV. MGR ( )  
NAME / TITLE

SHIFT HOURS ( )  
NAME / TITLE After Hours PHONE (with extension)

C) Supply the names, titles, phone numbers and available hours of two people to contact in case of an Emergency Haz Mat Incident:

SHIFT HOURS KEN SMITH / OWNER (916) 723-3809  
NAME / TITLE PHONE (with extension)

SHIFT HOURS DENNIS MERRIFIELD / SERV. MGR (916) 991-0824  
NAME / TITLE PHONE (with extension)

- A No chemicals are used in any way in our business operations.
- B Chemicals are used in our company, but we do NOT meet the requirements for disclosure. We have no chemicals in amounts requiring disclosure.
- C Chemicals are used in our business and we are submitting our initial Hazardous Materials Disclosure Packet.
- D We have reviewed our records and we have no changes from previously submitted information.
- E We are submitting a renewal with changes as indicated.

# Section IV - Chemical Disclosure Information - Reporting Status

Shift Hours	Number of Employees	Shift Hours	Number of Employees	Shift Hours	Number of Employees
8:00/4:30	3				

Standard Industrial Code (SIC) U8C ?

Uniform Building/Occupancy Code (UBC) 5750

Lot Size - Identify in sq. ft. or acreage 5750

Number of Floors 1

Reporting Status (see Sec. IV) C

Employee Information - enter # of employees on site per shift hrs: \_\_\_\_\_

Additional Business Information: \_\_\_\_\_

Give description of the main operation of your business Golf Cart Sales - Service - Repair

Doing Business As (DBA) - If different than Business Name \_\_\_\_\_

Business License # 251945

Dun & Bradstreet # (if applicable) \_\_\_\_\_

EPA ID # (if EPA Waste Generator) CA-000069156

# Section III - General and Building Information

BID: \_\_\_\_\_ (Leave Blank if Unknown)

\*\*\*\*SPECIAL NOTICE FOR DISCLOSURE PACKET UPDATES\*\*\*\*

If any of the following occurs, you are required to notify our department within thirty (30) days to complete an updated Disclosure Packet.

1. Change of Business Address
2. Change of Business Ownership
3. Change of Business Name
4. Cessation of Business Operation(s)
5. Change of Business Occupancy Class (Uniform Building Code)
6. Reclassification of TRADE SECRET INFORMATION
7. Change of use or handling of previously undisclosed hazardous material, waste or combination thereof.
8. Storage of any new hazardous material that would require you to comply with the disclosure laws.
9. A significant change in inventory quantity (50%) of any hazardous material for which disclosure information has already been provided.

**Section V - Signature**

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

*Ken C. Smith*  
Signature

12 / 7 / 93  
Date

KEN C. SMITH OWNER  
Name and Title (please type or print)

JAN To DEC  
Annual Reporting Period

PLEASE RETURN FORM TO:

COUNTY OF SACRAMENTO  
ENVIRONMENTAL MANAGEMENT DEPARTMENT  
HAZARDOUS MATERIALS DIVISION  
8475 Jackson Road, Suite 230  
Sacramento, CA 95826

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**Disclosure Form Code Tables**  
(In Alphabetic Description Sequence)

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The following codes are used on the Disclosure Packet Form

1. **Street Type Codes:** When entering your streetname, make sure you identify the street type (e.g. "Avenue", "Boulevard" etc.).

AVENUE	AV
ALLEY	AY
BOULEVARD	BL
BRIDGE	BR
BYPASS	BP
CENTER	CN
CIRCLE	CR
CREST	CS
COURT	CT
COVE	CV
CAUSEWAY	CW
CANYON	CY
DRIVE	DR
EXPRESSWAY	EX
FREEWAY	FY
HIGHWAY	HY
INTERSECTION	IN
LANE	LN
MALL	ML
MANOR	MN
PATH	PA
PARK	PK
PLACE	PL
POINT	PT
PARKWAY	PY
PLAZA	PZ
ROAD	RD
SQUARE	SQ
STREET	ST
TERRACE	TE
TRACK	TK
TRAIL	TR
WAY	WY

---

*Space Below for Office Use Only*

---

**2. Uniform Building Codes (UBC)**

**A - Assembly**

A1, A2, A2.1, a3, a4

**B - Business Buildings**

B1, B2, B3, B4

**E - Educational**

E1, E2, E3

**H - Hazardous**

H1, H2, H3, H4, H5, H6, H7

**I - Institutional**

I1, I1.A, I2, I2.A, I3

**M - Garages, Sheds, Fences**

M1, M2

**R - Residential, Hotels**

R1, R2, R3

# HazMat-S CHEMICAL INVENTORY FORM ver3.0

Print clearly with INK or use typewriter ONLY

Please read attached instructions carefully

Date: \_\_\_\_\_ BID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

\* indicates code is required for input

Numbers in ( ) refer to instruction sheet

Trade Name: (1) WASTE DIFFERENTIAL OIL

Mixtures (List the three most hazardous ingredients):

CAS# (2)	Chemical Name (3)	% (4)	EPA 302 (5)	(6) Carcinogen
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N

Misc Info (7)	Hazard Classes (9)	Waste Info (10)	(11)	Fire	Health	Reactivity
Form*: _____	General*: _____	EPA: _____	Min%: _____		_____	_____
Type*: _____	Physical*: _____	State: _____	Max%: _____		_____	_____
DOT#:(8) _____	Health*: _____	Class*: _____	Rad: _____		_____	_____

Unit of Measure: (12) GA Max/Yr: (13) 5 Max/Day: (14) LESS THAN 1 Avg/Day: (15) 2.5

Days on Site: (16) 365 Map Info (18) Page: \_\_\_\_\_ Grid: 11 C Codes (19) Container Storage\*: P Temperature Storage\*: 4  
 Largest Container: (17) 5 Pressure Storage\*: 1 Disposal Treatment\*: 2

Location Stored: (20) [REDACTED]

How Used/Misc: (21) GOLF CARTS

Trade Name: (1) \_\_\_\_\_

Mixtures (List the three most hazardous ingredients):

CAS# (2)	Chemical Name (3)	% (4)	EPA 302 (5)	(6) Carcinogen
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N

Misc Info (7)	Hazard Classes (9)	Waste Info (10)	(11)	Fire	Health	Reactivity
Form*: _____	General*: _____	EPA: _____	Min%: _____		_____	_____
Type*: _____	Physical*: _____	State: _____	Max%: _____		_____	_____
DOT#:(8) _____	Health*: _____	Class*: _____	Rad: _____		_____	_____

Unit of Measure: (12) \_\_\_\_\_ Max/Yr: (13) \_\_\_\_\_ Max/Day: (14) \_\_\_\_\_ Avg/Day: (15) \_\_\_\_\_

Days on Site: (16) \_\_\_\_\_ Map Info (18) Page: \_\_\_\_\_ Grid: \_\_\_\_\_ Codes (19) Container Storage\*: \_\_\_\_\_ Temperature Storage\*: \_\_\_\_\_  
 Largest Container: (17) \_\_\_\_\_ Pressure Storage\*: \_\_\_\_\_ Disposal Treatment\*: \_\_\_\_\_

Location Stored: (20) \_\_\_\_\_

How Used/Misc: (21) \_\_\_\_\_

# HazMat CHEMICAL INVENTORY FORM ver3.0

Print clearly with INK or use typewriter ONLY

Please read attached instructions carefully

Date: \_\_\_\_\_ BID: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

\* indicates code is required for input

Numbers in ( ) refer to instruction sheet

Trade Name: (1) \_\_\_\_\_

Mixtures (List the three most hazardous Ingredients):

CAS# (2)	Chemical Name (3)	% (4)	EPA 302 (5)	(6) Carcinogen
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N

Misc Info (7)

Hazard Classes (9)

Waste Info (10)

(11)

FP

Form\*: \_\_\_\_\_

General\*: \_\_\_\_\_

EPA: \_\_\_\_\_

Min%: \_\_\_\_\_

HEALTH

REACT

Type\*: \_\_\_\_\_

Physical\*: \_\_\_\_\_

State: \_\_\_\_\_

Max%: \_\_\_\_\_

DOT#:(8) \_\_\_\_\_

Health\*: \_\_\_\_\_

Class\*: \_\_\_\_\_

Rad: \_\_\_\_\_

(Circle)  
ROWCPE

Unit of

Measure: (12) \_\_\_\_\_ Max/Yr:(13) \_\_\_\_\_ Max/Day:(14) \_\_\_\_\_ Avg/Day:(15) \_\_\_\_\_

Days on Site:(16) \_\_\_\_\_

Map Info (18)

Codes (19)

Largest Container:(17) \_\_\_\_\_

Page: \_\_\_\_\_  
Grid: \_\_\_\_\_

Container Storage\*: \_\_\_\_\_ Temperature Storage\*: \_\_\_\_\_  
Pressure Storage\*: \_\_\_\_\_ Disposal Treatment\*: \_\_\_\_\_

Location Stored:(20) \_\_\_\_\_

How Used/Misc:(21) \_\_\_\_\_

Trade Name: (1) \_\_\_\_\_

Mixtures (List the three most hazardous Ingredients):

CAS# (2)	Chemical Name (3)	% (4)	EPA 302 (5)	(6) Carcinogen
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N
_____	_____	_____	Y / N	Y / N

Misc Info (7)

Hazard Classes (9)

Waste Info (10)

(11)

FP

Form\*: \_\_\_\_\_

General\*: \_\_\_\_\_

EPA: \_\_\_\_\_

Min%: \_\_\_\_\_

HEALTH

REACT

Type\*: \_\_\_\_\_

Physical\*: \_\_\_\_\_

State: \_\_\_\_\_

Max%: \_\_\_\_\_

DOT#:(8) \_\_\_\_\_

Health\*: \_\_\_\_\_

Class\*: \_\_\_\_\_

Rad: \_\_\_\_\_

(Circle)  
ROWCPE

Unit of

Measure: (12) \_\_\_\_\_ Max/Yr:(13) \_\_\_\_\_ Max/Day:(14) \_\_\_\_\_ Avg/Day:(15) \_\_\_\_\_

Days on Site:(16) \_\_\_\_\_

Map Info (18)

Codes (19)

Largest Container:(17) \_\_\_\_\_

Page: \_\_\_\_\_  
Grid: \_\_\_\_\_

Container Storage\*: \_\_\_\_\_ Temperature Storage\*: \_\_\_\_\_  
Pressure Storage\*: \_\_\_\_\_ Disposal Treatment\*: \_\_\_\_\_

Location Stored:(20) \_\_\_\_\_

How Used/Misc:(21) \_\_\_\_\_

## General Facility Information

### Date

Date of completion 12/7/93

### Facility information

DBA CARLYNE GOLF CAR CO  
Address 2347 Gold River Road  
RANCHO CORDOVA, CA 95670  
(916) 635-6105  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Parcel Number \_\_\_\_\_  
Standard Industrial Code (SIC) Number \_\_\_\_\_

### Owner information

Name KEN C. SMITH  
Address 6305 MARANTA CT  
City CITRUS HEIGHTS Zip 95621  
Business Phone 635-6105  
Home Phone [REDACTED]

### Hazardous materials description

Give a brief description of hazardous materials and/or wastes use/process

(e.g. auto repair and maintenance; sale of petroleum products for automobiles, dry cleaning, etc.)

WASTE DIFFERENTIAL OIL

### Records location

- State the location of records relating to hazardous materials/hazardous wastes.
- State the location of your MSDS and emergency response plan.

OFFICE - 2347 GOLD RIVER RD BLDG A

Continued on next page

**General Facility Information, Continued**

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**Waste  
disposal  
information**

If you are a hazardous waste generator, identify your hazardous waste hauler(s) or recycler(s) here:

Hauler(s):

Recycler(s):

Name:

Address:

City:

Zip code:

Phone #:

EPA ID #:

Additional:

Additional:



## Emergency Coordinator Information

### Emergency coordinator

Designate your primary emergency coordinator:

This person must have the authority to:

- make decisions regarding the classification of the release, and
- determine the appropriate response.

Name KEN SMITH

Address 2347 GOLD RIVER RD

City RANCHO CERRAJO Zip 95270

Business Phone 635-6105

Home Phone [REDACTED]

Check whether on-site ☒ or on-call ☐

### Alternates

Designate alternate emergency coordinators in order that they would assume responsibility:

- Alternate 1:

Name DENNIS MERRIFIELD

Address 1130 ARDENHEAD AVE

City RIDGELAND Zip 95673

Business Phone 635-6105

Home Phone [REDACTED]

Check whether on-site ☒ or on-call ☐

- Alternate 2:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Check whether on-site ☐ or on-call ☐

## Emergency Procedures

### Internal response team

- Designate your internal hazardous materials response team and their responsibilities.

<u>Names</u>	<u>Responsibilities</u>
KEN SMITH	OWNER
DENNIS MERRIFIELD	MGR

- Describe procedures for notifying your team of an emergency:

☒ voice

☐ phone

☐ public address system

☐ alarm system

☐ other (describe):

### Employee notification

- List procedures for notifying employees who could be exposed to hazardous conditions by a release.

☒ voice

☐ phone

☐ public address system

☐ alarm system (sirens, bells, etc...)

- Designate an individual responsible for notification:

KEN SMITH

Continued on next page

## Emergency Procedures, Continued

### Technical advisors

List personnel who will provide technical advice to off-site emergency responders (fire, police) in case of an emergency incident.

- ☐ Owner KEN SMITH
- ☐ Manager DENNIS MERRIFIELD
- ☐ Supervisor \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### Neighbor notification procedures

- List procedures for notifying neighboring residences, businesses, schools, etc, which could be affected by a release threatening off-site.

☒ voice, personal visit

☐ phone

N/A

☐ public address system

☐ alarm system (sirens, bells, etc...)

- Designate an individual who will perform the notification:
- Keep a list of those to be notified (see next page).

Continued on next page

***Emergency Procedures***, Continued

***Neighbor  
notification  
list***

---

**Neighbor Emergency Notification List**

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

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*Continued on next page*

## ***Emergency Procedures, Continued***

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### ***Containment procedures***

Describe procedures for containing spills, releases, fires or explosions:

- ☐ blocking drains
- ☐ diking with absorbent/other material
- ☐ berm in storage/work area
- ☐ other

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### ***Clean-up procedures***

Describe your clean-up procedures:

- ☒ use absorbent
- ☐ evaporate
- ☐ dilute/flush (those chemicals acceptable to the sanitary sewer)
- ☐ equipment clean-up as described here:
  
- ☐ other (describe):

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*Continued on next page*

***Emergency Procedures, Continued***

***Hazardous  
waste  
disposal***

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List the name of the hazardous waste disposal company you will use should your emergency generate hazardous wastes:

***Recycler***

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List the name of the hazardous waste recycling company you will use should your emergency generate recyclable wastes:

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## Emergency Phone Numbers

### Emergency response phone numbers

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Fire . . . . . 911

Sheriff . . . . . 911

California Highway Patrol . . . . . 911

Sacramento County Hazardous Materials

Division . . . . . 386-6160

24 hours . . . . . 366-2911

Ambulance Service . . . . . 911

Medical Facility (nearest hospital) . . . . . *MERCY SAN JUAN HOSPITAL*  
*537-3000\*\*\**

Poison Control Center . . . . . 1-800-342-9293

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### Agency notification numbers

California Office of Emergency

Services . . . . . 1-800-852-7550

State Department of Health Services,

Radiologic Health Branch . . . . . 445-0931

State Department of Toxic Substances

Control . . . . . 324-1826

State Water Quality Control Board,

Central Valley Region . . . . . 255-3000

US Environmental Protection Agency . . . . 1-415-744-1500

National Response Center . . . . . 1-800-424-8802

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### Other

Other Important Numbers

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## Emergency Equipment

### Equipment list

Provide a complete list of your emergency response equipment.  
Specify all equipment available for your use during an emergency.

<u>Name</u>	<u>Location</u>	<u>Capability</u>
<input checked="" type="checkbox"/> phone		
<input checked="" type="checkbox"/> broom		
<input checked="" type="checkbox"/> fire extinguisher		
<input checked="" type="checkbox"/> absorbent (kitty litter, rice hull, ash, sand)		
<input type="checkbox"/> shovel		
<input type="checkbox"/> decontamination shower		
<input type="checkbox"/> eyewash fountain		
<input checked="" type="checkbox"/> water hose		
<input checked="" type="checkbox"/> personal protective equipment		
<input checked="" type="checkbox"/> face shields, safety goggles, glasses		
<input checked="" type="checkbox"/> rubber gloves		
<input type="checkbox"/> rubber boots		
<input type="checkbox"/> respirator		
<input type="checkbox"/> protective clothing		
<input type="checkbox"/> Other		
_____		
_____		
_____		
_____		
_____		
_____		
_____		



## Evacuation Procedures

### Notification of evacuation

- List your procedures for spreading the alarm to evacuate.

☒ voice

☐ phone

☐ alarm system

☐ public address system

☐ other (describe):

\_\_\_\_\_  
\_\_\_\_\_

- The individual responsible for spreading the alarm is:

KEN SMITH / DENNIS MURKINFIELD

### Evacuation route

Define your evacuation route on your site map and post copies for employees.

I have posted the evacuation route. ☒ yes ☐ no

### Evacuation coordinator

The individual responsible for accounting for all employees and visitors after evacuation:

KEN SMITH / DENNIS MURKINFIELD

### Emergency assembly area

Indicate on your map the emergency assembly area for evacuees; describe here:

FRONT PARKING LOT

### Other procedures

Describe additional evacuation procedures here:

\_\_\_\_\_

## ***Emergency Services***

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<b><i>Description</i></b>	<p>Describe any arrangements you have made for emergency services with:</p> <ul style="list-style-type: none"><li>● local fire and police departments</li><li>● hospitals</li><li>● contractors</li><li>● other (describe):</li></ul>
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<b><i>When required</i></b>	<p>Advance arrangements for emergency services should be made as appropriate for potential need in an emergency.</p> <p>You may decide that such contingency planning arrangements are not necessary for your facility.</p>
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## ***Employee Training, Continued***

### ***Training elements***

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Check off the training elements you currently implement.

☒ new employee orientation and familiarization with hazardous materials,  
including:

☒ handling & safety

☒ notification & reporting

☒ emergency response, mitigation, cleanup, and recovery

☐ annual refresher training

☒ documentation of training

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### ***Training outline***

You must attach an outline or condensed version of your Hazard  
Communication Employee Training Program or lesson plan.

☒ My plan is attached.

☐ My plan is described in the space below.

---