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FA0004697

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION			
UNIFIED PROGRAM CONSOLIDATED FORM - HAZARDOUS MATERIALS			
FRESNO COUNTY DEPARTMENT OF COMMUNITY HEALTH-ENVIRONMENTAL HEALTH DIVISION			
1221 Fulton Mall, Post Office Box 11867, Fresno, California 93775 (559) 445-3271			
<input type="checkbox"/> ADD		<input type="checkbox"/> DELETE	<input type="checkbox"/> REVISE
		200	Page 1 of 1
I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		BUSINESS ADDRESS	
FACILITY LOCATION		CHEMICAL LOCATION CONFIDENTIAL EPCRA	
Building 1		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #	FA0004697	MAP# (optional)	GRID# (optional)
II. CHEMICAL INFORMATION			
CHEMICAL NAME		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME		If Subject to EPCRA, refer to instructions	
Helistar A75 Shielding Gas		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS#		*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (required by CUPA)			
Health: 0 Flammability: 0 Reactivity: 0			
HAZARDOUS MATERIAL TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CURIES
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	LARGEST CONTAINER	
FED HAZARD CATEGORIES (Check all that apply)	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
1,200	2100		
UNITS* (Check one item only)	<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE:	
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		
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 75	Argon	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7440-37-1
2 25	Helium	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7440-59-7
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			
If EPCRA (EHS), Please Sign Here			

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200		Page 1 of 1	
I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		BUSINESS ADDRESS	
Fresno County, Inc. 2111 S. Edison Ave. Fresno, CA 93706		203	
CHEMICAL LOCATION		CHEMICAL LOCATION CONFIDENTIAL EPCRA	
Building 1		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #		MAP# (optional)	GRID# (optional)
FA 000 4697		203	204
II. CHEMICAL INFORMATION			
CHEMICAL NAME		TRADE SECRET	
Oxygen		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME		If Subject to EPCRA, refer to instructions	
Oxygen, compressed		EHS*	
CAS#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7782-44-7		*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (required by CLPA)			
Health: Flammability: Reactivity:			
HAZARDOUS MATERIAL TYPE (Check one item only)		RADIOACTIVE	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PHYSICAL STATE (Check one item only)		CURIES	
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS		213	
FED HAZARD CATEGORIES (Check all that apply)		LARGEST CONTAINER	
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		249	
AVERAGE DAILY AMOUNT		MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT
1700		2000	219
UNITS* (Check one item only)		STATE WASTE CODE	
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		220	
STORAGE CONTAINER		DAYS ON SITE:	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> i. CYLINDER <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER		365	
STORAGE PRESSURE		221	
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		222	
STORAGE TEMPERATURE		223	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC		224	
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	225	<input type="checkbox"/> Yes <input type="checkbox"/> No	229
2	230	<input type="checkbox"/> Yes <input type="checkbox"/> No	233
3	234	<input type="checkbox"/> Yes <input type="checkbox"/> No	237
4	238	<input type="checkbox"/> Yes <input type="checkbox"/> No	241
5	242	<input type="checkbox"/> Yes <input type="checkbox"/> No	245
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		200	Page 1 of 1
I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		BUSINESS ADDRESS	
Vest, Inc. 211 S. Kanyoga Ave. Fresno, CA 93701			
CHEMICAL LOCATION		CHEMICAL LOCATION CONFIDENTIAL EPCRA	
Building 1		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #	FA 000 4697	MAP# (optional)	GRID# (optional)
		203	204
II. CHEMICAL INFORMATION			
CHEMICAL NAME		TRADE SECRET	
Dimethyl methane		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME		EHS*	
Propane		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS#		*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (required by CUPA)			
Health = 2 Flammability = 4 Instability = 0			
HAZARDOUS MATERIAL TYPE (Check one item only)		RADIOACTIVE	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PHYSICAL STATE (Check one item only)		LARGEST CONTAINER	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		5	
FED HAZARD CATEGORIES (Check all that apply)			
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	MAXIMUM DAILY AMOUNT	ANNUAL WASTE AMOUNT	STATE WASTE CODE
10	25		
UNITS* (Check one item only)		DAYS ON SITE	
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365	
* If EHS, amount must be in pounds.			
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 checked="" 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 type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE			
<input type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 95-100	Propane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-98-6
2 0-5	Propylene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	115-07-1
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	
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CHEMICAL LOCATION		CHEMICAL LOCATION CONFIDENTIAL EPCRA	
FACILITY ID #		MAP# (optional)	
II. CHEMICAL INFORMATION			
CHEMICAL NAME		TRADE SECRET	
COMMON NAME		EHS*	
CAS#		*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (required by CUPA)			
HAZARDOUS MATERIAL TYPE (Check one item only)		RADIOACTIVE	
PHYSICAL STATE (Check one item only)		LARGEST CONTAINER	
FED HAZARD CATEGORIES (Check all that apply)		ANNUAL WASTE AMOUNT	
AVERAGE DAILY AMOUNT		STATE WASTE CODE	
UNITS* (Check one item only)		DAYS ON SITE:	
STORAGE CONTAINER		STORAGE PRESSURE	
STORAGE TEMPERATURE		STORAGE TEMPERATURE	
%WT		HAZARDOUS COMPONENT (For mixture or waste only)	
1 10-50		Carbon Dioxide	
2 50-90		Argon	
3			
4			
5			
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Page <u>1</u> of <u>1</u>			
I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		BUSINESS ADDRESS	
Fresno County Department of Community Health-Environmental Health Division		1221 Fulton Mall, Post Office Box 11867, Fresno, California 93775	
CHEMICAL LOCATION		CHEMICAL LOCATION CONFIDENTIAL EPCRA	
Building 1		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID #		MAP# (optional)	
FA 000 4697		203	
II. CHEMICAL INFORMATION			
CHEMICAL NAME		TRADE SECRET	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMMON NAME		EHS*	
Stargon Gas Blends		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CAS#		*If EHS is "Yes", all amounts below must be in lbs.	
FIRE CODE HAZARD CLASSES (required by CUPA)			
Health: 1 Flammability: 0 Reactivity: 0			
HAZARDOUS MATERIAL TYPE (Check one item only)		RADIOACTIVE	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PHYSICAL STATE (Check one item only)		LARGEST CONTAINER	
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS		333	
FED HAZARD CATEGORIES (Check all that apply)		CRIES	
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT		ANNUAL WASTE AMOUNT	
3700		5000	
UNITS* (Check one item only)		DAYS ON SITE:	
<input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365	
STORAGE CONTAINER			
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> d. STEEL DRUM		<input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER	
<input type="checkbox"/> e. CAN <input type="checkbox"/> f. CARBOY <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO		<input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE			
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 < 5	Oxygen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7782-44-7
2 < 10	Carbon Dioxide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	124-38-9
3 1290	Argon	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7440-37-1
4 < 5	Nitrogen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7727-37-9
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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