

DOCKETED

Docket Number:	23-SPPE-01
Project Title:	STACK SVY03A Data Center Campus
TN #:	254550-3
Document Title:	STACK Responses to CEC Data Request Set 2 - SVY03A Part III of V
Description:	N/A
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Submission Date:	2/16/2024 4:25:22 PM
Docketed Date:	2/16/2024

**CERTIFICATE OF COMPLIANCE
FOR RADIOACTIVE MATERIALS PACKAGES**

1. CERTIFICATE NUMBER	2. REVISION NUMBER	3. PACKAGE IDENTIFICATION NUMBER	4. PAGE NUMBER	5. TOTAL NUMBER PAGES
9157	4	USA/9157/B(U)	1	2

7. PREAMBLE

- This certificate is issued to certify that the packaging and contents described in Item 5 below, meets the applicable safety standards set forth in Title 10, Code of Federal Regulations, Part 71, "Packaging and Transportation of Radioactive Material."
- This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

3. THIS CERTIFICATE IS ISSUED ON THE BASIS OF A SAFETY ANALYSIS REPORT OF THE PACKAGE DESIGN OR APPLICATION

a. ISSUED TO (Name and Address)

b. TITLE AND IDENTIFICATION OF REPORT OR APPLICATION:

Industrial Nuclear Company
2506 Davis Street
San Leandro, CA 94577

Industrial Nuclear Company application dated
December 23, 1981, as supplemented.

c. DOCKET NUMBER

71-9157

4. CONDITIONS

This certificate is conditional upon fulfilling the requirements of 10 CFR Part 71, as applicable, and the conditions specified below.

5

(a) Packaging

(1) Model No.: IR-100

(2) Description

The Model No. IR-100 exposure device is designed for use as an exposure device, storage container, and Type B shipping container for radiographic sources in special form. The Model No. IR-100 exposure device measures 8.875 inches long, 4.5 inches wide, and 8.5 inches high. The radioactive source assembly is housed in Zircalloy or titanium "S" tube. The "S" tube is surrounded by depleted uranium metal as shielding material. The depleted uranium shield assembly is encased in a stainless steel housing. The void space between the depleted uranium shield assembly and the inner container is filled with a rigid polyurethane foam. The gross weight of the exposure device is 45 pounds.

(3) Drawings

The packaging is constructed in accordance with Industrial Nuclear Company Drawing No. 1A, Rev. -.

(b) Contents

(1) Type and form of material

Iridium 192 as sealed sources that meet the requirements of special form radioactive material.

(2) Maximum quantity of material per package

120 curies


6. The source must be secured in the shielded position of the packaging by the shipping plug, source assembly, and locking device. The shipping plug, source assembly used must be fabricated of materials capable of resisting a 1475°F fire environment for one-half hour and maintaining their positioning function. The ball stop of the source assembly must engage the locking device. The flexible cable of the source assembly and shipping plug must be of sufficient length and diameter to provide positive positioning of the source in the shielded position.
7. The name plate on the exposure device must be fabricated of materials capable resisting the fire test of 10 CFR Part 71 and maintaining its legibility.
8. The packaging authorized by this certificate is hereby approved for use under the general license provisions of 10 CFR §71.12.
9. Expiration date: June 30, 1992.

REFERENCES

Industrial Nuclear Company application dated December 23, 1981.

Supplements dated: May 28, 1982; and October 13, 1983 (two letters).

FOR THE U.S. NUCLEAR REGULATORY COMMISSION


Charles E. MacDonald, Chief
Transportation Branch
Division of Safeguards and
Transportation, NMSS

Date: JUN 30 1987

U.S. Nuclear Regulatory Commission
Transportation Certification Branch
Approval Record
Model Nos. 100, 100A, 200 and 200A Packagings
Docket No. 71-9127

By application dated September 13, 1983, Gamma Industries requested renewal of Certificate of Compliance No. 9127. No changes have been requested or made to the package since approval of the latest supplement dated October 25, 1978.

The certificate has been corrected to show the previously omitted revision level of each of the packaging drawings.

The staff concludes that the statements of the original application, as supplemented, satisfies the requirement for renewal of the Certificate of Compliance.

R H Odegaard

for Charles E. MacDonald, Chief
Transportation Certification Branch
Division of Fuel Cycle and
Material Safety, NMSS

Date: OCT 06 1983

CERTIFICATE OF COMPLIANCE
FOR RADIOACTIVE MATERIALS PACKAGES

1. CERTIFICATE NUMBER	2. REVISION NUMBER	3. PACKAGE IDENTIFICATION NUMBER	4. PAGE NUMBER	5. TOTAL NUMBER PAGES
9127	3	USA/9127/B(U)	1	2

2. PREAMBLE

- a. This certificate is issued to certify that the packaging and contents described in Item 5 below meets the applicable safety standards set forth in Title 10, Code of Federal Regulations, Part 71, Packaging of Radioactive Materials for Transport and Transportation of Radioactive Material Under Certain Conditions.
- b. This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

3. THIS CERTIFICATE IS ISSUED ON THE BASIS OF A SAFETY ANALYSIS REPORT OF THE PACKAGE DESIGN OR APPLICATION

a. PREPARED BY (Name and Address)

b. TITLE AND IDENTIFICATION OF REPORT OR APPLICATION

Gamma Industries
P.O. Box 2543
Baton Rouge, LA 70821

Gamma Industries application dated May 20, 1978,
as supplemented.

c. DOCKET NUMBER

71-9127

4. CONDITIONS

This certificate is conditional upon fulfilling the requirements of 10 CFR Part 71, as applicable, and the conditions specified below.

5

(a) Packaging

(1) Model Nos.: 100, 100A, 200 and 200A

(2) Description

A steel encased, uranium shielded radiographic device. The shipping containers is approximately 21 inches long, 23 inches wide and 42 inches high. The radioactive source assembly is housed in a Zircalloy or titanium "S" tube. The tube is surrounded by depleted uranium metal as shielding material. The depleted uranium shield assembly is encased in a steel housing. The void space between the depleted uranium shield assembly and the outer container is filled with a polyurethane foam. The gross weight of the container is 500 pounds.

(3) Drawings

The packaging is constructed in accordance with Gamma Industries Drawing Nos. 821-1001-128, Rev. 4; 821-1001-129, Rev. 1; and 180-01, Rev. 1.

(b) Contents

(1) Type and form of material

Cobalt 60 as sealed sources that meet the requirements of special form radioactive material.

(2) Maximum quantity of material per package

<u>Model No.</u>	<u>Quantity</u>
100 and 100A	100 curies
200 and 200A	200 curies

6. The source shall be secured in the shielded position of the packaging by the safety plug assembly, source assembly and lockbox assembly. The components used to secure the source must be fabricated of materials capable of resisting a 1475°F fire environment for one-half hour and maintaining their positioning function. The ball stop of the source assembly must engage the locking device. The flexible cable of the source assembly and safety plug assembly must be of sufficient length and diameter to provide positive positioning of the source in the shielded position.
7. The can and side plates must be a minimum of 1/4-inch thick carbon steel. The can and side plates shall be joined by full penetration welds. All other welds shall be fillet welds having sufficient throat thickness to develop strength equal to or greater than the metals being joined.
8. The nameplates shall be fabricated of materials capable of resisting the fire test of 10 CFR Part 71 and maintaining their legibility.
9. The package authorized by this certificate is hereby approved for use under the general license provisions of 10 CFR §71.12.
10. Expiration date: October 31, 1988.

REFERENCES

Gamma Industries application dated May 20, 1978.

Supplement dated: October 25, 1978.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

R H Odegaard
 for Charles E. MacDonald, Chief
 Transportation Certification Branch
 Division of Fuel Cycle and
 Material Safety, NMSS

Date: OCT 06 1983

**CERTIFICATE OF COMPLIANCE
FOR RADIOACTIVE MATERIALS PACKAGES**

U.S. NUCLEAR REGULATORY COMMISSION

1. a. CERTIFICATE NUMBER 9135	b. REVISION NUMBER 2	c. PACKAGE IDENTIFICATION NUMBER USA/9135/B(U)	d. PAGE NUMBER 1	e. TOTAL NUMBER PAGES 2
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2. PREAMBLE

- a. This certificate is issued to certify that the packaging and contents described in Item 5 below, meets the applicable safety standards set forth in Title 10, Code of Federal Regulations, Part 71, "Packaging and Transportation of Radioactive Material."
- b. This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

3. THIS CERTIFICATE IS ISSUED ON THE BASIS OF A SAFETY ANALYSIS REPORT OF THE PACKAGE DESIGN OR APPLICATION

a. ISSUED TO (Name and Address)

b. TITLE AND IDENTIFICATION OF REPORT OR APPLICATION:

**Gamma Industries
2255 Ted Dunham Avenue
Baton Rouge, LA 70802**

**Gamma Industries application dated
March 4, 1982.**

c. DOCKET NUMBER **71-9135**

4. CONDITIONS

This certificate is conditional upon fulfilling the requirements of 10 CFR Part 71, as applicable, and the conditions specified below.

5.

(a) Packaging

**(1) Model Nos.: Century S, Century SA, Century Universal S, and
Century Universal SA**

(2) Description

A steel encased, uranium shielded radiographic device. The shipping container is approximately 7.0 inches long and 5.5 inches in diameter. The radioactive source assembly is housed in a Zircalloy or titanium "S" tube. The tube is surrounded by depleted uranium metal as shielding material. The depleted uranium shield assembly is encased in a steel housing. The void space between the depleted uranium shield assembly and the outer container is filled with a polyurethane foam. The packages differ from one another only in the construction and locations of the lock boxes (two types of lock boxes). The gross weight of the packages is 45 pounds.

(3) Drawings

The packagings are constructed in accordance with Gamma Industries Drawing Nos. 821-1001-439A, Rev. - (Century S&SA); and 821-1001-441A, Rev. - (Century Universal S&SA).

(b) Contents

(1) Type and form of material

Iridium 192 as sealed sources that meet the requirements of special form radioactive material.

(2) Maximum quantity of material per package

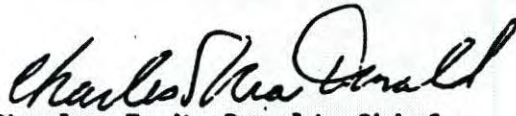
120 curies

6. The lock box assembly must be attached to the package (can) with 12 5/16"-18UNC x 1/2" long, ASTM 18-8, 304 stainless steel bolts. The minimum depleted uranium shielding thickness must be 1-9/16 inches.
7. The source must be secured in the shielded position of the packaging by the safety cap, source assembly and lock box assembly. The components used to secure the source must be fabricated of materials capable of resisting a 1,475°F fire environment for one-half hour and maintaining their positioning function. The ball stop of the source assembly must engage the locking device. The flexible cable of the source assembly must be of sufficient length and diameter to provide positive positioning of the source at the optimum shielding position at the center of the "S" tube.
8. The name plates must be fabricated of materials capable of resisting the fire test of 10 CFR Part 71 and maintaining its legibility.
9. The package authorized by this certificate is hereby approved for use under the general license provisions of 10 CFR §71.12.
10. Expiration date: February 29, 1992.

REFERENCE

Gamma Industries application dated March 4, 1982.

FOR THE U. S. NUCLEAR REGULATORY COMMISSION


 Charles E. MacDonald, Chief
 Transportation Certification Branch
 Division of Fuel Cycle and
 Material Safety, NMSS

Date: FEB 27 1987



U.S. Department
of Transportation
Research and
Special Programs
Administration

400 Seventh Street, S.W.
Washington, D.C. 20590

**IAEA CERTIFICATE OF COMPETENT AUTHORITY
SPECIAL FORM RADIOACTIVE MATERIALS ENCAPSULATION
CERTIFICATE NUMBER USA/USC/2, REVISION 5**

This certifies that the encapsulated sources, as described, when loaded with the authorized radioactive contents, have been demonstrated to meet the regulatory requirements for special form radioactive material as prescribed in IAEA 1/ and USA 2/ regulations for the transport of radioactive materials.

1. Source Description - The sources described by this certificate are identified as the following Gamma Industries models which are constructed according to the listed drawing numbers:

<u>Model No.</u>	<u>Drawing No.</u>
VD and VD(HP)	602-7001-004
NB, NBG and NB(HP)	602-7001-005
Single Encapsulation Universal Source	602-7001-006
Double Encapsulation Universal Source	602-7001-007
Single Encapsulation Side Weld	602-7001-008

All models are welded encapsulations constructed of 300 series stainless steel or ARMCO Type 17-4PH stainless steel.

2. Radioactive Contents - The authorized radioactive contents of these sources consist of not more than:

<u>Model No.</u>	<u>Contents</u>																				
VD and VD(HP)	11.1 TBq (300 Ci) of: <table><tr><td>Barium-131</td><td>Manganese-54</td></tr><tr><td>Cadmium-109</td><td>Phosphorus-32</td></tr><tr><td>Calcium-48</td><td>Rubidium-86</td></tr><tr><td>Calcium-47</td><td>Selenium-75</td></tr><tr><td>Cesium-137</td><td>Strontium-85</td></tr><tr><td>Chlorine-36</td><td>Thallium-204</td></tr><tr><td>Chromium-51</td><td>Thulium-170</td></tr><tr><td>Iridium-192</td><td>Tin-113</td></tr><tr><td>Cobalt-60</td><td>Ytterbium-169</td></tr><tr><td>Iron-59</td><td>Zinc-65</td></tr></table>	Barium-131	Manganese-54	Cadmium-109	Phosphorus-32	Calcium-48	Rubidium-86	Calcium-47	Selenium-75	Cesium-137	Strontium-85	Chlorine-36	Thallium-204	Chromium-51	Thulium-170	Iridium-192	Tin-113	Cobalt-60	Ytterbium-169	Iron-59	Zinc-65
Barium-131	Manganese-54																				
Cadmium-109	Phosphorus-32																				
Calcium-48	Rubidium-86																				
Calcium-47	Selenium-75																				
Cesium-137	Strontium-85																				
Chlorine-36	Thallium-204																				
Chromium-51	Thulium-170																				
Iridium-192	Tin-113																				
Cobalt-60	Ytterbium-169																				
Iron-59	Zinc-65																				

1/ "Safety Series No. 6, Regulations for the Safe Transport of Radioactive Materials, 1973 Revised Edition", published by the International Atomic Energy Agency (IAEA), Vienna, Austria.

2/ Title 49, Code of Federal Regulations, Part 172-173, USA.

Certificate Number USA/0100/S, Revision 5

2. Radioactive Contents (continued)

Model No. (cont'd)

NB, NBG and NB(HP)

Single Encapsulation Universal Source

Double Encapsulation Universal Source

Single Encapsulation Side Weld

Contents (cont'd)

0.93 TBq (25 Ci) Americium-241
11 GBq (30 mCi) Ra-226
12.5 GBq (300 mCi) Americium-241 and
Cesium-137 mixture

12.5 TBq (300 Ci) Iridium-192
0.74 TBq (20 Ci) Cobalt-60

12.5 TBq (3000 Ci) Iridium-192
74 TBq (2000 Ci) Cobalt-60

12.5 TBq (300 Ci) Iridium-192
0.74 TBq (20 Ci) Cobalt-60

3. This certificate, unless renewed, expires July 30, 1992.

This certificate is issued in accordance with paragraph 803 of the IAEA Regulations, and in response to the May 2, 1987 petition by Gamma Industries, Baton Rouge, Louisiana, and in consideration of the associated information therein.

Certified by:


Michael E. Wangler
Chief, Radioactive Materials Branch
Office of Hazardous Materials Transportation

JUL 31 1987

(Date)

Revision 5 issued to extend expiration date.



U.S. Department
of Transportation

Research and
Special Programs
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

IAEA CERTIFICATE OF COMPETENT AUTHORITY

Special Form Radioactive Materials Encapsulation

Certificate Number USA/0095/S

(Revision 5)

This certifies that the encapsulated sources, as described, when loaded with the authorized radioactive contents, have been demonstrated to meet the regulatory requirements for special form radioactive material as prescribed in IAEA 1/ and USA 2/ regulations for the transport of radioactive materials.

I. Source Description - The sources described by this certificate are identified as Source Production and Equipment Co. Models G-1, 3, 23, 36, 37, 38, 39, 40; T-1, 2, 5, 6; B-2, 8, 10, 16; and R-3, 6 and 9, which are encapsulations constructed of stainless steel with welded closures and measure 1/4" in diameter by approximately 3/4" long. Construction is in accordance with Source Production and Equipment Co. drawing number 101 dated 8/14/85.

II. Radioactive Contents - The authorized radioactive contents of this source consist of not more than 110 curies of cobalt-60 or 240 curies of iridium-192 as metal pellets.

III. This certificate, unless renewed, expires November 30, 1990.

This certificate is issued in accordance with paragraph 803 of the IAEA Regulations 1/, and in response to the October 31, 1985, petition by the Source Production and Equipment Co., Inc., Kenner, Louisiana, and in consideration of the associated information herein.

Certified by:

Richard R. Rawl
Chief, Radioactive Materials Branch
Office of Hazardous Materials Transportation

November 20, 1985
(Date)

1/ "Safety Series No. 6, Regulations for the Safe Transport of Radioactive Materials, 1973 Edition", published by the International Atomic Energy Agency (IAEA), Vienna, Austria.

2/ Title 49, Code of Federal Regulations, Part 170-178, USA.

Revision 4 - extended expiration date.

Revision 5 - added 7 model designations and drawing reference; increased allowed contents; extended expiration date.




UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

Transportation Certification Branch
Approval Record
Model Nos. Century S, Century SA, Century Universal S, and
Century Universal SA Packages
Docket No. 71-9135

By application dated February 10, 1987, Gamma Industries requested renewal of Certificate of Compliance No. 9135. No changes have been requested or made to the package since approval of the application dated March 4, 1982.

The staff concludes that the statements of the application dated March 4, 1982, satisfy the requirement for renewal of the certificate of compliance.


Charles E. MacDonald, Chief
Transportation Certification Branch
Division of Fuel Cycle and
Material Safety, NMSS

Date: FEB 27 1987



U.S. Department
of Transportation
**Research and
Special Programs
Administration**

RECEIVED JUN 24 1967

400 Seventh St., S.W.
Washington, D.C. 20590

**COMPETENT AUTHORITY CERTIFICATION
FOR A TYPE B(U)
RADIOACTIVE MATERIALS PACKAGE DESIGN
CERTIFICATE USA/9135/B(U), REVISION 1**

This certifies that the radioactive materials package design described below has been certified by the competent authority of the United States as meeting the regulatory requirements for a Type B(U) packaging for radioactive materials as prescribed in the IAEA¹ and USA² regulations.

1. Package Identification - Model Nos: Century S, Century SA, Century Universal S, and Century Universal SA.
2. Packaging Description and Authorized Radioactive Contents - as described in Nuclear Regulatory Commission Certificate of Compliance No. 9135, Revision 2 (attached).
3. GENERAL CONDITIONS -
 - a. Each user of this certificate must have in his possession a copy of this certificate and all documents necessary to properly prepare the package for transportation.
 - b. Each user of this certificate, other than the original petitioner, shall register his identity in writing to the Office of Hazardous Materials Regulation, Research and Special Programs Administration, U.S. Department of Transportation, Washington D.C. 20590.
 - c. This certificate does not relieve any consignor or carrier from compliance with any requirement of the Government of any country through or into which the package is to be transported.

¹"Safety Series No. 6, Regulations for the Safe Transport of Radioactive Materials, 1973 Revised Edition (As Amended)" published by the International Atomic Energy Agency (IAEA), Vienna, Austria.

²"Title 49, Code of Federal Regulations, Parts 100 - 199, USA."

CERTIFICATE USA/9135/B(U), REVISION 1

4. The package shall bear the marking USA/9135/B(U) in addition to other required markings and labeling.
5. This certificate, unless renewed, expires on February 29, 1992.

Certified by:

Michael E. Wangler
Michael E. Wangler
Chief, Radioactive Materials Branch
Office of Hazardous Materials Transportation

APR 2 1987
(DATE)

Revision 1 - issued to extend the date of expiration and to incorporate NRC certificate of compliance No. 9135.



U.S. Department
of Transportation

Research and
Special Programs
Administration

400 Seventh Street S.W.
Washington, D.C. 20590

IAEA CERTIFICATE OF COMPETENT AUTHORITY

Special Form Radioactive Materials Encapsulation

Certificate Number USA/0297/S

This certifies that the encapsulated source, as described, when loaded with the authorized radioactive contents, has been demonstrated to meet the regulatory requirements for special form radioactive material as prescribed in IAEA 1/ and USA 2/ regulations for the transport of radioactive materials.

- I. Source Description — The source described by this certificate is identified as Industrial Nuclear Company source capsule Model A which is a welded 304 stainless steel encapsulation measuring 0.25 inch (6 mm) in diameter by 0.9 inch (23mm) in length which may be attached to a cable connector. Construction is in accordance with INC drawings P34, P35 and P35A
- II. Radioactive Contents — The authorized radioactive contents of this source consist of not more than 200 curies (7.4 TBq) of iridium - 192.
- III. This certificate, unless renewed, expires October 31, 1988.

This certificate is issued in accordance with paragraph 803 of the IAEA Regulations 1/, and in response to the petition by Industrial Nuclear Co., Foster City, CA, and in consideration of the associated information therein.

Certified by:


Richard R. Rawl
Chief, Radioactive Materials Branch
Office of Hazardous Materials Regulation
Materials Transportation Bureau

October 31, 1983
(DATE)

1/ "Safety Series No. 6, Regulations for the Safe Transport of Radioactive Materials, 1973 Revised Edition" published by the International Atomic Energy Agency (IAEA), Vienna, Austria.

2/ Title 49, Code of Federal Regulations, Parts 170-178, USA.

CERTIFICATE OF COMPLIANCE
FOR RADIOACTIVE MATERIALS PACKAGES

U.S. NUCLEAR REGULATORY COMMISSION

a. CERTIFICATE NUMBER	b. REVISION NUMBER	c. PACKAGE IDENTIFICATION NUMBER	d. PAGE NUMBER	e. TOTAL NUMBER PAGES
9033	5	USA/9033/B(U)	1	2

PREAMBLE

- a. This certificate is issued to certify that the packaging and contents described in Item 5 below, meets the applicable safety standards set forth in Title 10, Code of Federal Regulations, Part 71, Packaging of Radioactive Materials for Transport and Transportation of Radioactive Material Under Certain Conditions.
- b. This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

3. THIS CERTIFICATE IS ISSUED ON THE BASIS OF A SAFETY ANALYSIS REPORT OF THE PACKAGE DESIGN OR APPLICATION

a. PREPARED BY (Name and Address)

b. TITLE AND IDENTIFICATION OF REPORT OR APPLICATION

Tech/Ops
40 North Avenue
Burlington, MA 01803

Tech/Ops application dated November 8, 1974,
as supplemented.

c. DOCKET NUMBER

71-9033

4. CONDITIONS

This certificate is conditional upon fulfilling the requirements of 10 CFR Part 71, as applicable, and the conditions specified below

5

(a) Packaging

(1) Model Nos.: 660 and 660E

(2) Description

A steel encased, uranium shielded Gamma Ray Projector. Primary components consist of an outer steel shell, polyurethane potting material, uranium shield, "S" tube, and end plugs. The contents are securely positioned in the "S" tube by a source cable locking device and shipping plug. Tamper-proof seals are provided on the packaging. The maximum total weight of the package is approximately 48 pounds.

(3) Drawings

The packaging is constructed in accordance with the Technical Operations, Inc. Drawing No. 66025, Sheets 1, 2, and 3, Rev. B and Sheet 4, Rev. -.

(b) Contents

(1) Type and form of material

Iridium 192 sources which meet the requirements of special form radioactive material.

(2) Maximum quantity of material per package

120 curies

CONDITIONS (continued)

Page 2 - Certificate No. 9033 - Revision No. 5 - Docket No. 71-9033

6. The source assembly for use with this packaging is limited to Technical Operations, Inc. Model No. A424-9 as shown in Technical Operations, Inc. Drawing No. C42400, Sheet 2 of 3, Rev. F.
7. The name plate must be fabricated of materials capable of resisting the fire test of 10 CFR Part 71 and maintaining their legibility.
8. The package authorized by this certificate is hereby approved for use under general license provisions of 10 CFR §71.12.
9. Expiration date: May 31, 1989.

REFERENCES

Technical Operations, Inc. application dated November 8, 1974.

Supplements dated: December 15, 1973; June 15, 1979; and April 17, 1984.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Original Signed by
CHARLES E. MACDONALD

Charles E. MacDonald, Chief
Transportation Certification Branch
Division of Fuel Cycle and
Material Safety, NMSS

Date: May 11, 1984

CERTIFICATE OF COMPLIANCE
FOR RADIOACTIVE MATERIALS PACKAGES

U.S. NUCLEAR REGULATORY COMMISSION

1 a. CERTIFICATE NUMBER 6717	b. REVISION NUMBER 6	c. PACKAGE IDENTIFICATION NUMBER USA/6717/B(U)	d. PAGE NUMBER 1	e. TOTAL NUMBER PAGES 2
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2. PREAMBLE

- a. This certificate is issued to certify that the packaging and contents described in Item 5 below, meets the applicable safety standards set forth in Title 10, Code of Federal Regulations, Part 71, "Packaging of Radioactive Materials for Transport and Transportation of Radioactive Material Under Certain Conditions."
- b. This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

3. THIS CERTIFICATE IS ISSUED ON THE BASIS OF A SAFETY ANALYSIS REPORT OF THE PACKAGE DESIGN OR APPLICATION

a. PREPARED BY (Name and Address):

Gamma Industries
P.O. Box 2543
Baton Rouge, LA 70821

b. TITLE AND IDENTIFICATION OF REPORT OR APPLICATION

Nuclear Packaging, Inc. application dated
June 20, 1975, as supplemented

c. DOCKET NUMBER

71-6717

4. CONDITIONS

This certificate is conditional upon fulfilling the requirements of 10 CFR Part 71, as applicable, and the conditions specified below

5.

(a) Packaging

(1) Model No.: 6717-B

(2) Description

Radiographic device within a protective overpack. The overpack consists of an outer container which is a 10-gallon open head steel drum having a minimum 20-gauge body and cover, welded seams and a clamp-ring type head closure. The void space between the inner and outer container is filled with 1-1/2" thick molded asbestos free liner on sides, top and bottom, plus molded polyurethane filler to position and secure the radiographic device within the drum. Maximum gross weight of the package not to exceed 75 pounds.

(3) Drawing

The packaging is constructed in accordance with Nuclear Packaging Inc. Drawing No. SK-D-1, Rev. 2.

CONDITIONS (continued)

Page 2 - Certificate No. 6717 - Revision No. 6 - Docket No. 71-6717

5. (b) Contents

(1) Type and form of material

Iridium 192 as sealed sources which meet the requirements of special form radioactive material.

(2) Maximum quantity of material per package

200 curies.


6. The contents must be secured in a single snug-fitting inner radiographic device which has a metal outer wall and meets the requirements of DOT Specification 7A packaging.
7. The source shall be secured in the shielded position of the radiographic device by the shipping plug, source assembly, and locking device. The shipping plug and source assembly used must be fabricated of materials capable of resisting a 1475°F fire environment for one-half hour and maintaining their positioning function. The ball stop of the source assembly must engage the locking device. The flexible cable of the source assembly and shipping plug must be of sufficient length and diameter to provide positive positioning of the source in the shielded position.
8. The packaging authorized by this certificate is hereby approved for use under the general license provisions of 10 CFR§71.12.
9. Expiration date: July 31, 1990.

REFERENCES

Nuclear Packaging, Inc. application dated June 20, 1975.

Supplements dated: August 8, 1975; and February 26, 1980.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION


Charles E. MacDonald, Chief
Transportation Certification Branch
Division of Fuel Cycle and
Material Safety, NMSS

Date: JUL 22 1985

**CERTIFICATE OF COMPLIANCE
 FOR RADIOACTIVE MATERIALS PACKAGES**

U.S. NUCLEAR REGULATORY COMMISSION

a. CERTIFICATE NUMBER 9039	b. REVISION NUMBER 7	c. PACKAGE IDENTIFICATION NUMBER USA/9039/B(U)	d. PAGE NUMBER 1	e. TOTAL NUMBER PAGES 2
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PREAMBLE

- a. This certificate is issued to certify that the packaging and contents described in Item 5 below meets the applicable safety standards set forth in Title 10, Code of Federal Regulations, Part 71, "Packaging of Radioactive Materials for Transport and Transportation of Radioactive Material Under Certain Conditions".
- This certificate does not relieve the consignor from compliance with any requirement of the regulations of the U.S. Department of Transportation or other applicable regulatory agencies, including the government of any country through or into which the package will be transported.

THIS CERTIFICATE IS ISSUED ON THE BASIS OF A SAFETY ANALYSIS REPORT OF THE PACKAGE DESIGN OR APPLICATION

a. PREPARED BY (Name and Address)

b. TITLE AND IDENTIFICATION OF REPORT OR APPLICATION

Technical Operations, Inc.
 40 North Avenue
 Burlington, MA 01803

Technical Operations, Inc. application dated
 April 11, 1980.

71-9039

c. DOCKET NUMBER

4. CONDITIONS

This certificate is conditional upon fulfilling the requirements of 10 CFR Part 71, as applicable, and the conditions specified below.

5

(a) Packaging

(1) Model No.: 715

(2) Description

A protective overpack for radiographic devices. The overpack consists of an MS-27683-2, 18-gauge steel drum; 14-gauge clamp closure ring fastened by a bolt; 1.5 inches of Mil-I-2781 or Mil-2819 high temperature insulation; and a molded rubberized hair filler material. Overall dimensions of the overpack are approximately 15.5-inch diameter by 24-inch high. Maximum weight including contents is 105 pounds.

(3) Drawings

The radiographic devices, as secondary packaging authorized for use in the overpack are constructed in accordance with the following Technical Operations, Inc. Drawing Nos.:

Model No.

Drawing Nos.

533

D53301, Rev. B

616

D61699, Rev. 0

644

D64400, Rev. I

713

C71301, Rev. 0

D53301, Rev. B

(b) Contents

(1) Type and form of material

Iridium 192 as sealed sources that meet the requirements of special form radioactive material.

(2) Maximum quantity of material per package

(i) 120 curies contained in the Model No. 533, Model No. 644 or Model No. 713 radiographic device.

(ii) 240 curies contained in the Model No. 616 radiographic device.

6. Source assemblies for use in this packaging are limited to those assemblies as identified in Technical Operations, Inc. Drawing No. C42400, Rev. F, Sheet 2, and Sheet 3 of 3.
7. Separate molded fillers shall be used for each model type radiographic device to ensure a snug fit within the overpack.
8. Nameplates shall be fabricated of materials capable of resisting the fire test of 10 CFR Part 71 and maintaining their legibility.

The packaging authorized by this certificate is hereby approved for use under the general license provisions of 10 CFR §71.12.

10. Expiration date: June 30, 1990.

REFERENCE

Technical Operations, Inc. application dated April 11, 1980.

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Charles E. MacDonald
 Charles E. MacDonald, Chief
 Transportation Certification Branch
 Division of Fuel Cycle and
 Material Safety, NMSS

Date: JUN 20 1985



CITY OF HAYWARD . FIRE DEPARTMENT

June 26, 1986

QC Services
Mr. K. S. Gill
26062 Eden Landing Road #1
Hayward, CA 94545

Dear Mr. Gill:

As I stated, during my recent hazardous materials inspection of your facility, I was not certain about whether or not the issuance of a city permit was required due to the relatively small amount of materials stored.

It has been determined that a permit is required due not to the amount, but to the nature of the materials stored (radioactive nucleides).

Please submit a check in the amount of \$90.00 payable to the Hayward Fire Department, and I will issue your 1986/87 Hazardous Materials Permit.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Maille".

Jay Maille

Hazardous Materials Investigator

90.00



Chris:
F.I.I.

HAYWARD FIRE DEPARTMENT

22700 MAIN ST.
HAYWARD, CA 94541
784-8690

INSPECTION FORM

Address <u>26062 EDEN LANDING #142</u>		Occupancy <u>QC SERVICES</u>
Owner/Mgr. <u>E.W. HUDDLESTON</u>	Phone (Bus.) <u>782-3660</u>	(Home) _____
Asst. Mgr. _____	Phone (Bus.) _____	(Home) _____
Bldg. Owner & Address _____		
Conditions Discussed with _____		Type of Business <u>INDUSTRIAL X-RAY</u>

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING:

Type of Operation:	
<u>NO HAZARDS NOTED AT THIS TIME</u>	
<u>NOTE: RADIOACTIVE MATERIALS USED</u>	
<u>AND STORED ON PREMISES.</u>	
Permit Operation:	

Items Corrected: ☐ Yes ☐ No Date _____ Initials _____ Business License: ☐ Yes ☐ No

THANK YOU FOR YOUR FIRE PREVENTION EFFORTS. YOUR COOPERATION IN CORRECTING ANY NOTED VIOLATIONS WILL BE APPRECIATED. A REINSPECTION WILL BE CONDUCTED ON _____.

SHIFT <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	STATION <u>L. Wilson, Capt</u>	OFFICE CODE _____
<u>5-29-85</u>	Inspecting Officer _____	Received by _____

'FIRE PREVENTION IS EVERYBODY'S BUSINESS'

HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

closed

TRACKING FORM

For New or Prospective Haz Mat Facilities

Facility Name: _____ MACHINING AND TOOLING TECH
 Street Address: _____ 26062 EDEN LANDING ROAD #1
 Name & Title of Contact: _____ HAYWARD, CA 94545
 _____ ATTN: GEORGE CARIC
 _____ rd, CA
 _____ 266-3501

DATE	STATUS/COMMENTS	STATUS/COMMENTS
6-23-98	I	Initiated by <u>Stue</u> from ... <input checked="" type="checkbox"/> New Business License. <input type="checkbox"/> Other source of information.
6-23-98	II	NEW FACILITY PACKET ... <input checked="" type="checkbox"/> Sent by mail... <input type="checkbox"/> Delivered personally... <input type="checkbox"/> Delivered over the counter... BY <u>WRA</u>
	III	RESPONSE Received. Submitted Hazardous Materials Inventory Worksheet and Application. GO TO V.
	IV	NO RESPONSE after four weeks. Referred to Haz Mat Investigator for area. GO TO VIII.
	V	Submittal reviewed by _____ <input type="checkbox"/> Permit NOT required. GO TO IX. <input type="checkbox"/> Permit REQUIRED. GO TO VI.
	VI	INVOICE requested by _____ FOLDER prepared by _____ COMPUTER file posted by _____ LETTER NOTICE sent by _____
	VII	Folder delivered to Haz Mat Investigator by _____ GO TO END.
	VIII	Facility inspected by _____ <input type="checkbox"/> Permit NOT required. GO TO IX. <input type="checkbox"/> Permit REQUIRED. GO TO VI.
	IX	Manila Folder prepared by _____ GO TO END.
	END	If permitted, FACILITY IN SYSTEM. If NOT permitted, Manila Folder in File Room.

ACUTELY HAZARDOUS MATERIALS REGISTRATION FORM

THIS FORM MUST BE COMPLETED BY THE OWNER OR OPERATOR OF EACH BUSINESS IN CALIFORNIA WHICH AT ANY TIME HANDLES ACUTELY HAZARDOUS MATERIAL IN QUANTITIES GREATER THAN 500 POUNDS, 55 GALLONS OR 200 CUBIC FEET OF GAS AT STP. SUBMIT THIS FORM TO YOUR LOCAL ADMINISTERING AGENCY. (§25533 & 25536 Health & Safety Code)

Note Instructions on reverse

Business Name QC Services

Business Site Address 26062 Eden Landing Rd. Suite# 1 & 2 Hayward Ca. 94545

Business Mailing Address (if different) _____

Business Phone (415) 782-3660 Business Plan Submission Date¹ _____

Process Designation² _____

ACUTELY HAZARDOUS MATERIALS HANDLED³

-USE ADDITIONAL PAGES IF NECESSARY-

CHEMICAL NAME

QUANTITY

N/A

GENERAL DESCRIPTION OF PROCESSES AND PRINCIPAL EQUIPMENT⁴:

Cobolt 60, Iridium 192, sketch on file with fire department.

SIGNATURE

K. S. Gill

TITLE

V.P.

PRINTED NAME

K. S. Gill

DATE

4/11/88

INSTRUCTIONS:

Superscripts:

1. Please contact your Administering Agency if you have reportable quantities of Acutely Hazardous Materials and have not submitted a business plan.
2. "Process Designation" is provided for facilities that would most easily be reported by process. This will allow subdivision of a facility in agreement with the business plans. This will also provide information to simplify facility inspections and future emergency response.
3. Use EPA list of Acutely Hazardous Chemicals from the Federal Register, Volume 52, No. 77, p. 13397 et seq., April 22, 1987. If appropriate, attach a copy of the inventory submitted to your Administering Agency with all Acutely Hazardous Materials highlighted.
4. Do not include Trade Secret information in these descriptions.

General:

For emergency response purposes, it would be desirable to describe the following to the Administering Agency:

1. Batch Process:

- a. What raw materials?
- b. What operating pressure range?
- c. What operating temperature range?
- d. Batch capacity rating?
- e. Product characteristics? (e.g., state, flammability, toxicity, etc.)
- f. Critical process points and characteristics?

2. Continuous process: (similar information as above.)

NOTE:

"Within 90 days after receiving an acutely hazardous material registration form filed pursuant to §25533, the Administering Agency may require the submission of a Risk Management Prevention Program (RMPP), if the Administering Agency determines that the handler's operation may present an acutely hazardous materials accident risk. The handler shall prepare the RMPP in accordance with subdivision (c). The RMPP shall be prepared within 12 months following the request made by the Administering Agency pursuant to this section." (§ 25534 (a) Health and Safety Code)

An amendment to the RMPP must be submitted to the Administering Agency within 30 days of:

1. Any additional handling of acutely hazardous materials.
2. Any material or substantial alterations to business activities.
3. Change of address, business ownership, or business name. (§ 25533 (c) Health & Safety Code)

• EVERY BUSINESS REQUIRED TO SUBMIT AN RMPP SHALL IMPLEMENT THE APPROVED RMPP •



714-998-2290
6200 E. CANYON RIM RD., STE. 204B
ANAHEIM HILLS, CA 92807

2117

10-06/1220

PAY
TO THE
ORDER OF

7-8 1986
Hayward Fire Department
Ninety \$00/100

\$ 90.00

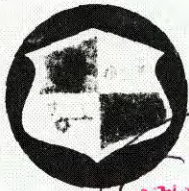
DOLLARS

Bank of America N.A.M.
Anaheim Hills Branch 1043
P.O. Box 17849
Anaheim, CA 92817

Dean C. Tullom
Emily R Phillips

FOR Hazardous Material Permit

⑈002117⑈ ⑆122000661⑆ 10430⑈00354⑈



CITY OF HAYWARD FIRE DEPARTMENT

22300 FOOTHILL BLVD. • HAYWARD, CALIFORNIA 94541 • 784-8690

HAZARDOUS MATERIALS INVENTORY STATEMENT

as required pursuant to Hayward Municipal Code
Article 8, Chapter 3

OFFICE USE

SF []

LF []

23101 Foley

DATE

10-26-84

Business Name: Q C SERVICES, INC. Build # 1 & Suite 2

Number: 2,6,06,21 Street: E. Eden Landing Rd Zip: 94545

Applicant's Name: BILL HUDDLESTON Business Phone: 415 782-3660

Number: SAME Mailing Address: Extension #

City: State: Zip:

Name of Property Owner: COMMERCE PARK OF HAYWARD Business Phone: 415 783-1513

Home Phone:

Principle Business Activity ☒ Testing

a) Manufacturing ☐ Repair/Maintenance ☐ Research & Development ☐ Processing/Reproduction

e) ☒ Testing ☐ Retail ☐ Clerical ☐ Medical/Dental

f) Other

If you know your Standard Industrial Code (SIC), Please list the number

Number of Employees per shift. Select appropriate range (A-H)

☒ Days ☐ Evenings ☐ Nights

A=1-5 B=6-10 C=11-25 D=26-50 E=51-100 F=101-200 G=201-300 H=301 or more

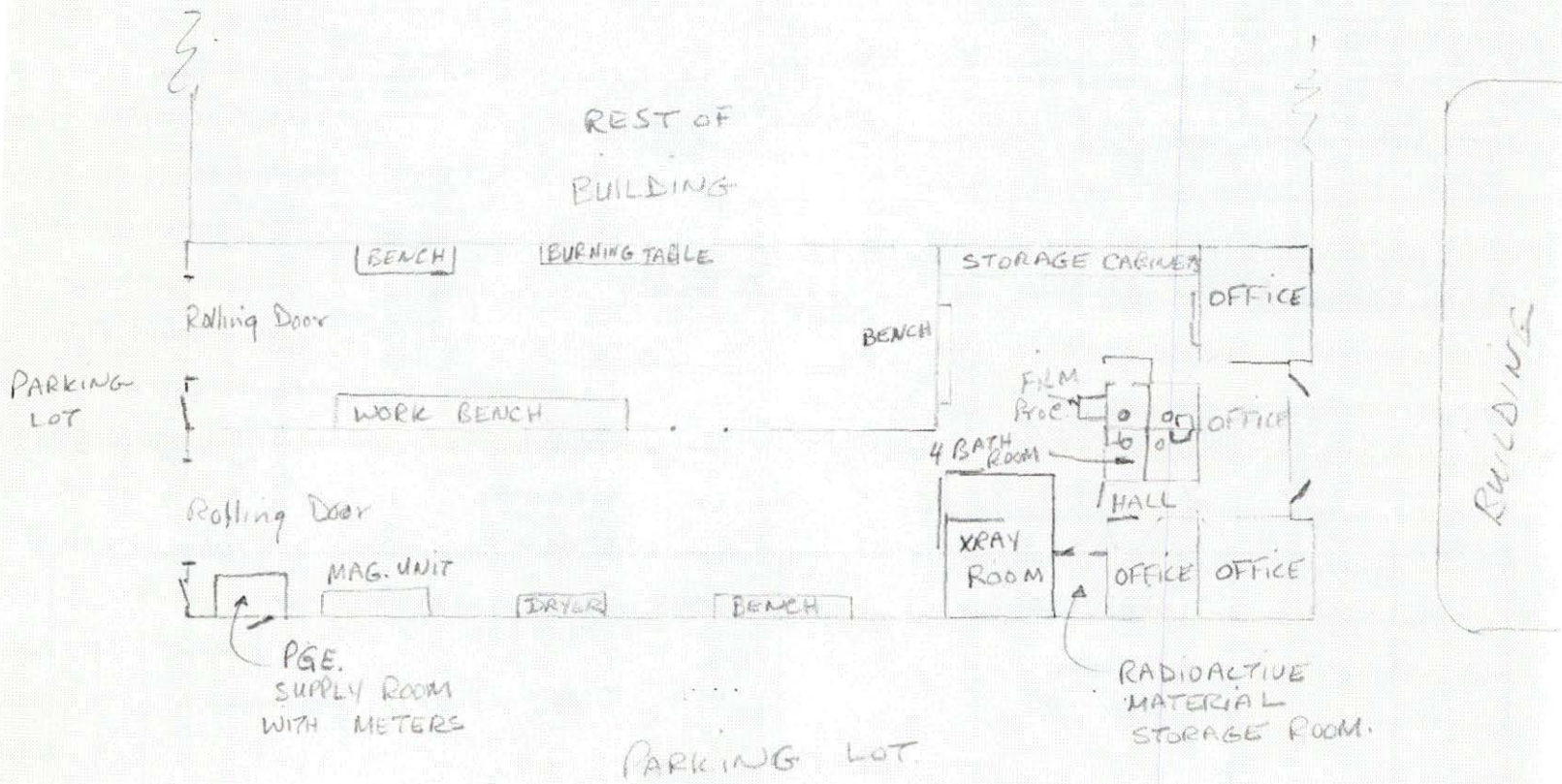
Business License/Permit Number: Does your facility have fire sprinkler protection: Yes [] No ☒

D.O.T. Class	UN/NA# or E.P.A. Waste Code	Chemical Name or Major Constituents in a mixture	Common/Trade Name and Manufacturer	Quantity Range	Optional % Solution	Underground	M.S.D.S.	CAL OSHA	Carcinogen
RAD		IRIDIUM 192	IR192 - INDUSTRIAL NUCLEAR	5					
RAD		COBALT 60	CO60 - GAMMA IND.	2					
100 CURIES MAX STORAGE LICENSED BY STATE FOR 1986/87									

I declare under penalty of law that the foregoing information is true and correct to the best of my knowledge. Any change in hazardous materials will be reported to the Fire Department.

Submitted by: K. S. GILL Bus. Phone#: (415) 782-3660 Page 1 of 1 Pages

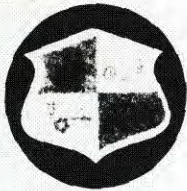
EDEN LANDING RD.



SCALE $\frac{1}{2}'' = 10'-0''$

~~LISEN~~

CAL. LICENSE FOR RADIOACTIVES



CITY OF HAYWARD FIRE DEPARTMENT

22300 FOOTHILL BLVD. • HAYWARD, CALIFORNIA 94541 • 784-8690

OFFICE USE

SF []

LF []

HAZARDOUS MATERIALS INVENTORY STATEMENT

as required pursuant to Hayward Municipal Code
Article 8, Chapter 3

Business Name KONTROL FIELD SERVICE Build # 105 Suite 6

DATE 1.0.05.84

Number 26062 Street EDEN LANDING Zip 94545

Applicant's Name WILLIAM DEVITT Business Phone 415 782 1551

Number 526 Mailing Address CALO BE CT Extension #

City UNION CITY State CA Zip 94587

Name of Property Owner COMMERCE PARK Business Phone 415 783 1513

Home Phone

Principle Business Activity ☒ a. Manufacturing ☐ e. Testing
☒ b. Repair/Maintenance ☐ f. Retail
☐ c. Research & Development ☐ g. Clerical
☐ d. Processing/Reproduction ☐ h. Medical/Dental

☐ i. Other
If you know your Standard Industrial Code (SIC), Please list the number ☐ ☐ ☐

Number of Employees per shift. Select appropriate range (A-H)

☒ Days A=1-5 E=51-100
☐ Evenings B=6-10 F=101-200
☐ Nights C=11-25 G=201-300
D=26-50 H=301 or more

Business License/Permit Number 50668-80-0

Does your facility have fire sprinkler protection: Yes [] No ☒

D.O.T. Class UN/NA# or E.P.A. Waste Code

Chemical Name or Major Constituents in a mixture

Common/Trade Name and Manufacturer

Quantity Range
Optional % Solution
Underground
M.S.D.S.
CAL OSHA
Carcinogen

FL		ISOPROPANOL	PROPANOL (DEGREASER)	1					
		<i>sample 1/4 6/27/84</i>	<i>less than 5 gallons Ty-Rimely</i>						

I declare under penalty of law that the foregoing information is true and correct to the best of my knowledge. Any change in hazardous materials will be reported to the Fire Department.

Submitted by: William Devitt Bus. Phone#: 782-1551 Page of Pages

Investment Boulevard

Production Avenue

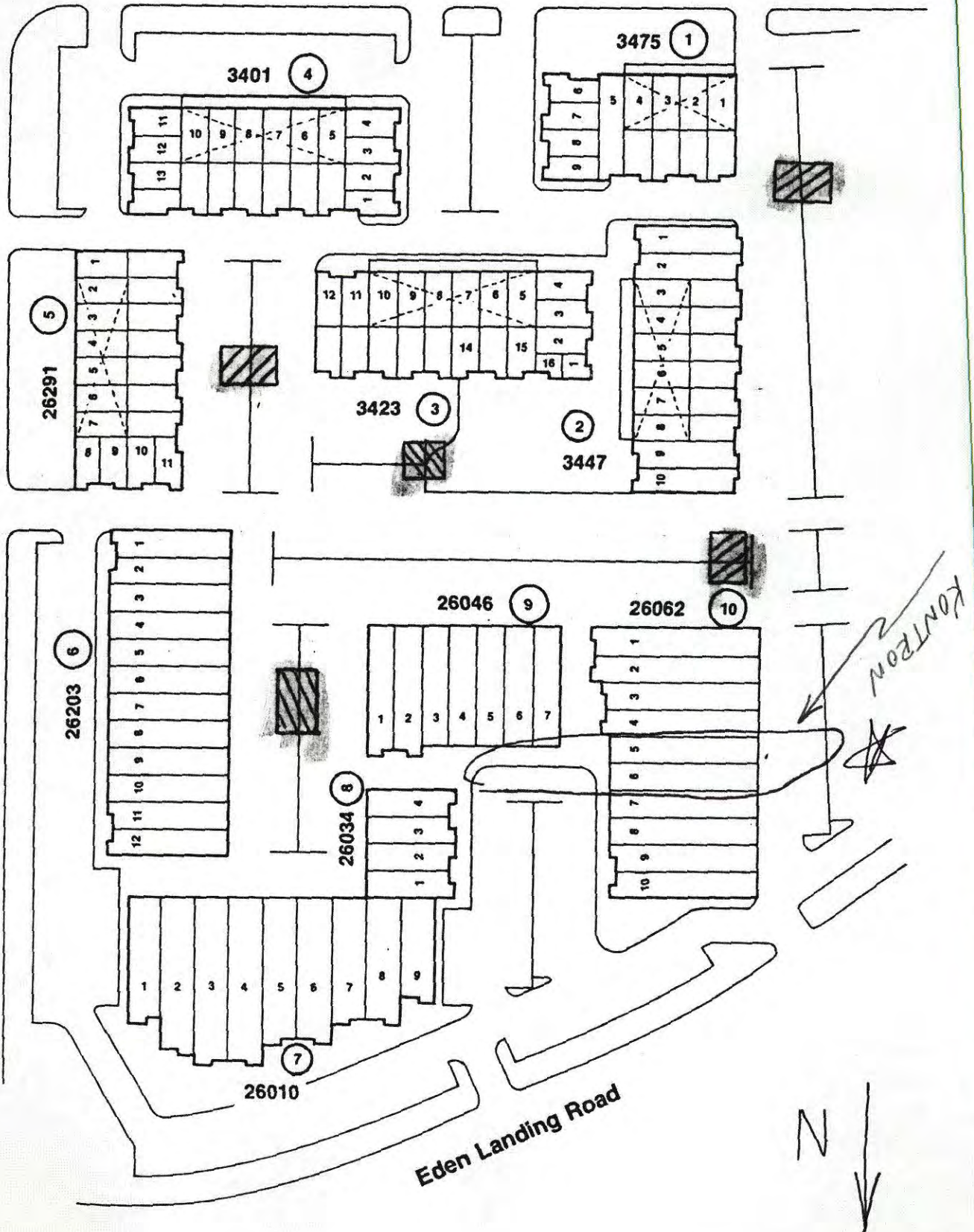
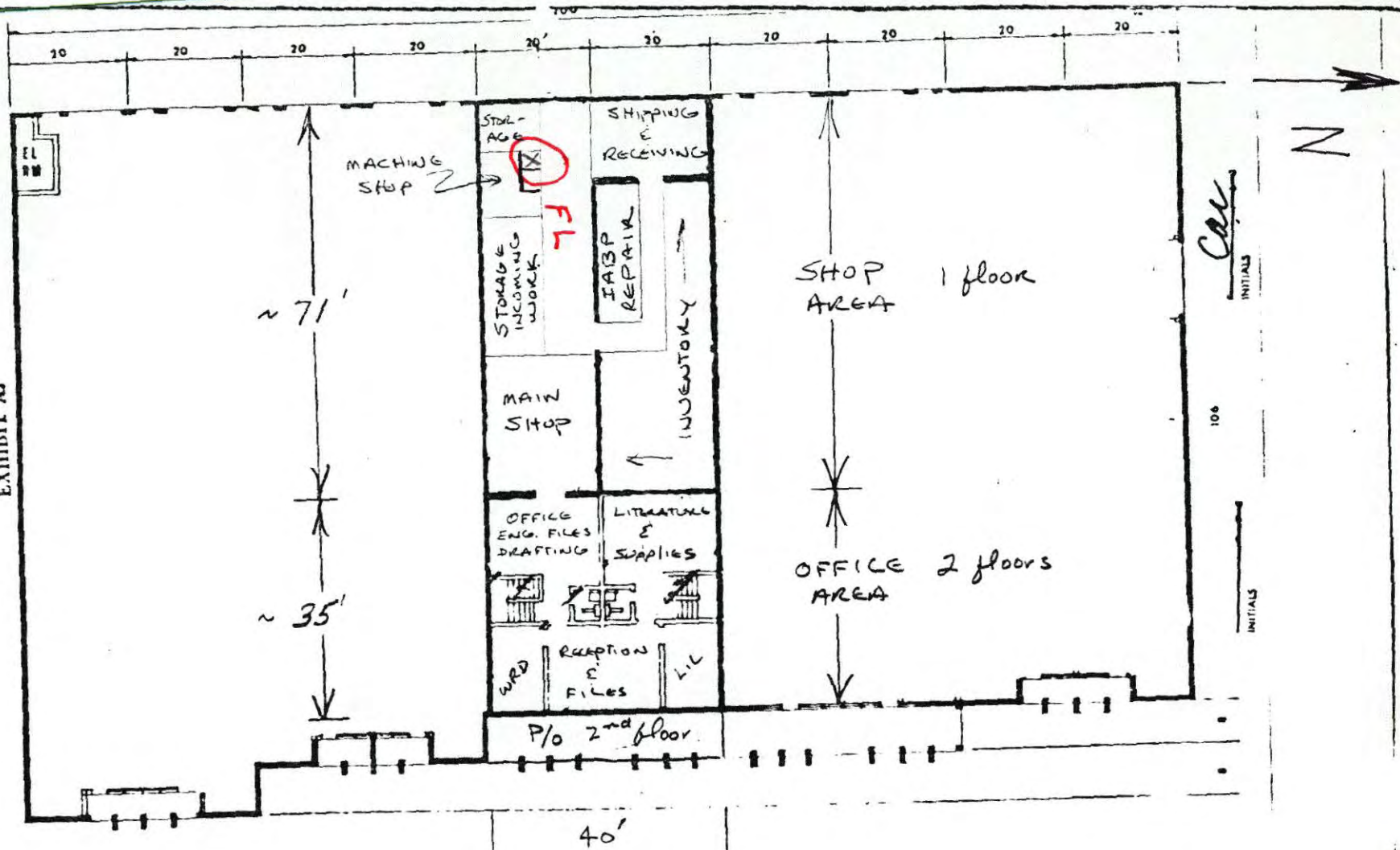


EXHIBIT A



BUILDING NO. 10
GROSS BUILDING AREA 25,520 SQ. FT.
KOLL BUSINESS COMPLEX

EDEN LANDING

REAR SHOP	=	~ 2840'
FRONT OFFICE 1st	=	~ 1400'
FRONT OFFICE 2nd	=	~ 1680'
TOTAL		5920'



Hazardous Materials Facility Closure Checklist

Name of Business: Instrument Pro, Inc

Address of Business: 3423 Investment Boulevard #6

Closure Notification Date by Business None

How Notified: Email Phone Fax Letter Other No Notification

Closure Plan Required Yes ☒ No

Closure Plan Submitted Yes No ☒ N/A

Closure Fee Submitted Yes No ☒ N/A

Closure Plan Approved Yes No ☒ N/A

Amount \$ N/A

If Closure Plan Not Required Reason Business moved out

Business Close Date more than 1 1/2 years ago according to Berkeley Properties USA

Final Inspection
Date of Inspection 4/10/17

Date Approved 4/10/17

Letter issued Yes No ☒ N/A

Field Verification of Business Closure ☒ Yes No

Any Long-Term Site Requirements Yes ☒ No

If Yes State Requirement _____

New Haz Mat Business at Address Yes ☒ No Unknown

Name of New Business Vacant

Phone Number _____

Email _____

Contact Name _____

New Application Received Yes No

Note: walked through empty. Talked to property representative of Berkeley Properties USA

Date: 4/10/17

Person Verifying Physical Closure: [Signature]

CERS/MUNIS Close Out Verification

CERS Information Closed Out ☒ Yes No N/A CERS ID # 10314922

Date: 04-11-2017 Person Verifying CERS Information Closure: [Signature]

MUNIS Information Closed Out ☒ Yes No N/A MUNIS ID # 170761

Date: 04-11-2017 Person Verifying MUNIS Information Closure: [Signature]

2016 42586

15 20910

14 836

2-11-14

104001

10

10-11-14

10-11-14



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL. (510) 583-4910 ■ FAX (510) 583-3641 ■ TDD (510) 247-3340

BUSINESS ACTIVITIES FORM

APPLICATION FOR A CONSOLIDATED PERMIT/REGISTRATION

UNIFIED HAZARDOUS MATERIALS / HAZARDOUS WASTE MANAGEMENT REGULATORY PROGRAM

(Before completing this form, please read the instructions printed on the back of this document.)

Type of Application: (Please check one.)

☒ Initial Registration

☐ Modification

☐ Renewal

1. Facility Information	
Name: <u>Kryptos Biotechnologies, Inc</u>	
Address: <u>3423 Investment Blvd Suite 6</u>	
Hayward, CA (ZIP) <u>94545</u>	
Telephone: <u>267-271-5511</u>	
E-Mail: <u>jinyong.lee@kryptusbio.com</u>	
2. Hazardous Materials Storage Program	
Total Liquids	<u>1</u> gallons
Total Solids	<u>0</u> pounds
Total Gases (at STP)	<u>540</u> cu. ft.
Total Radiological Materials	<u>0</u> curies
Number of Hazard Classes	<u>2</u>
Do you have on site hazardous materials – solids, liquids, or gases; or extremely hazardous substances specified in 40CFR Part 355 Appendix A or B; or radiological materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Accidental Release Prevention Program (Cal/ARP)	
Do you have any regulated substance listed in Tables 1, 2, and/or 3 of the Cal/ARP Program (CCR Title 19/Div. 2/Chapter.4.5)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Underground Storage Tank Program (UST)	
Do you own or operate Underground Storage Tanks (USTs) at this facility?	<input type="checkbox"/> Yes, # of Tanks <u> </u> <input checked="" type="checkbox"/> No
If "yes", list material stored and tank capacity in gallons:	
5. Aboveground Storage Tank Program (AGT)	
Do you have aboveground storage tanks containing petroleum products; at least one is greater than 660 gallons; or total aboveground storage capacity for facility greater than 1,320 gallons?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Hazardous Waste Generator Program (HWG)	
Do you generate hazardous waste on site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Quantity generated per month (gal or lbs)	<u>116</u>
Do you consolidate hazardous waste from remote sites at this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Recycler (Onsite or Off-Site)	
Do you recycle your own waste onsite?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you receive hazardous waste from other facilities and recycle it on your site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Tiered Permit Program (On-site Treatment of HW)	
Do you treat, on this site, any hazardous waste you generate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a Tiered Permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Treatment Units under Tiered Permit:	
Permit-By-Rule	
Conditionally Authorized	
Conditionally Exempt – Specified Waste	
Conditionally Exempt – Small Quantity	
Conditionally Exempt – Limited	
Conditionally Exempt – Commercial Laundry	

8. Certification and Signature

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

Signature [Signature]

Printed Name and Title Jinyong Lee, COO

Date Signed 8/31/2018

Range 2A CalARP #USTs APSA Haz Waste Gen Type CESQG Tiered Permitting Type

Reviewed by: Slow

Date reviewed: 10/5/18

HAYWARD FIRE DEPARTMENT
A Certified Unified Program Agency

RECEIVED BY
FIRE PREVENTION OFFICE

AUG 11 2009

FACILITY CLOSURE NOTIFICATION FORM

HAYWARD FIRE DEPARTMENT

Facility Name: Pacific Automotive Solutions EPA ID No. _____
Facility Address: 26291 Production Ave Suite 11 94545
Mailing Address: 3475 Investment Blvd suite #7 Hayward CA
Business Phone: 415-793-7989 Contact Person/Title Owner

No hazardous or potentially hazardous items are to be removed from the site until a Closure Notification Form AND/OR a Closure Plan has been submitted and approved.

Check all boxes relating to the facility to be closed:

- | | |
|--|---|
| <input type="checkbox"/> Hazardous waste generator | <input type="checkbox"/> Underground tanks |
| <input type="checkbox"/> Waste treatment system | <input type="checkbox"/> Aboveground tanks |
| <input type="checkbox"/> Discharges industrial waste to sanitary sewer | <input type="checkbox"/> Wet floor operation |
| <input type="checkbox"/> Vehicle or engine maintenance | <input type="checkbox"/> Tier II reporting required |
| <input type="checkbox"/> Radioactive material | <input type="checkbox"/> Biohazards |
| <input type="checkbox"/> HMBP on file | <input type="checkbox"/> CFC or HCFC |
| <input type="checkbox"/> CalARP-regulated substance | <input type="checkbox"/> Plating shop |
| <input type="checkbox"/> One piece of equipment only | <input type="checkbox"/> Semiconductor fab |
| <input type="checkbox"/> More than one building | <input type="checkbox"/> Dispensing of flammables |
| <input type="checkbox"/> BAAQMD permit | <input type="checkbox"/> CRC on surfaces |
| <input type="checkbox"/> Compressed gas cylinder(s) | <input type="checkbox"/> Barrel/drum storage |
| <input type="checkbox"/> Scrubbers/fume hoods/ducting | <input type="checkbox"/> Trenches/gas cabinets |
| <input type="checkbox"/> Sumps, hoists | <input checked="" type="checkbox"/> Chemical storage cabinets |
| <input type="checkbox"/> Structural modifications | <input type="checkbox"/> Degreaser unit |

A closure plan approved by the Hayward Fire Department is required for any hazardous materials/waste facility or for any storage area that is to be closed. Facility Closure Plans and Notification are to be submitted **no less than 30 days prior** to the intended date of closure.

This Notification must be signed by the Facility Manager, an Officer of the Company, property owner, or other responsible party (not the consultant or contractor).

I hereby certify under penalty of perjury that the information contained in this FACILITY CLOSURE NOTIFICATION is true and correct. I recognize that the Hayward Fire Department has full right-of-entry to my entire facility for the purpose of investigation and inspection to demonstrate compliance with this application, an approved closure plan, or other applicable state and local regulations.

Authorized Signature/Date: 07/30/09

Printed Name/Title: Joseph (Yousef) Nounis

**HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
INSPECTION REPORT**

Page 1 of 1000

(#9)
Closed Feb 9, 1993
vacant property

(complaint follow-up)

Street Address: 3401 Investment Blvd.

Name of Facility: SWT Inc. (Sequoia Wholesale Thermographers)

Contact Person: JEAN GARDNER

Phone Number: 782-3324

Ink Storage: mostly 1/4 # cans, several 1 # cans

Press Area: 2x Rag cans - full.

Small gr. press wastes / fountain solutions.

Thermographic powder (HMS 1,1,0)

6x5 gal safety cans - blanket wash

2x5 gal E100 Blanket wash -

1x55 gal (empty) Naphtha solvent

FAM Liquors cabinet 7x5 safety cans.

Plate making's Activator 5x1 gal

developer 3x1 gal

Fixer + regenerative + etching gts + 72 gal



Ted Gardner
President

Jean Gardner
Vice President / CEO

**Sequoia
Wholesale**

Thermographers, Inc.

3401 Investment Blvd. #9
Hayward, CA 94545

(510) 782-3324 (510) 782-3853

(800) 635-4499 Fax (510) 782-5830

Add an exciting dimension to your printing!

yes in present location

① maintain storage of hazardous materials @ less than 55 gal and submit for A RANG 1A Storage permit for fiscal 92-93. (due by Oct 17, 1992 or reduce qty to below regulatory limits)

② Insure that all safety cans & FAM materials are placed in safety cabinet when not in use.

FAILURE TO COMPLY WITH THE REQUIREMENTS ESTABLISHED IN THIS FIELD INSPECTION REPORT OR IN SUBSEQUENT CORRESPONDENCE MAY RESULT IN THE ISSUANCE OF A NOTICE OF NONCOMPLIANCE AS PROVIDED IN SECTION 3-8.55 OF THE HAYWARD MUNICIPAL CODE. NONCOMPLIANCE IS PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES UNDER SECTIONS 3-8.64 AND 3-8.65 OF THE HAYWARD MUNICIPAL CODE, OR OTHER APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

9-17-92

Date of Inspection

Jay Swadenski

Hazardous Materials Investigator

Jean Gardner

Signature of Facility Representative

Hazardous Materials Worksheet

An attachment to the application for a Unified Hazardous Materials / Hazardous Waste Management Regulatory Program for

(Name and Street Address of Facility) Neighborhood Elixirs, 3401 Investment Blvd, Suite 10

Use the "Hazardous Materials Hazard Categories" pamphlet and tally in the following table the total quantities of materials stored at your facility by hazard class. Summarize your inventory and report totals in the application form. Specify unit of measure under "quantity". Use *gallons, pounds, or cu. ft.*

Hazard Category	Quantity
A.1 Explosives and Blasting Agents	Ø
A.2(a) Compressed Gases – Flammable	Ø
A.2(b) Compressed Gases – Oxidizing	Ø
A.2(c) Compressed Gases – Corrosive	Ø
A.2(d) Compressed Gases – Highly Toxic	Ø
A.2(e) Compressed Gases – Toxic	Ø
A.2(f) Compressed Gases – Inert	Ø
A.2(g) Compressed Gases – Pyrophoric	Ø
A.2(e) Compressed Gases – Unstable	Ø
A.3(a) Flammable Liquids Class I-A	Ø
A.3(a) Flammable Liquids Class I-B	385 gallons
A.3(a) Flammable Liquids Class I-C	120 gallons
A.3(b) Combustible Liquids Class II	Ø
A.3(b) Combustible Liquids Class III-A	Ø
A.3(b) Combustible Liquids Class III-B	Ø
A.4(a) Flammable Solids – Organic Solids	Ø
A.4(b) Flammable Solids – Inorganic Solids	Ø
A.4(c) Flammable Solids – Combustible Metals (except dusts and powders)	Ø
A.4(d) Flammable Solids – Combustible Dusts and Powders (incl. metals)	Ø
A.5(a) Oxidizers – Gases	See A.2(b)
A.5(b/c) Oxidizers – Liquids/Solids Class 4	Ø
A.5(b/c) Oxidizers – Liquids/Solids Class 3	Ø
A.5(b/c) Oxidizers – Liquids/Solids Class 2	Ø
A.5(b/c) Oxidizers – Liquids/Solids Class 1	Ø
A.6 Organic Peroxides – Unclassified	Ø
A.6 Organic Peroxides – Class I	Ø
A.6 Organic Peroxides – Class II	Ø
A.6 Organic Peroxides – Class III	Ø
A.6 Organic Peroxides – Class IV	Ø
A.6 Organic Peroxides – Class V	Ø
A.7(a) Pyrophoric Materials – Gases	See A.2(g)
A.7(b) Pyrophoric Materials – Liquids	Ø
A.7(c) Pyrophoric Materials – Solids	Ø

Hazard Category	Quantity
A.8 Unstable (Reactive) Materials – Class 4	Ø
A.8 Unstable (Reactive) Materials – Class 3	Ø
A.8 Unstable (Reactive) Materials – Class 2	Ø
A.8 Unstable (Reactive) Materials – Class 1	Ø
A.9 Water-Reactive Materials – Class 3	Ø
A.9 Water-Reactive Materials – Class 2	Ø
A.9 Water-Reactive Materials – Class 1	Ø
A.10(a) Cryogenic Fluids – Flammable	Ø
A.10(b) Cryogenic Fluids – Oxidizing	Ø
A.10(c) Cryogenic Fluids – Corrosive	Ø
A.10(d) Cryogenic Fluids – Inert	Ø
A.10(e) Cryogenic Fluids – Highly Toxic	Ø
B.1(a) Highly Toxic Materials	Ø
B.1(b) Toxic Materials – Gases	See A.2(e)
B.1(b) Toxic Materials – Liquids	Ø
B.1(b) Toxic Materials – Solids	Ø
B.2 Radioactive Materials	Ø
B.3 Corrosives	Ø
B.4(a) Carcinogens or Suspect Carcinogens	Ø
B.4(b) Target Organ Toxins	505 gallons
B.4(c) Irritants	Ø
B.4(d) Sensitizers	Ø
B.5 CalARP or RMP Chemicals	Ø

SUMMARY	
Total number of hazard classes	3
Total gallons of liquids	505 gallons
Total pounds of solids	Ø
Total cu. ft. at STP of gases	Ø

From: Danny Galang
To: Danny Galang
Bcc: "ATL.HAYWARD@GMAIL.COM"; "AUTOCLINICHAYWARD@YAHOO.COM"; "BAILEYFENCECO@AOL.COM"; "BRIAN.SCHOTT@ADMAIL.COM"; "CHRIS@NEIGHBORHOOD-ELIXIRS.COM"; "DANNYC@GW-TINKS.COM"; Desi Calzada; "FRED@ULTRAEX.COM"; "GBECHTEL@BECHTEL.COM"; "GULJENDER@GMAIL.COM"; "HOAMGMT@PMAHOA.COM"; "IBSUSAINC@YAHOO.COM"; "JMAURICE@BESTEXPFODDS.COM"; "JOELC1977@GMAIL.COM"; "MARKP786@YAHOO.COM"; "MECHANICSRUS@ATT.NET"; "MICHAEL.MACIAS@DAVITA.COM"; "PAYABLESEBE@AOL.COM"; "ROBINSANGHA@YAHOO.COM"; "VIPAHOBBS@YAHOO.COM"
Subject: HAZARDOUS MATERIALS BUSINESS PLAN (HMBP)
Date: Tuesday, May 15, 2012 2:05:00 PM

To date, we have not received a Hazardous Materials Business Plan (HMBP) for your facility in Hayward. Neither have you submitted a signed "Claim for Exemption" from HMBP requirements based on the quantities of hazardous materials you have on site.

If you are not exempted from the HMBP program, you are required to file and maintain an HMBP with the Hayward Fire Department.

THIS EMAIL IS A REMINDER THAT you submit a complete HMBP unless you are exempted from the program, in which case, you have to complete, sign and submit a "Claim for Exemption."

The HMBP forms and the "Claim for Exemption Form" are available online in pdf format. Go to www.hayward-ca.gov and search the website for "HMBP" and then click on the hyperlink to "Hazardous Materials Business Plan".

We can also email you the forms in MSWord document format, which you can complete using your computer. You will still need to print and sign your completed HMBP for submittal to us. To request for the HMBP forms you need, send an email to danny.galang@hayward-ca.gov.

The HMBP or "Claim for Exemption" were due on March 1, 2012 OR, for new facilities, 30 days from the date you began to store hazardous materials in your facility at or above the threshold quantities.

Failure to file an HMBP when required is a violation of state law and may result in fines of up to \$2,000 for each day of violation. After being notified to submit an HMBP, a knowing violation creates liability of up to \$5,000 for each day of the violation.

If you have any questions about the HMBP program, contact us.

Danny Galang

Christopher Ferguson
Neighborhood Elixirs
3401 Investment Blvd. Suite 10
Hayward, CA 94545
Phone: 510-887-3104

March 12, 2012

Hugh J. Murphy
Hazardous Materials Program Coordinator
Hayward Fire Department
777 B Street
Hayward, CA 94541

RECEIVED BY
FIRE MARSHALL'S OFFICE
MAR 14 2012
HAYWARD FIRE DEPARTMENT

Dear Mr. Murphy:

I am submitting this letter and enclosed "Application for a Consolidated Permit/Registration" as a first step in registering our facility under CUPA. We used the "Hazardous Material Worksheet" and the "Hazardous Material Category List" provided us by the city of Hayward to estimate the classes and quantities of materials we plan to have in our facility.

Our facility is for a new company, a micro-distillery, producing beverage spirits (e.g. gin, whiskey). We are located in an industrial section of Hayward that is zoned for distilleries. The only hazardous material we will have in our facility is beverage alcohol (i.e. ethanol). During our process the alcohol will be in three different stages, at different concentrations, and in different containers. Below is our estimate of the maximum amount of materials we plan to have on our premises at any one time in each of its forms:

Estimate of Alcohol on Premises (maximum amount at one time)							
Description	Containers	Amount (gallons)	Proof	Alcohol Percent	Boiling Point	Flash Point	Hazard Category
Neutral spirits for infusion	5-gallon stainless steel	25	180	90%	172°F	63°F	Class I-B
Cask spirits for aging	20-gallon wooden barrels	360	120	60%	172°F	72°F	Class I-B
Bottled spirits for sale	750ml glass bottles	120	80	40%	172°F	79°F	Class I-C

The quantities are captured on the enclosed forms. Also, we believe that beverage alcohol is classified by the state as a toxic hazard, we included the entire quantity in section B.4(b) "Reproductive Toxins". We made an earnest effort to properly classify the materials and look forward to guidance from you on the next steps. If you have any questions please feel free to contact us.

Sincerely,



Christopher Ferguson

Enclosure

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
REGISTRATION OF DISTILLED SPIRITS PLANT

(Prepare in duplicate. See instructions below.)

1. SERIAL NUMBER (Begin with "1" for original registration)

1

2. EIN 27-3331719

5. PLANT NUMBER

DSP-CA-15134

3. TO: DIRECTOR, NATIONAL REVENUE CENTER, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

4. DATE 01/13/2012

6. NAME AND PRINCIPAL BUSINESS ADDRESS OF APPLICANT (Name and street, city, county, State, and ZIP code. If rural address, show county, name or number of highway, approximate distance and direction from applicant's post office, and ZIP code.)

Chris Ferguson Kevin Lechner
 Altn Neighborhood Elixirs
 3401 Investment Boulevard, #10
 Hayward, CA 94545

7. PLANT ADDRESS (If different from address in Item 5)
same address

8. OPERATIONS TO BE CONDUCTED (Check applicable boxes)



DISTILLER



WAREHOUSEMAN



PROCESSOR WHO:



DENATURES



BOTTLES



MANUFACTURES ARTICLES

9. PURPOSE FOR WHICH FILED (Such as original registration, extension of premises, changes in equipment, etc. Give brief description of changes)

Original registration

10. This application includes: (1) this form; (2) the papers and documents (including revisions) which are being submitted for the first time, and which are listed in Items 10A and 10B; (3) the current papers and documents of the latest approved Form TTB 5110.41, Serial No. ~~1-R01133040~~, which are listed in Items 10A-1 and 10B-1; and (4) the supporting organizational documents filed in connection with another establishment but incorporated in this application by reference, and listed below in Item 10C.

10A. PAGES ATTACHED TO THIS FORM:

1-11

10A-1. PAGES FROM CURRENT APPROVED FORM TTB F 5110.41:

X

10B. ORGANIZATIONAL DOCUMENTS ATTACHED TO THIS FORM: (List each document)

: GP-1 Partnership Filing; Partnership Agreement

Statement of Interest on File for Officers/Owners:



10B-1. ORGANIZATIONAL DOCUMENTS FILED WITH PRIOR APPROVED FORM TTB F 5110.41: (List each document)

None

10C. ORGANIZATIONAL DOCUMENTS FILED IN CONNECTION WITH ANOTHER ESTABLISHMENT BUT INCORPORATED IN THIS APPLICATION BY REFERENCE: (List each document, and show the name or plant number under which filed)

None

Corrections and/or additions
 were made per phone call with

Kevin Lechner
 on 4/26/12 BLS

Under penalties of perjury, I declare that I have examined this application, including accompanying documents, statement of security, and those documents incorporated in the application by reference, and to the best of my knowledge and belief it is true, correct, and complete.

11. SIGNATURE



12. TITLE

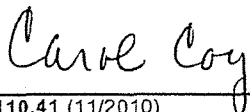
General Partner, Neighborhood Elixirs

PART II - NOTICE OF REGISTRATION

Registration is approved, effective

SIGNATURE AND TITLE OF TTB OFFICIAL, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

DATE



for

DIRECTOR, NATIONAL REVENUE CENTER

MAY 30 2012

Neighborhood Elixirs

Papers and documents to be submitted with application – 1a

List of Applicant's Operating and Basic Permits

1. Operating Permit – Application for Operating Permit Submitted 1/13/2012, first-time application for new business
2. Basic Permit – Application for Basic Permit Submitted 1/13/2012, first-time application for new business
3. Registration of Distilled Spirits Plant – Application Submitted 1/13/2012, first-time application for a new business

Surety bond information

Neighborhood Elixirs has obtained a unit bond, with operations bond coverage of \$15,000 and withdrawal bond coverage of \$1,000, from International Fidelity Insurance Company, bond number 0561937. Please see the attached TTB F 5510.56.

Production capacity was based on the expectations of first-year production of less than 600 proof gallons on hand and/or in transit at any time, and never more than 1,100 proof gallons under this bond amount.

Neighborhood Elixirs

Papers and documents to be submitted with application – 1b

List of the offices whose incumbents are authorized by the articles of incorporation to act on behalf of the proprietor, or to sign his name

1. General Partner
2. General Partner

Neighborhood Elixirs

Papers and documents to be submitted with application – 1c

Organizational documents

1. Neighborhood Elixirs is a California General Partnership.
2. Persons interested in the business
 - a. Kevin Peter Leichner, General Partner, 50 percent owner
 - b. Christopher Alan Ferguson, General Partner, 50 percent owner
3. Attachment: Articles of Partnership, "Neighborhood Elixirs Partnership Agreement"
4. On file with Director:
 - a. Kevin Peter Leichner, TTB Officer and Owner Information, OOI-2011-02837
 - b. Christopher Alan Ferguson, TTB Officer and Owner Information, OOI-2011-0238

Neighborhood Elixirs

1d. Description of the distilled spirits plant,

a. Description of Land Tract

Plant is contained within Alameda County, California Parcel Number 461-85-16. Parcel size is 5.6 acres. Plant is within a single legally subdivided and independent light industrial/manufacturing suite measuring approximately 1,444 square feet.

Also known as No. 3401 INVESTMENT BOULEVARD, SUITE NUMBER 10, HAYWARD, CALIFORNIA 94545 (Property Address)

- b. The plant exists within a single structure as a single legally subdivided and independent space measuring 1,444 square feet. The single legally subdivided and independent space is the only space included in the bonded premises. There are no accessory structures, tanks, or storage units included.
- c. The plant is located within the city limits on the West side of the city and is easily reached from Highway 92 (the main access road to and from the San Mateo Bridge). It can be reached by heading south from Highway 92, Clawiter Road Exit, on Clawiter Road to Eden Landing Road. Proceed on Eden Landing Road to Investment Boulevard and turn east. Investment Boulevard is parallel to Highway 92. Proceed to "3401," which is located at the intersection of Investment Boulevard and Production Boulevard. Locate Suite number 10.
- d. The plant is divided as follows: 765 square feet production room, 96 square feet barrel aging room, 34 square feet bottled product storage, 21 square feet restroom, and 528 square feet as office and non-hazardous material storage. All space is located on a single at-grade main floor.

DSP BONDED PREMISES, MAIN FLOOR From the Point of Beginning (POB), proceed 5' East, thence 10'4" North, thence 10' East, thence 10' North, thence 3' West, thence 6' North, thence 3' East, thence 52'8" North, thence 19'7" West, thence 79' South, thence 4'7" East back to POB.

DSP GENERAL PREMISES, MAIN FLOOR From the Point of Beginning, proceed 3' East, thence 6' North, thence 3' West, thence 6' South back to POB.

Neighborhood Elixirs

Papers and documents to be submitted with application – 1e

List of major equipment

- One (1) 50-gallon production still, Serial Number 1-RO1133040, with interchangeable column and pot still lids. Registration submitted concurrently with this application package.
- One (1) 40-gallon electric-steam mash cooker, serial number M-1.
- Three (3) fermentation drums, 55-gallon capacity for each drum for a total capacity of 165 gallons. Their serial numbers are: F-1, F-2 and F-3.
- Bulk spirits will be held in 5-gallon stainless steel drums (storage). Eight such drums are on site, for a total capacity of 40 gallons. Maceration of botanicals (processing) will also be done in the 5-gallon stainless steel drums. Their serial numbers are S-1, S-2, S-3, S-4, S-5, S-6, S-7 and S-8.

Neighborhood Elixirs

Papers and documents to be submitted with application – 1f

Certified Accounting Statement

I, Christopher Alan Ferguson, General Partner of Neighborhood Elixirs, hereby certify on December 29, 2011 that relevant and material accounting records will be in accordance with generally accepted accounting principles which will enable the proprietor to file a correct distilled spirits tax return and to determine whether the proprietor is liable for distilled spirits taxes.

I, Kevin Peter Leichner, General Partner of Neighborhood Elixirs, hereby certify on December 29, 2011 that relevant and material accounting records will be in accordance with generally accepted accounting principles which will enable the proprietor to file a correct distilled spirits tax return and to determine whether the proprietor is liable for distilled spirits taxes.

Neighborhood Elixirs

Papers and documents to be submitted with application – 1g

Statement of Physical Security Measures Employed, *please also see the attached plan in Appendix A*

- (a) All plant operations are located within a fully-locked and secured single subdivided light industrial space at 3401 Investment Boulevard, #10, Hayward, CA 94545.
 - The owner of the business-industrial park employs cameras on the exteriors of the buildings and limited roving security.
 - The proprietors of Neighborhood Elixirs have an ADT motion-detector security system that covers the front office and the production room, the only two points of entry into the plant.
 - All exterior access points have 27 CFR 19.192(e) compliant locks and security measures.
 - The bonded warehouse has a 27 CFR 19.192(e) compliant lock.
- (b) The owner of the business-industrial park employs limited roving security guard. No guard personnel will be employed for the specific protection of Neighborhood Elixirs.
- (c) The proprietors of Neighborhood Elixirs have an ADT motion-detector security system that covers the front office and the production room, the only two points of entry into the plant. The owner of the business-industrial park employs cameras on the exteriors of the buildings.
- (d) Certification:

I, Christopher Alan Ferguson, General Partner of Neighborhood Elixirs, hereby certify on December 29, 2011 that 27 CFR 19.192(f) compliant locks and security measures will be employed.

Neighborhood Elixirs

Papers and documents to be submitted with application – 1g (continued)

I, Kevin Peter Leichner, General Partner of Neighborhood Elixirs, hereby certify on December 29, 2011 that 27 CFR 19.192(e) compliant locks and security measures will be employed.

(e) Persons by title who have the responsibility for the custody and access to keys for the locks

- General Partner
- Vice President of Operations (future hire)
- Plant manager (future hire)

Neighborhood Elixirs

Papers and documents to be submitted with application – 1h

Statements of operations

(1) For the operations of a distiller

- Maximum daily production capacity is 25 proof gallons.
- Distilled spirits will be produced with the on-site 50-gallon still, serial number 1-R01133040. The distillery will be producing two types of gin and one type of whiskey. The following are step-by-step production procedures used to produce each product.

Gin Type 1

- Mash 125-lbs of cracked grain (35% barley, 35% corn, 30% wheat)
- Addition of yeast – begins fermentation, lasting 4 - 7 days
- Fermentation complete – result is 45 gallons of beer at 8% abv
- Distill to 150-proof spirit (75% abv) – result 3 gallons of hearts
- Macerate botanicals in spirit (approximate amounts)
 - juniper 10g/l, coriander 0.5g/l, grains of paradise 0.5g/l, angelica root 0.5g/l, orris root 0.25g/l, calamus root 0.25g/l, orange peel 0.25g/l, licorice root 10g (optional)
- Add purified water increase volume to 12 gallons
- Redistill to 84-proof spirits – result 5.5 gallons
- Dilute with purified water to achieve 5.8 gallons 80-proof spirit
- Final bottling, labeling and packaging

Gin Type 2

- Mash 80-lbs of pure cane sugar
- Addition of yeast – begins fermentation, lasting 4 - 7 days
- Fermentation complete – result is 45 gallons of beer at 8% abv
- Distill to 150-proof spirit (75% abv) – result 3 gallons of hearts
- Macerate botanicals in spirit (approximate amounts)
 - juniper 20g/l, coriander 8g/l, angelica root 1g/l, calamus root 0.25g/l, bitter almonds 3g/l, cardamom 0.125g/l, grains of paradise 1g/l
- Add purified water increase volume to 12 gallons
- Redistill to 84-proof spirits – result 5.5 gallons
- Dilute with purified water to achieve 5.8 gallons 80-proof spirit
- Final bottling, labeling and packaging

Whiskey

- Mash 125-lbs of cracked grain (5% barley, 35% corn, 60% rye)
- Addition of yeast – begins fermentation lasting 3 - 6 days
- Fermentation complete – result is 45 gallons of beer at 8% abv
- Distill to 110-proof spirit (55% abv) – result 4.3 gallons of hearts
- Complete 3 more batches to achieve a total of 17 gallons of hearts
- Mature in 20-gallon oak barrels until proper flavor is achieved;
assume loss of 15% due to “angel’s share” evaporation
- Dilute with purified water to achieve 19 gallons 80-proof spirit
- Final bottling, labeling and packaging

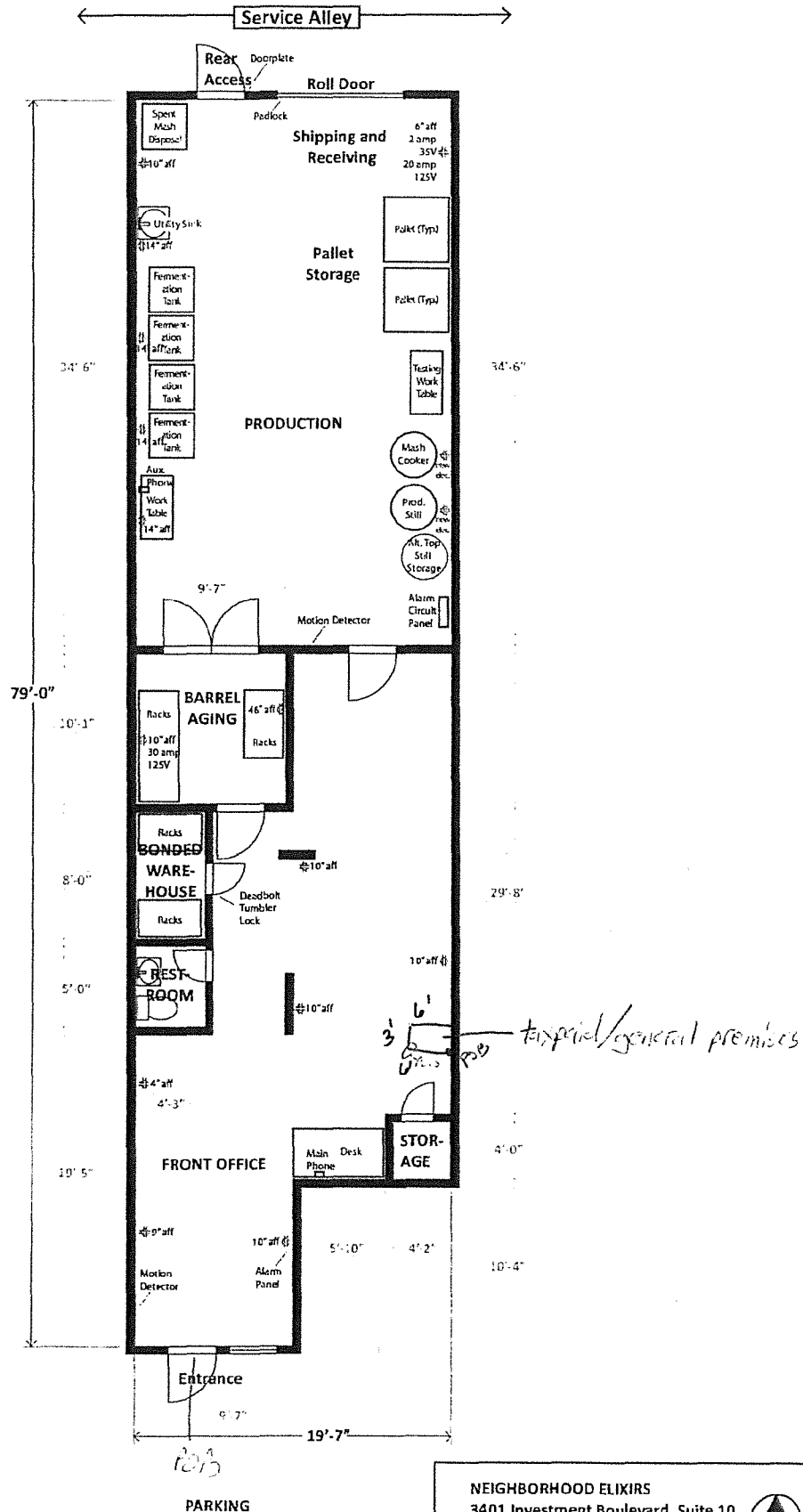
(2) For the operations of a warehouseman

- The bonded warehouse consists of a small on-site room that can hold no more than 150 proof gallons at any one time.
- Fermented beer will be held in 55-gallon drums prior to distillation. Three such drums are on site, for a total capacity of 165 gallons.
- Bulk spirits will be held in 5-gallon stainless steel drums. Eight such drums are on site, for a total capacity of 40 gallons. Maceration of botanicals will also be done in the 5-gallon stainless steel drums.

(3) For the operations of a processor

- Bottling operations will be conducted on-site.
- No denaturing operations will be conducted.
- No articles will be manufactured.
- No spirits will be redistilled.
- Storage of spirits products bottled and cased or otherwise packaged or placed in approved containers for removal from bonded premises will be in the bonded warehouse. This is a small on-site room that can hold no more than 150 proof gallons of finished product at any one time.

(4) No other businesses will be conducted on the plant premises.



NEIGHBORHOOD ELIXIRS
 3401 Investment Boulevard, Suite 10
 Hayward, California 94545
 510-887-3104
 CELL: 510-331-5728
 PHYSICAL PLANT AND BONDED WAREHOUSE

Revised September 20, 2011

Chris Ferguson

TTBF 5110.41, S/N 1

Page 11

HAYWARD FIRE DEPARTMENT*A Certified Unified Program Agency***TRACKING FORM****For New or Prospective Haz Mat Facilities**

Facility Name: NEIGHBORHOOD ELIXIRS
Street Address: 3401 INVESTMENT Blvd #10, Hayward, CA 94545
Name & Title of Contact: CHRISTOPHER FERGUSON Tel.: 331-5728
Email Address: & KEVIN LEICHER SIC Code: 2085

DATE		STATUS/COMMENTS
2-8-2011	I	Initiated by <u>dmagalz</u> from ... <input checked="" type="checkbox"/> New Business License. <input type="checkbox"/> Other source of information.
2-9-11	II	NEW FACILITY PACKET ... <input checked="" type="checkbox"/> Sent by mail... <input type="checkbox"/> Delivered personally... <input type="checkbox"/> Delivered over the counter... BY <u>JK</u>
3/14/2012	III	RESPONSE Received. Submitted Hazardous Materials Inventory Worksheet and Application. Go to V.
	IV	NO RESPONSE after four weeks. Referred to Haz Mat Investigator for area. Go to VI.
	V	Submittal reviewed by _____. <input type="checkbox"/> Permit NOT required. Go to END. <input checked="" type="checkbox"/> Permit REQUIRED. Go to VII. <u>rec # 843001-40485</u>
	VI	Facility inspected by _____. <input type="checkbox"/> Permit NOT required. Go to END. <input type="checkbox"/> Permit REQUIRED. Go to VII.
	VII	INVOICE requested by <u>avg def # 40485</u>
		FOLDER prepared by <u>pd-5334</u>
		COMPUTER files posted by _____
		LETTER NOTICE sent by _____
3/15/2012	END	New Facility Folder Done OR Tracking Form Filed Away for Info

SEP 12 1990

HAYWARD FIRE DEPARTMENT

CERTIFICATION STATEMENT

I hereby certify that I have reviewed the processes and activities at:

HORIZON ELECTRONICS
(NAME OF FACILITY)3401 INVESTMENT BLVD SUITE 9 HAY. 94545
(ADDRESS)

and have determined that:

(Check one)

- ☒ The facility does not need to have a Hazardous Materials Storage Permit.
- [] The facility needs a Hazardous Materials Storage Permit for quantity range (Encircle applicable range. Refer to Attachment 3.)

1A' 2A 3A 3B 4A 4B 5A 5B 5C

I certify further that, under penalty of perjury, the information contained in the attached Hazardous Material Permit Application and in this Certification Statement, is true and correct.

Charles Provance
SignatureOWNER CHARLES PROVANCE
Printed Name & Title8-31-90
Date signed

COMPLETE AND RETURN THIS FORM WITH A COMPLETED PERMIT APPLICATION AND THE APPROPRIATE PERMIT FEE TO:

City of Hayward Fire Department
Hazardous Materials Office
22300 Foothill Boulevard
Hayward, CA 94541

**HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
INSPECTION REPORT**

Page 1 of 1

Street Address: 3401 INVESTMENT #4
Name of Facility: HORIZON ELECTRONICS
Contact Person: Charley Provance Phone Number: 732-6626

provided self evaluation form for haz mat storage. Please
complete and return on or before Sept 7, 1990.

HORIZON ELECTRONICS
SPECIALIZING IN **Canon** CAMERAS

PHOTO ELECTRONIC REPAIRS

CHARLEY PROVANCE

Bus. (415) 732-6626

Fax. (415) 732-6627

Res. (415) 471-2688

3401 Investment Blvd., Suite 4
Hayward, CA 94545

FAILURE TO COMPLY WITH THE REQUIREMENTS ESTABLISHED IN THIS FIELD INSPECTION REPORT OR IN SUBSEQUENT CORRESPONDENCE MAY RESULT IN THE ISSUANCE OF A NOTICE OF NONCOMPLIANCE AS PROVIDED IN SECTION 3-8.55 OF THE HAYWARD MUNICIPAL CODE. NONCOMPLIANCE IS PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES UNDER SECTIONS 3-8.64 AND 3-8.65 OF THE HAYWARD MUNICIPAL CODE, OR OTHER APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

8/7/90
Date of Inspection

Jay S. [Signature]
Hazardous Materials Investigator

[Signature]
Signature of Facility Representative

"THE SAFE USE AND STORAGE OF HAZARDOUS MATERIALS IS EVERYBODY'S BUSINESS"



Hayward Fire Department

HAZARDOUS MATERIALS OFFICE

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007
TEL (510) 583-4910 FAX (510) 583-3641 TDD (510) 247-3340

INSPECTION REPORT SUMMARY

Street Address: <u>3423 Investment Blvd. Unit #6</u>	
Name of Facility: <u>Instrument Pro, Inc.</u>	Telephone: <u>510-723-0541</u>
Contact Person: <u>D. Kurt Steklis, Gen. Mgr.</u>	E-mail: <u>instrumentpro@netzero.net</u>
Type of Business:	

UNIFIED PROGRAM SUMMARY	Program	Inspection	COMMENTS
Hazardous Materials Storage Permit	X	X	Range 1A
Hazardous Materials Business Plan			
CalARP/ Risk Management Plan			
Underground Storage Tank			
Aboveground Petroleum Storage Act (APSA)			
Hazardous Waste Generator	X	X	CESQG
Tiered Permit: Permit-by-Rule			
Conditionally Authorized			
Conditionally Exempt, Specified Waste Stream			
Conditionally Exempt, Small Quantity Treatment			
Conditionally Exempt, Limited			
Conditionally Exempt, Commercial Laundry			

INSPECTION CHECKLISTS COMPLETED AND ATTACHED

- | | |
|---|--|
| <input type="checkbox"/> HMBP Inspection | <input type="checkbox"/> APSA Program |
| <input type="checkbox"/> Hazardous Waste Generator Inspection | <input type="checkbox"/> CalARP |
| <input type="checkbox"/> Tiered Permit Inspection | <input type="checkbox"/> Universal Waste |
| <input type="checkbox"/> Uniform Fire Code for General Provisions | <input checked="" type="checkbox"/> Inspection Notes |
| <input type="checkbox"/> Underground Storage Tank | <input type="checkbox"/> Other (See Below) |

Was permission granted by a facility representative for this inspection? ☒ YES ☐ NO

Complete required corrective actions immediately. Submit written Corrective Action Plan before N/A.

Re-inspection of the facility to verify compliance with all requirements may be conducted on or after N/A.

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

09/07/2012

Date of Inspection

Miles J. Gray

Inspector

[Signature]
Signature of Facility Representative



HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
A Certified Unified Program Agency

09/07/2012

INSPECTION NOTES

F.P.

1 X \approx 30-gal drum in 2^o w/ Naphtha (225 Thinner)

1 X \approx 30-gal drum Naphtha waste. (Gen. rate

$\leq \frac{1}{2}$ drum/mo.)

Drums are labeled.

Mr. Steklis has been through the Haz Com training given by ABAG, & 8-hour refresher training

No Requirements at this time.

Facility: Instrument Pro, Inc.

Date of Inspection: 09/07/2012

Initial By Contact

3423 Investment Blvd. #6



HAYWARD FIRE DEPARTMENT
A Certified Unified Program Agency

Rec. # 8191-01

777 B Street, Hayward, CA 94541-5007
TEL (510) 583-4910 □ FAX (510) 583-3641 □ TDD (510) 247-3340

INSPECTION REPORT SUMMARY

Full CUPA Inspt.

Street Address: 3423 Investment Blvd., Unit 6	
Name of Facility: Instrument Pro, Inc.	
Contact Person: D. Kurt Steklis, Gen. Mgr.	Telephone: 510-723-0541
Type of Business: Instrument Repair	

UNIFIED PROGRAM SUMMARY	Program	Inspection	COMMENTS
Hazardous Materials Storage Permit	X	X	Range 1A
Hazardous Materials Business Plan			
Risk Management Plan / CalARP			
Underground Storage Tank			
Aboveground Petroleum Storage Tank			
Does the facility have an SPCC Plan?			
Hazardous Waste Generator	X	X	CESQG
Tiered Permit: Permit-by-Rule			
Conditionally Authorized			
Conditionally Exempt, Specified Waste Stream			
Conditionally Exempt, Small Quantity Treatment			
Conditionally Exempt, Limited			
Conditionally Exempt, Commercial Laundry			

INSPECTION CHECKLISTS COMPLETED AND ATTACHED

<input type="checkbox"/> HMRP Inspection Checklist
<input type="checkbox"/> Hazardous Waste Generator Inspection Checklist
<input type="checkbox"/> Tiered Permit Inspection Checklist
<input type="checkbox"/> Uniform Fire Code Checklist for General Provisions and Articles 79 & 80
<input type="checkbox"/> Underground Storage Tank Checklist(s)
<input type="checkbox"/> Inspection Notes
<input type="checkbox"/> Other:

Was permission granted by a facility representative for this inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
--	---	-----------------------------

Complete required corrective actions immediately. Submit written Corrective Action Plan on or before N/A
Re-inspection of the facility to verify compliance with all requirements may be conducted on or after N/A

Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

07/23/09

Date of Inspection

Miles J. Leroy

Inspector

[Signature]

Signature of Facility Representative



**HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE**

777 B Street, Hayward, CA 94541-5007
Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd, Unit 6
Name of Facility: Instrument Pro
Facility Representative: D. Kurt Steklis, General Mgr. Tel. No.: 510-723-0541

The quantity of Naphtha being used is greatly reduced to a single, vertical drum (≈ 30 gallons) in secondary containment.

There is also a drum for hazardous waste generated, although very little is generated ($< 1/2$ drum/month).

Recommendation:

Contact the Alameda County Household Hazardous Waste Facility and inquire about the Small Hazardous Waste Generator Program and eligibility for the disposal of hazardous wastes generated at this business.

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

07/23/09

Date of Inspection

Miles J. Levy

Hazardous Materials Investigator

[Signature]

Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."



HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
A Certified Unified Program Agency

Instrument No
3423 Investment BL #6

INSPECTION REPORT NOTES

Last inspection: 05/31/07

Naphtha tank w/ horiz spout, no 2°

55-gal HHW ~~label~~ Drum w/o label

HHW generates 2 gallons/year

11/10/08 Port tank Battery-chuckers

1 x 30-gal Naphtha drum } In 2°
1 x drum wastes }

Non-sprinklered building.

- Contact ALCO HHW Fac. Re: SQG Program

No other requirements.

HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007
TEL (510) 583-4910 □ FAX (510) 583-3641 □ TDD (510) 247-3340

INSPECTION REPORT SUMMARY

Full CUPA Inspection

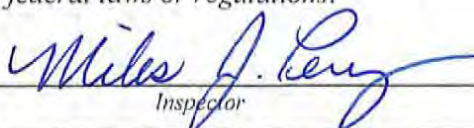

Street Address: <u>3423 Investment Blvd., Unit 6</u>	
Name of Facility: <u>Instrument Pro, Inc.</u>	
Contact Person: <u>D. Kurt Steklis, Gen. Mgr.</u>	Telephone: <u>510-723-0541</u>
Type of Business: <u>Instrument Repair</u>	

UNIFIED PROGRAM SUMMARY	Program	Inspection	COMMENTS
Hazardous Materials Storage Permit	X	X	<u>Range 1A</u>
Hazardous Materials Business Plan	X	X	<u>?</u>
Risk Management Plan / CalARP			
Underground Storage Tank			
Aboveground Petroleum Storage Tank			
Does the facility have an SPCC Plan?			
Hazardous Waste Generator	X	X	<u>CESQG</u>
Tiered Permit: Permit-by-Rule			
Conditionally Authorized			
Conditionally Exempt, Specified Waste Stream			
Conditionally Exempt, Small Quantity Treatment			
Conditionally Exempt, Limited			
Conditionally Exempt, Commercial Laundry			

INSPECTION CHECKLISTS COMPLETED AND ATTACHED
<input type="checkbox"/> HMBP Inspection Checklist
<input type="checkbox"/> Hazardous Waste Generator Inspection Checklist
<input type="checkbox"/> Tiered Permit Inspection Checklist
<input type="checkbox"/> Uniform Fire Code Checklist for General Provisions and Articles 79 & 80
<input type="checkbox"/> Underground Storage Tank Checklist(s)
<input checked="" type="checkbox"/> Inspection Notes
<input checked="" type="checkbox"/> Other: <u>Requirements / NTC</u>

Was permission granted by a facility representative for this inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
--	---	-----------------------------

Complete required corrective actions immediately. Submit written Corrective Action Plan on or before <u>N/A</u> .
Re-inspection of the facility to verify compliance with all requirements may be conducted on or after <u>06/30/07</u> .

<p><i>Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.</i></p>		
<u>05/31/07</u> Date of Inspection	 Inspector	 (Mailed to D.K. Steklis) Signature of Facility Representative



HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS OFFICE

777 B Street, Hayward, CA 94541-5007

Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd., Unit 6
Name of Facility: Instrument Pro, Inc.
Facility Representative: D. Kurt Steklis, Gen. Mgr. Tel. No.: 510-723-0541

* Requirements

- 1) All drums of hazardous liquid shall be provided adequate secondary containment (see guidelines).
- 2) Provide a hazardous waste label for all containers or drums of hazardous waste. (New HW label provided during this inspection).
- 3) The drum of naphtha shall not be placed in a horizontal position, and no gravity-flow nozzles are permitted, only pump nozzles compatible with the material and drum are to be used.
- 4) ~~Smaller~~ Contact the Alameda County Household Hazardous Waste Facility for disposal of hazardous waste. Inquire about the Small Quantity Generator Program for businesses.
- 5) The Naphtha stored in the 55-gallon horizontal drum has a flash point of 18-20°F, and a

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

05/31/07

Date of Inspection

Miles J. Perry
Hazardous Materials Investigator

(mailed to D.K. Steklis)
Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."



HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
777 B Street, Hayward, CA 94541-5007
Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd., Unit 6
Name of Facility: Instrument Pro, Inc.
Facility Representative: D. Kurt Steklis, Gen Mgr. Tel. No.: 510-723-0541

boiling point of 209-230°F, which fits the hazardous classification of a flammable I-B liquid. Therefore, the maximum open use amount of flammable I-B liquid is 15 gallons in a non-sprinkled building with a maximum storage allowance of 60 gallons. Reduce quantities to the allowable storage ~~area~~ and use amounts.

- 6) Complete these requirements by 06/30/07, then complete the Notice to Comply provided and return the original to this office within 5 days of its completion.

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

05/31/07

Date of Inspection

Miles J. Perry
Hazardous Materials Investigator

(mailed to D.K. Steklis)
Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."



HAYWARD FIRE DEPARTMENT
A Certified Unified Program Agency

3423 Investment Bl. #6
Instrument Pro, Inc.
05/31/07

INSPECTION REPORT SUMMARY

Non-sprinkled:

Naphtha in 55-gallon drum
w/ horizontal spout No 20

(Flam. Liq.)

MSDS indicates

18-20°C

F.P. 20°F

B.P. 209-230°F

} Needs classified.

1 x 55-gal drum HW w/o label.

concretes 2 gals/yr.

But. Ekt. removed Nov/2006

Owner: D. Kurt Steklis (on-site during inspt.)

* Requirements

- 20 Containment
- HW label needed (provided by inspector)
- Reduce Naphtha quantity
- No haz. spout
- Contact HAW Fac. re: CESQG Program

RECEIVED BY
FIRE PREVENTION OFFICE

JAN 31 2011

HAYWARD FIRE DEPARTMENT

**CLAIM OF EXEMPTION
For Reporting Year 2011**

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... **ONLY IF ALL OF THE FOLLOWING APPLY:**

- (1) *You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:*
 - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of **medical gases like oxygen, nitrogen, or nitrous oxide** you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
 - B. Up to 275 gallons of **lubricating oils and related materials** (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
 - C. Hazardous materials contained solely in a **consumer product** for direct distribution to, and for use by the general public is EXEMPT. WAREHOUSE QUANTITIES ARE NOT EXEMPT.
- (2) *You have not been required expressly by the Hayward Fire Department to submit an HMBP despite the low level of inventory. (In exceptional cases, the Fire Department may require an HMBP from a facility even if its inventory does not meet the thresholds in (1) above, if the materials involved are radioactive or otherwise extremely or acutely hazardous.); AND*
- (3) *You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.*

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

Name:

D. KURT STEKLIS

Signature:



Title:

PRES. & GEN. MGR.

Date Signed:

1-28-11

Facility Name:

INSTRUMENT PRO, INC.

Facility Address:

3423 INVESTMENT BLVD. SUITE # 6 HAYWARD, CA. 94545

E- Mail Address:

instrumentpro@NETZERO.NET

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

**CLAIM OF EXEMPTION
For Reporting Year 2010**

RECEIVED BY
PREVENTION OFFICE

FEB 03 2010

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

HAYWARD FIRE DEPARTMENT

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... **ONLY IF ALL OF THE FOLLOWING APPLY:**

- (1) *You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:*
 - A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of **medical gases like oxygen, nitrogen, or nitrous oxide** you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
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- (3) *You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.*

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

Name: D. KURT STEKLIS Signature: 
Title: PRESIDENT 4 GEN. MGR. Date Signed: 1-29-10
Facility Name: INSTRUMENT PRO, INC.
Facility Address: 3423 INVESTMENT BLVD. #6 HAYWARD, CA 94545
E- Mail Address: instrumentpro@NETZERO.NET **POSTED**

Complete, sign and return to: HAYWARD FIRE DEPARTMENT, 777 B Street, Hayward, CA 94541-5007

FEB 18 2009
POSTEL**CLAIM OF EXEMPTION
For Reporting Year 2009****HAYWARD FIRE DEPARTMENT****HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY**

You may be exempted from the filing of a Hazardous Materials Business Plan (HMBP) by completing, signing, and submitting this Claim of Exemption... **ONLY IF ALL OF THE FOLLOWING APPLY:**

- (1) *You have no hazardous materials or you do not generate hazardous waste at this facility; OR not one type of hazardous material or hazardous waste found in your facility exceeds 55 gallons (if liquid), 500 pounds (if solid), or 200 cubic feet at standard temperature and pressure (if gaseous); OR you meet any one of the following exemption conditions:*
- A. If you are a physician, dentist, podiatrist, veterinarian and or pharmacist and you store up to 1,000 cu. ft. of **medical gases like oxygen, nitrogen, or nitrous oxide** you are exempt from filing an HMBP. (You may have 1,000 cu. ft. of each and still claim the exemption). IF YOU ARE A NEW BUSINESS, YOU MUST STILL NOTIFY THE HAYWARD FIRE DEPARTMENT AND COMPLETE THE FORMS, ONE TIME ONLY.
- B. Up to 275 gallons of **lubricating oils and related materials** (e.g. hydraulic fluids, crankcase oils, grease, or transmission fluid) is EXEMPT, IF you do not have more than 55 gallons of any one type of product. WASTE OIL IS NOT EXEMPT AND MUST BE REPORTED AT OR ABOVE 55 GALLONS, EVEN IF YOU QUALIFY FOR THE LUBRICATING OIL EXEMPTION. Submit an HMBP if you have over 55 gallons of waste oil or over 55 gallons of one type of lubricating oil.
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- (3) *You, as the business owner or its officially designated representative, can sign and attest to all the statements in this form.*

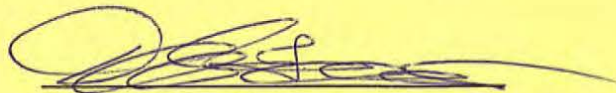
I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally investigated and I am familiar with the information referred to in this document as it applies to this facility. Based on my inquiry, I believe that this facility is exempted from the requirement to prepare and submit a Hazardous Materials Business Plan, at this time. Should the inventory change and this facility no longer meets the exemption conditions described above, I will file the required HMBP within 30 days of such change.

Name:

D. KURT STEKLIS

Signature:



Title:

GENERAL MANAGER

Date Signed:

2-17-09

Facility Name:

INSTRUMENT PRO, INC.

Facility Address:

3423 INVESTMENT BLVD. #6 HAYWARD, CA 94545

E- Mail Address:

instrumentpro@NETZERO.NETRec. 8191-01

August 1, 2011

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

RE: 3423 INVESTMENT BLVD

Dear INSTRUMENT PRO, INC:

Your Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program or CUPA Program) expires on August 31, 2011 and must be renewed unless you are no longer required to maintain it.

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.
2. Hazardous Waste Generator Program. The Hazardous Waste Generator Program code you are being billed at is indicated on your Permit Form. This is based on the average monthly quantity of hazardous waste you generate. Refer to the Schedule of Fees for the fee at each code level.
3. State Surcharges. All state surcharges are remitted to the state upon collection. As a CUPA, we collect a state surcharge of \$24.00 from each facility that is regulated under any of the Unified Program elements. In addition, those facilities under the UST Program are assessed a state surcharge of \$15.00 per UST and CalARP facilities are assessed a state surcharge of \$270.00.

CERS Surcharge. The California legislature has provided for a temporary additional surcharge of \$25.00 per CUPA facility per year, for three years, to fund the California Electronic Reporting System (CERS). CERS will enable all regulated businesses to file required Unified Program information using the Internet.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" or "City of Hayward" for the amount stated in the invoice; and
- (3) mail the signed permit, the check, and the invoice stub in the pre-addressed blue envelope provided. Affix correct postage.

(OVER)

January 25, 2011

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

Subject: HMBP for 819101 at 3423 INVESTMENT BLVD #6

Dear D. KURT STEKLIS, GENERAL MANAGER:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been **exempted** from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements. Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?" If your inventory of hazardous materials still falls below HMBP levels, please complete and submit the Claim of Exemption, printed on the back of the information sheet.

If your inventory exceeds or is at HMBP levels, you are required to file an HMBP with us.

The HMBP forms are available online in pdf format. Go to www.hayward-ca.gov and search the website for "HMBP" and then click on the hyperlink to "Hazardous Materials Business Plan". We can also email you the forms in MSWord document format, which you can complete using your computer. You will still need to print and sign your completed HMBP for submittal to us. To request for the HMBP forms you need, send an email to danny.galang@hayward-ca.gov.

The Fire Department should receive your completed "Claim for Exemption" (or new HMBP) on or before March 1, 2011.

Failure to file an HMBP when required is a violation of state law and may result in fines of up to \$2,000 for each day of violation. After being notified to submit an HMBP, a knowing violation creates liability of up to \$5,000 for each day of the violation.

As a reminder, if your business is located on leased or rented property, you are required to notify the property owner that your business is subject to the HMBP requirements and that you have prepared an HMBP. You must also provide the property owner a copy of your HMBP, if requested to do so, within five working days of such request.

July 27, 2010

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

RE: 3423 INVESTMENT BLVD

Dear INSTRUMENT PRO, INC:

Your Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program or CUPA Program) expires on August 31, 2010 and must be renewed unless you are no longer required to maintain it.

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.
2. Hazardous Waste Generator Program. The Hazardous Waste Generator Program code you are being billed at is indicated on your Permit Form. This is based on the average monthly quantity of hazardous waste you generate. Refer to the Schedule of Fees for the fee at each code level.
3. State Surcharges. All state surcharges are remitted to the state upon collection. As a CUPA, we collect a state surcharge of \$24.00 from each facility that is regulated under any of the Unified Program elements. In addition, those facilities under the UST Program are assessed a state surcharge of \$15.00 per UST and CalARP facilities are assessed a state surcharge of \$270.00.

CERS Surcharge. The California legislature has provided for a temporary additional surcharge of \$25.00 per CUPA facility per year, for three years, to fund the California Electronic Reporting System (CERS). CERS will enable all regulated businesses to file required Unified Program information using the Internet.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" or "City of Hayward" for the amount stated in the invoice; and
- (3) mail the signed permit, the check, the invoice stub and the completed "Business Activities" form in the pre-addressed blue envelope provided. Affix correct postage.

(OVER)

January 26, 2010

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

Subject: HMBP for 819101 at 3423 INVESTMENT BLVD #6

Dear D. KURT STEKLIS, GENERAL MANAGER:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been **exempted** from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements. Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?" If your inventory of hazardous materials still falls below HMBP levels, please complete and submit a Claim of Exemption.

If your inventory exceeds or is at HMBP levels, you are required to file an HMBP with us.

The HMBP forms are available online. Go to www.hayward-ca.gov and search the website for "HMBP" and then click on the hyperlink to "The Hayward HMBP Package". We can also email you the forms in MSWord document format, which you can complete using your computer. You will still need to print and sign your completed HMBP for submittal to us. To request for the HMBP forms you need, send an email to danny.galang@hayward-ca.gov.

The Fire Department should receive your completed "Claim for Exemption" (or new HMBP) on or before March 1, 2010.

Failure to file an HMBP when required is a violation of state law and may result in fines of up to \$2,000 for each day of violation. After being notified to submit an HMBP, a knowing violation creates liability of up to \$5,000 for each day of the violation.

As a reminder, if your business is located on leased or rented property, you are required to notify the property owner that your business is subject to the HMBP requirements and that you have prepared an HMBP. You must also provide the property owner a copy of your HMBP, if requested to do so, within five working days of such request.

July 22, 2009

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

RE: 3423 INVESTMENT BLVD

Dear INSTRUMENT PRO, INC:

The Hayward Fire Department has extended the expiration date of your existing Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program) from June 30, 2009 to August 31, 2009. Unless you are no longer required to maintain it, please renew your Unified Program Consolidated Permit by the new expiration date, August 31, 2009.

The City of Hayward has conducted a comprehensive study of the fees it charges for services it provides to businesses and individuals, including those that the Fire Department charges for its services as a Certified Unified Program Agency (CUPA). In July, the City Council adopted a new Master Fee Schedule which includes the CUPA Fees summarized in the attached "Schedule of Fees: September 1, 2009."

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.
2. Hazardous Waste Generator Program. The Hazardous Waste Generator Program code you are being billed at is indicated on your Permit Form. This is based on the average monthly quantity of hazardous waste you generate. Refer to the Schedule of Fees for the fee at each code level.
3. State Surcharges. All state surcharges are remitted to the state upon collection. As a CUPA, we collect a state surcharge of \$24.00 from each facility that is regulated under any of the Unified Program elements. In addition, those facilities under the UST Program are assessed a state surcharge of \$15.00 per UST and CalARP facilities are assessed a state surcharge of \$270.00.

CERS Surcharge. The California legislature has provided for a temporary additional surcharge of \$25.00 per CUPA facility per year, for three years, to fund the California Electronic Reporting System (CERS). When established, CERS will be available to all regulated businesses and all regulated local government agencies to file required Unified Program information using the Internet. Please refer to the enclosed information sheet on electronic reporting and CERS.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" or "City of Hayward" for the amount stated in the invoice; and

(OVER)



February 5, 2009

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

Subject: HMBP for 819101 at 3423 INVESTMENT BLVD #6

Dear D. KURT STEKLIS, GENERAL MANAGER:

You got this letter because our records show that although you have a Unified Program Consolidated Permit from the Fire Department, you have been **exempted** from submitting a Hazardous Materials Business Plan (HMBP).

We would like to verify that you still meet the HMBP exemption requirements. Please review the enclosed information sheet titled "Are you exempted from filing an HMBP?" If your inventory of hazardous materials still falls below HMBP levels, please complete and submit a Claim of Exemption.

If your inventory exceeds or is at HMBP levels, you are required to file an HMBP with us.

The HMBP Package, including a Claim for Exemption, is available online. Go to www.hayward-ca.gov and type in "HMBP Package" in the site's search bar. We can also email you the forms in MSWord document format which can be downloaded and completed using your computer. Please send an email request for the MSWord document forms you need to danny.galang@hayward-ca.gov. The Fire Department should receive your completed HMBP (or "Claim for Exemption") on or before March 1, 2009.

Failure to file an HMBP when required is a violation of state law and may result in fines of up to \$2,000 for each day of violation. After being notified to submit an HMBP, a knowing violation creates liability of up to \$5,000 for each day of the violation.

If you have any questions about the HMBP program, call Danny Galang of the Hazardous Materials Office at (510) 583-4925.

Sincerely,

Hugh Murphy
Hazardous Materials Program Coordinator

Encl.: Claim of Exemption Form
Are you exempted from filing an HMBP?

E06

July 1, 2008

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

RE: 3423 INVESTMENT BLVD

Dear INSTRUMENT PRO, INC:

Your Consolidated Permit for the Unified Hazardous Materials and Hazardous Waste Management Program (Unified Program) expired on June 30, 2008 and should be promptly renewed, unless you are no longer required to maintain one. As your Certified Unified Program Agency (CUPA), we understand that this year's renewal notice is coming to you late - after the expiration date of your FY 2007-08 permit. We apologize for the delay.

Earlier this year, the City of Hayward started a comprehensive study of all services it provides to businesses and individuals and the fees it charges for these services. The services provided and the fees charged by the Fire Department for the CUPA Program are included in this study. We expected that the study would be completed and a new Master Fee Schedule for the City would be adopted in time for the customary 30-day renewal notice you receive before your permit expires. As of today, however, the study is still ongoing.

Therefore, this renewal notice and the enclosed invoice are still based on the enclosed Schedule of Fees, the same fees that your CUPA has charged since July 2004.

You are presently regulated under the following elements of the CUPA Program:

1. Hazardous Materials Storage Permit. You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.

2. Hazardous Waste Generator Program. The Hazardous Waste Generator Program code you are being billed at is indicated on your Permit Form. This is based on the average monthly quantity of hazardous waste you generate. Refer to the Schedule of Fees for the fee at each code level.

3. State Surcharge. The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

If there have been NO CHANGES in your operations, including your inventory of regulated materials, renew your permit by doing the following:

- (1) sign the enclosed "Unified Program Consolidated Permit and Registration;"
- (2) issue a check payable to "Hayward Fire Department" for the amount stated in the invoice; and
- (3) mail the signed permit, the check, and the invoice stub in the pre-addressed blue envelope provided.
Affix correct postage.

(OVER)

June 1, 2007

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

RE: 3423 INVESTMENT BLVD

Dear INSTRUMENT PRO, INC:

Your current Unified Program Consolidated Permit and Registration expires on June 30, 2007 and has to be renewed promptly unless you are no longer required to maintain one.

If there have been no changes in your operations, you do not have to complete a new "Business Activities Form". You may renew your permit by signing only the enclosed "Unified Program Consolidated Permit and Registration" form and mailing it back to us for review and approval. Include a check payable to "The City of Hayward Fire Department" for the amount due stated on the invoice, along with the tear-off stub of the invoice. You will receive your new Permit and Registration by return mail.

If there have been changes in your operations that affected your inventory of hazardous materials, or your generation, use, handling, or onsite treatment of hazardous waste, please file a new "Business Activities Form." Refer to the enclosed Schedule of Fees and make adjustments to the invoice. Return the completed application form, the signed permit/registration, a copy of the entire invoice with your notations, and a check for the adjusted amount payable to "The City of Hayward Fire Department". We will review the completed forms and the adjusted invoice. You will receive your new Permit and Registration and Notices for any additional or excess fees due by return mail.

Our records show that you are presently regulated under the following elements of the Unified Program:

1. **Hazardous Materials Storage Permit.** You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.
2. **Hazardous Waste Generator Program.** The Hazardous Waste Generator Program code you are being billed at is indicated on your Permit Form. This is based on the average monthly quantity of hazardous waste you generate. Refer to the Schedule of Fees for the fee at each code level.
3. **State Surcharge.** The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

(OVER)

June 1, 2006

D. KURT STEKLIS, GENERAL MANAGER
INSTRUMENT PRO, INC.
3423 INVESTMENT BLVD #6
HAYWARD, CA 94545

RE: 3423 INVESTMENT BLVD

Dear INSTRUMENT PRO, INC.:

Your current Unified Program Consolidated Permit and Registration expires on June 30, 2005 and has to be renewed promptly unless you are no longer required to maintain one.

If there have been no changes in your operations, you do not have to complete a new "Business Activities Form". You may renew your permit by signing only the enclosed "Unified Program Consolidated Permit and Registration" form and mailing it back to us for review and approval. Include a check payable to "The City of Hayward Fire Department" for the amount due stated on the invoice, along with the tear-off stub of the invoice. You will receive your new Permit and Registration by return mail.

If there have been changes in your operations that affected your inventory of hazardous materials, or your generation, use, handling, or onsite treatment of hazardous waste, please file a new "Business Activities Form." Refer to the enclosed Schedule of Fees and make adjustments to the invoice. Return the completed application form, the signed permit/registration, a copy of the entire invoice with your notations, and a check for the adjusted amount payable to "The City of Hayward Fire Department". We will review the completed forms and the adjusted invoice. You will receive your new Permit and Registration and Notices for any additional or excess fees due by return mail.

Our records show that you are presently regulated under the following elements of the Unified Program:

1. **Hazardous Materials Storage Permit.** You are being billed at the range indicated on your permit form. This is based on the total quantity and variety of hazardous materials found at your facility. Refer to the enclosed Schedule of Fees for the annual fee at each range.
2. **Hazardous Materials Business Plan (HMBP).** You are required to maintain an updated Hazardous Materials Business Plan with the Fire Department. We do not charge a separate fee for the review of your HMBP, annual amendments, or re-certification of "no changes" in your inventory. A state surcharge of \$24.00 per facility appears on your invoice.
3. **Hazardous Waste Generator Program.** The Hazardous Waste Generator Program code you are being billed at is indicated on your Permit Form. This is based on the average monthly quantity of hazardous waste you generate. Refer to the Schedule of Fees for the fee at each code level.
4. **State Surcharge.** The Hayward Fire Department, as a Certified Unified Program Agency, collects state surcharges for specific elements of the Unified Program, as determined by specific state agencies. Refer to the Schedule of Fees for further information on state surcharges.

(OVER)



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY
FIRE PREVENTION OFFICE

SEP 19 2011

HAYWARD FIRE DEPARTMENT

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to

Name of Facility: INSTRUMENT PRO, INC	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD #6	Mailing Address: 3423 INVESTMENT BLVD #6
Telephone Number at Facility: 723-0541	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 12-0819101-026628	Email Address: INSTRUMENTPRO@NETZERO.NET

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input checked="" type="checkbox"/> Hazardous Materials Storage (Range <u>1A</u>)	<input checked="" type="checkbox"/> Hazardous Waste Generator Program (<u>CESQG</u>)
<input type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste: _____ PBR; _____ CA; _____ CE
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	
<input type="checkbox"/> Underground Storage Tank Program _____ tanks; Facility No. : 01-003-_____	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

Signature of Applicant

Printed Name and Title

Date Signed

FOR OFFICE USE ONLY

Effective Date: 9/19/11	Expiration Date: 08/31/2012	Machine Validation / Official Receipt
Date Payment Received: 9/19/11	Payment Reference: dr # 2062	
Total Amount Paid: \$ 477.00	State Surcharge Paid: \$ 49.00	
		Approved by the City of Hayward Fire Department

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY
FIRE PREVENTION OFFICE

DEC 07 2010

HAYWARD FIRE DEPARTMENT

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to

Name of Facility: INSTRUMENT PRO, INC	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD #6	Mailing Address: 3423 INVESTMENT BLVD #6
Telephone Number at Facility: 723-0541	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 11-0819101-026628	Email Address: INSTRUMENTPRO@NETZERO.NET

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input checked="" type="checkbox"/> Hazardous Materials Storage (Range <u>1A</u>)	<input type="checkbox"/> Hazardous Waste Generator Program (<u>CESQG</u>)
<input type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste: _____ PBR; _____ CA; _____ CE
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	
<input type="checkbox"/> Underground Storage Tank Program _____ tanks; Facility No. : 01-003-_____	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

Signature of Applicant

Printed Name and Title

Date Signed

FOR OFFICE USE ONLY

Effective Date: <u>12-7-10</u>	Expiration Date: <u>08/31/2011</u>	Machine Validation / Official Receipt Approved by the City of Hayward Fire Department
Date Payment Received: <u>12-7-10</u>	Payment Reference: <u>Ch # 1778</u>	
Total Amount Paid: <u>\$ 477.00 POSTED</u>	State Surcharge Paid: <u>\$ 49.00</u>	

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY
FIRE PREVENTION OFFICE

JAN 21 2010

HAYWARD FIRE DEPARTMENT

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to

Name of Facility: INSTRUMENT PRO, INC	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD #6	Mailing Address: 3423 INVESTMENT BLVD #6
Permit Type: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 10-0819101-026628	Telephone Number at Facility: 723-0541

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input type="checkbox"/> Hazardous Materials Storage (Range <u>IA</u>)	<input type="checkbox"/> Hazardous Waste Generator Program (<u>CESQG</u>)
<input type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste:
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	<u> </u> PBR; <u> </u> CA; <u> </u> CE
<input type="checkbox"/> Underground Storage Tank Program <u> </u> tanks; Facility No. : 01-003- <u> </u>	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

Signature of Applicant

Printed Name and Title

Date Signed

FOR OFFICE USE ONLY

Effective Date: 1/21/10	Expiration Date: 08/31/2010	Machine Validation / Official Receipt Approved by the City of Hayward Fire Department
Date Payment Received: 1/21/10	Payment Reference: Ch # 1580	
Total Amount Paid: \$ 467.00	State Surcharge Paid: \$ 49.00	

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY
FIRE PREVENTION OFFICE

AUG 04 2008

HAYWARD FIRE DEPARTMENT

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to

Name of Facility: INSTRUMENT PRO, INC	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD #6	Mailing Address: 3423 INVESTMENT BLVD #6
Permit Type: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 09-0819101-026628	Telephone Number at Facility: 723-0541

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input checked="" type="checkbox"/> Hazardous Materials Storage (Range <u>1A</u>)	<input checked="" type="checkbox"/> Hazardous Waste Generator Program (<u>CESQG</u>)
<input type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste:
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	<u> </u> PBR; <u> </u> CA; <u> </u> CE
<input type="checkbox"/> Underground Storage Tank Program <u> </u> tanks; Facility No. : 01-003- <u> </u>	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

Signature of Applicant

DETLEV K. STEKLIS PRESIDENT
Printed Name and Title

7-31-08
Date Signed

FOR OFFICE USE ONLY

Effective Date: <u>8/4/08</u>	Expiration Date: <u>06/30/2009</u>	Machine Validation / Official Receipt
Date Payment Received: <u>8/4/08</u>	Payment Reference: <u>ck # 1132</u>	 Approved by the City of Hayward Fire Department
Total Amount Paid: <u>\$ 287.50</u>	State Surcharge Paid: <u>\$ 24.00</u>	

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY
FIRE PREVENTION OFFICE

JUL 03 2007

HAYWARD FIRE DEPARTMENT

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to

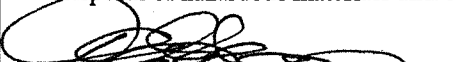
Name of Facility: INSTRUMENT PRO, INC	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD #6	Mailing Address: 3423 INVESTMENT BLVD #6
Permit Type: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 08-0819101-026628	Telephone Number at Facility: 723-0541

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input checked="" type="checkbox"/> Hazardous Materials Storage (Range <u>1A</u>)	<input checked="" type="checkbox"/> Hazardous Waste Generator Program (<u>CESQG</u>)
<input type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste:
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	<u> </u> PBR; <u> </u> CA; <u> </u> CE
<input type="checkbox"/> Underground Storage Tank Program <u> </u> tanks; Facility No. : 01-003- <u> </u>	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

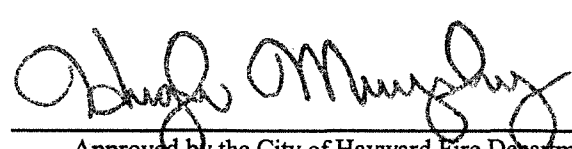
I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.


Signature of Applicant

D. KURT STEKLIS, GEN. MGR.
Printed Name and Title

6/26/07
Date Signed

FOR OFFICE USE ONLY

Effective Date: <u>7-1-07</u>	Expiration Date: <u>06/30/2008</u>	Machine Validation / Official Receipt  Approved by the City of Hayward Fire Department
Date Payment Received: <u>7-3-07</u>	Payment Reference: <u>CK #12091</u>	
Total Amount Paid: <u>\$ 287.00</u>	State Surcharge Paid: <u>\$ 24.00</u>	

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

HAYWARD FIRE DEPARTMENT

Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL. (510) 583-4910 ■ FAX (510) 583-3641 ■ TDD (510) 247-3340

BUSINESS ACTIVITIES FORM

APPLICATION FOR A CONSOLIDATED PERMIT/REGISTRATION

UNIFIED HAZARDOUS MATERIALS / HAZARDOUS WASTE MANAGEMENT REGULATORY PROGRAM

(Before completing this form, please read the instructions printed on the back.)

1. Facility Information		5. Aboveground Storage Tank Program (AGT)	
Name: <u>INSTRUMENT PRO, INC.</u>		Do you store petroleum products aboveground in 55-gallon (or larger) containers or tanks, with a total storage capacity of 1,320 gallons or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address: <u>3423 INVESTMENT BLVD. #6</u>			
Hayward, CA (ZIP) <u>94545</u>		6. Hazardous Waste Generator Program (HWG)	
Telephone: <u>510-723-0541</u>		Do you generate hazardous waste on site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Hazardous Materials Storage Program		Quantity generated per month (gal or lbs) <u>1/20 GAL</u>	
Do you have on site hazardous materials – solids, liquids, or gases; or extremely hazardous substances specified in 40CFR Part 355 Appendix A or B; or radiological materials? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Do you consolidate hazardous waste from remote sites at this facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of Hazard Classes	<u>2</u>	7. Recycler (Onsite or Off-Site)	
Total Liquids	<u>60</u> gallons	Do you recycle your own waste onsite? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Solids	<u>0</u> pounds	Do you receive hazardous waste from other facilities and recycle it on your site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Gases (at STP)	<u>1200</u> cu. ft.	8. Tiered Permit Program (On-site Treatment of HW)	
Total Radiological Materials	<u>0</u> curies	Do you treat, on this site, any hazardous waste you generate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Accidental Release Prevention Program (CalARP)		Do you have a Tiered Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have any regulated substance listed in Tables 1, 2, and/or 3 of the CalARP Program (CCR Title 19/Div. 2/Chapter 4.5)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Treatment Units under Tiered Permit:	
4. Underground Storage Tank Program (UST)		Permit-By-Rule	
Do you own or operate Underground Storage Tanks (USTs) at this facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Conditionally Authorized	
If "yes", list material stored and tank capacity in gallons:		Conditionally Exempt – Specified Waste	
		Conditionally Exempt – Small Quantity	
		Conditionally Exempt – Limited	
		Conditionally Exempt – Commercial Laundry	
9. Briefly describe main activity at this facility. Include SIC Code, if known. (SIC Code: <u>6685</u>)			
<u>AIRCRAFT INSTRUMENT REPAIR</u>			
10. Certification and Signature			
I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.			
Signature <u>[Signature]</u>		D. KURT STEKLIS GEN. MGR. <u>6/26/07</u>	
		Date Signed	

Reviewed by: [Signature]

Date reviewed: 7/3/07



HAYWARD FIRE I

A Certified Unified I

777 B Street, Hayward

TEL: (510) 583-4910 FAX (510) 58



Instrument Pro, Inc.

F.A.A. Certified Repair Station IPVR872K
Instrument Service & Sales / instrumentpro@netzero.net

D. Kurt Steklis

Phone: 510-723-0541 / Fax: 510-723-0544
PO Box 6313, Oakland Internat'l Airport, Oakland, CA 94603
3423 Investment Blvd., Suite #6, Hayward, California 94545

UNIFIED PROGRAM CONSOLIDATE

Issued to

Name of Facility: INSTRUMENT PRO, INC.	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD #6	Mailing Address: 3423 INVESTMENT BLVD #6
Permit Type: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 07-0819101-026628	Telephone Number at Facility: 723-0541

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input checked="" type="checkbox"/> Hazardous Materials Storage (Range <u>1A</u>)	<input checked="" type="checkbox"/> Hazardous Waste Generator Program (<u>CESQG</u>)
<input checked="" type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste: _____ PBR; _____ CA; _____ CE
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	
<input type="checkbox"/> Underground Storage Tank Program _____ tanks; Facility No. : 01-003-_____	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

Signature of Applicant

D. K. STEKLIS GEN. MGR.
Printed Name and Title

06/29/06
Date Signed

FOR OFFICE USE ONLY

Effective Date: 07/01/2006	Expiration Date: 06/30/2007	Machine Validation / Official Receipt
Date Payment Received: <u>7-3-06</u>	Payment Reference: <u>CK# 11546</u>	 Approved by the City of Hayward Fire Department
Total Amount Paid: <u>\$ 287.00 POSTED</u>	State Surcharge Paid: <u>\$ 24.00</u>	

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.



HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007

TEL: (510) 583-4910 FAX (510) 583-3641 • TDD (510) 247-3340

RECEIVED BY
FIRE PREVENTION OFFICE

FEB 27 2006

HAYWARD FIRE DEPARTMENT

UNIFIED PROGRAM CONSOLIDATED PERMIT AND REGISTRATION

Issued to

Name of Facility: INSTRUMENT PRO, INC.	Executive Contact: D. KURT STEKLIS, GENERAL MANAGER
Street Address: 3423 INVESTMENT BLVD, #6	Mailing Address: 3423 INVESTMENT BLVD #6
Permit Type: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Temporary	City/State/ZIP: HAYWARD, CA 94545
Registration/Permit Number: 06-0819101-000000	Telephone Number at Facility: 723-0541

For the following elements of the Unified Hazardous Materials and Hazardous Waste Management Program

<input checked="" type="checkbox"/> Hazardous Materials Storage (Range 1A)	<input checked="" type="checkbox"/> Hazardous Waste Generator Program (CESQG)
<input checked="" type="checkbox"/> Hazardous Materials Business Plan	<input type="checkbox"/> Tiered Permit Program for Onsite Treatment of Hazardous Waste: _____ PBR; _____ CA; _____ CE
<input type="checkbox"/> Aboveground Petroleum Storage, SPCC Plan	
<input type="checkbox"/> Underground Storage Tank Program _____ tanks; Facility No. : 01-003-_____	<input type="checkbox"/> California Accidental Release Prevention Program and/or Federal Risk Management Plan

Certification

I certify that I have read and I hereby accept the terms and conditions printed on the other side of this Unified Program Consolidated Permit and Registration. I agree to comply with all permit conditions and all local, state and federal ordinances, laws, statutes, codes, policies, rules and regulations relating to the storage, use, handling, generation and disposal of hazardous materials and/or hazardous waste.

Signature of Applicant

Printed Name and Title

Date Signed

FOR OFFICE USE ONLY

Effective Date: 01/01/2006	Expiration Date: 06/30/2006	Machine Validation / Official Receipt Approved by the City of Hayward Fire Department
Date Payment Received: 2/27/06	Payment Reference: CR # 11375	
Total Amount Paid: \$ 155.50	State Surcharge Paid: \$ 24.00	

This permit shall not be construed as proof of compliance with any permitting, registration, licensing and/or other requirements of the Hayward Fire Department or of any other city, state, or federal agency.

BUSINESS ACTIVITIES FORM
APPLICATION FOR A CONSOLIDATED PERMIT/REGISTRATION
UNIFIED HAZARDOUS MATERIALS / HAZARDOUS WASTE MANAGEMENT REGULATORY PROGRAM

(Before completing this form, please read the instructions printed on the back.)

Type of Application: (Please check one.)

☒ Initial Registration

☐ Modification

☐ Renewal

1. Facility Information	
Name: <u>INSTRUMENT PRO, INC.</u>	
Address: <u>3423 INVESTMENT BLVD. #6</u>	
Hayward, CA (ZIP) <u>94545</u>	
Telephone: <u>510-723-0541</u>	
2. Hazardous Materials Storage Program	
Do you have on site hazardous materials – solids, liquids, or gases; or extremely hazardous substances specified in 40CFR Part 355 Appendix A or B; or radiological materials? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Hazard Classes	<u>2</u>
Total Liquids	<u>55</u> gallons
Total Solids	<u>0</u> pounds
Total Gases (at STP)	<u>1200</u> cu. ft.
Total Radiological Materials	<u>0</u> curies
3. Accidental Release Prevention Program (CalARP)	
Do you have any regulated substance listed in Tables 1, 2, and/or 3 of the CalARP Program (CCR Title 19/Div. 2/Chapter 4.5)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Underground Storage Tank Program (UST)	
Do you own or operate Underground Storage Tanks (USTs) at this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "yes", list material stored and tank capacity in gallons:	

5. Aboveground Storage Tank Program (AGT)	
Do you store petroleum products aboveground in 55-gallon (or larger) containers or tanks, with a total storage capacity of 1,320 gallons or more?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Hazardous Waste Generator Program (HWG)	
Do you generate hazardous waste on site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Quantity generated per month (gal or lbs)	<u>2 gal</u>
Do you consolidate hazardous waste from remote sites at this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Recycler (Onsite or Off-Site)	
Do you recycle your own waste onsite?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you receive hazardous waste from other facilities and recycle it on your site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Tiered Permit Program (On-site Treatment of HW)	
Do you treat, on this site, any hazardous waste you generate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you have a Tiered Permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Treatment Units under Tiered Permit:	
Permit-By-Rule	
Conditionally Authorized	
Conditionally Exempt – Specified Waste	
Conditionally Exempt – Small Quantity	
Conditionally Exempt – Limited	
Conditionally Exempt – Commercial Laundry	

8. Certification and Signature

I hereby certify that I used reasonable diligence in preparing this application. I have reviewed the application and, to the best of my knowledge, the information contained herein is true and correct.

Signature

Printed Name and Title

Date Signed

Reviewed by:

CUPA Application/ dmg May 2005

Date reviewed:

Hazardous Materials Worksheet

An attachment to the application for a Unified Hazardous Materials / Hazardous Waste Management Regulatory Program for

(Name and Street Address of Facility) INSTRUMENT PRO, INC. 3423 INVESTMENT BLVD #6 HAYWARD 9454

Use the "Hazardous Materials Hazard Categories" pamphlet and tally in the following table the total quantities of materials stored at your facility by hazard class. Summarize your inventory and report totals in the application form. Specify unit of measure under "quantity". Use *gallons*, *pounds*, or *cu. ft.*

Hazard Category	Quantity
A.1 Explosives and Blasting Agents	
A.2(a) Compressed Gases – Flammable	
A.2(b) Compressed Gases – Oxidizing	1200 cu. ft.
A.2(c) Compressed Gases – Corrosive	
A.2(d) Compressed Gases – Highly Toxic	
A.2(e) Compressed Gases – Toxic	
A.2(f) Compressed Gases – Inert	
A.2(g) Compressed Gases – Pyrophoric	
A.2(e) Compressed Gases – Unstable	
A.3(a) Flammable Liquids Class I-A	
A.3(a) Flammable Liquids Class I-B	
A.3(a) Flammable Liquids Class I-C	
A.3(b) Combustible Liquids Class II	
A.3(b) Combustible Liquids Class III-A	55 gal.
A.3(b) Combustible Liquids Class III-B	
A.4(a) Flammable Solids – Organic Solids	
A.4(b) Flammable Solids – Inorganic Solids	
A.4(c) Flammable Solids – Combustible Metals (except dusts and powders)	
A.4(d) Flammable Solids – Combustible Dusts and Powders (incl. metals)	
A.5(a) Oxidizers – Gases	See A.2(b)
A.5(b/c) Oxidizers – Liquids/Solids Class 4	
A.5(b/c) Oxidizers – Liquids/Solids Class 3	
A.5(b/c) Oxidizers – Liquids/Solids Class 2	
A.5(b/c) Oxidizers – Liquids/Solids Class 1	
A.6 Organic Peroxides – Unclassified	
A.6 Organic Peroxides – Class I	
A.6 Organic Peroxides – Class II	
A.6 Organic Peroxides – Class III	
A.6 Organic Peroxides – Class IV	
A.6 Organic Peroxides – Class V	
A.7(a) Pyrophoric Materials – Gases	See A.2(g)
A.7(b) Pyrophoric Materials – Liquids	
A.7(c) Pyrophoric Materials – Solids	

Hazard Category	Quantity
A.8 Unstable (Reactive) Materials – Class 4	
A.8 Unstable (Reactive) Materials – Class 3	
A.8 Unstable (Reactive) Materials – Class 2	
A.8 Unstable (Reactive) Materials – Class 1	
A.9 Water-Reactive Materials – Class 3	
A.9 Water-Reactive Materials – Class 2	
A.9 Water-Reactive Materials – Class 1	
A.10(a) Cryogenic Fluids – Flammable	
A.10(b) Cryogenic Fluids – Oxidizing	
A.10(c) Cryogenic Fluids – Corrosive	
A.10(d) Cryogenic Fluids – Inert	
A.10(e) Cryogenic Fluids – Highly Toxic	
B.1(a) Highly Toxic Materials	
B.1(b) Toxic Materials – Gases	See A.2(e)
B.1(b) Toxic Materials – Liquids	
B.1(b) Toxic Materials – Solids	
B.2 Radioactive Materials	
B.3 Corrosives	
B.4(a) Carcinogens or Suspect Carcinogens	
B.4(b) Target Organ Toxins	
B.4(c) Irritants	
B.4(d) Sensitizers	
B.5 CalARP or RMP Chemicals	

SUMMARY	
Total number of hazard classes	2
Total gallons of liquids	55
Total pounds of solids	0
Total cu. ft. at STP of gases	1200



**HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE**

777 B Street, Hayward, CA 94541-5007
Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd., Unit 8
Name of Facility: Biotium
Facility Representative: Vivian Chen, Facilities Manager Tel. No.: 510-265-1027, Ext. 102

This inspection is to confirm that the facility closure plan was carried out. A Facility Closure Notification Form was submitted on 12/04/08 and approved.

A walk-through was completed, and all equipment & hazardous materials have been removed. Floors have been cleaned with bleach. All labeling and signage has been removed as well.

Photos of the facility were taken during this inspection. Fume hoods have been removed and relocated to the new facility at 3159 Corporate Place.

*** Requirements**

- 1) Within 30 days of this report submit a final closure report to this office, confirming that all elements of the closure report were completed, or that appropriate changes to the closure plan were performed. Include manifests, bills of lading, etc.

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

07/07/09
Date of Inspection

Miles J. Perry
Hazardous Materials Investigator

X [Signature]
Signature of Facility Representative

Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

Miles Perez

Subject: Closure walk-through of old Biotium. 3423 Investment Blvd. #8.

Start: Tue 7/7/2009 9:00 AM

End: Tue 7/7/2009 10:00 AM

Recurrence: (none)

Categories: Scheduled Activity or Inspection

List of common chemicals used in the fume hood

Substance	Quantity Total/Year
Chloroform	4-16L
Methanol	4-16L
Ethyl acetate	4-16L
Ether	4-16-L
Hexane	4-16L
Dimethyl formamide	4-8L
Isopropyl alcohol	4-8L
Acetic acid	1-2L
Sulfuric acid	2-4L
Nitric acid	1-2L
Hydrochloric acid	1-4L
Tetrahydrofuran	1-4L
Acetonitrile	4-16L
Acetone	1-4L
Ethanol	1-4L
Trifluoro acetic acid	1L
Methylene chloride	4-16L
Hydrobromic acid	1-4L

Name and Address of Landlord

Lisa Masicotte
RREEF Property Management
3555 Arden Rd.
Hayward, CA 94545
Tel: 510-783-1513

Contact
Vivian

Contractor
Brian (530) 210-6907

279_02

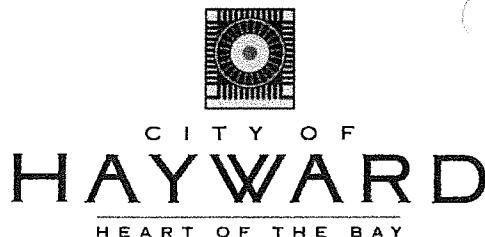
BIOTIUM, INC
3423 INVESTMENT BLVD, STE. 8

265-1027
HAYWARD

8280_01

BIOTIUM, INC
3159 CORPORATE PL

265-1027
HAYWARD



January 30, 2009

Vivien Chen, Facilities Manager
Biotium, Inc.
3423 Investment Blvd., Suite 8
Hayward, CA 94545

Re: Facility Closure Notification Form and Closure Plan

Dear Ms. Chen:

This is to inform you that I have received and reviewed the above-listed documents for the Biotium facility at 3423 Investment Blvd., Suite 8. The closure is taking place due to the relocation of the business to 3154 Corporate Place in Hayward, CA.

The Notification and Closure Plan are approved for the proposed closure. Please contact this office at least 48 hours in advance to schedule a final walk-through inspection of the facility for closure purposes. Please note that once the final walk-through inspection has been completed, a Closure Report, including supporting documentation, such as manifests, receipts, etc., is required to be submitted within 30 days of that final inspection.

Should you have any questions, please don't hesitate to contact me at 510-583-4926.

Sincerely,

Miles J. Perez, M.S.
Hazardous Materials Investigator
Hayward Fire Department

MJP/mjp

Miles Perez

From: Vivien Chen [vchen@biotium.com]
Sent: Thursday, December 04, 2008 2:59 PM
To: Miles Perez
Subject: Facility closure report for Biotium, Inc.
Attachments: Lab Layout.ppt; Biotium Facility Closure Plan.doc

Hi, Miles,

Attached is our Facility closure report and current facility floor plan. I submitted both Facility Closure Notification Form and Chemical Inventory Worksheet on Sept. 28, 2008. You indicated in our last phone conversation that you did not received the original submitted form and worksheet. Since Facility Closure Notification Form and Chemical Inventory Worksheet were done on paper form, I am going to fax the copies I have.

We plan to disconnect all five chemical hoods on December 20. We plan to use the next two weeks to sort out chemicals, clean up the hoods and surrounding areas and schedule pickups, etc. We have to be out of the current facility by Dec-31. Would you please go over our closure plan and schedule a closure walkthrough as soon as possible?

Thank you for your help. Please feel free to contact me if you have any questions on the plan.

Best regards,

Vivien Chen
Operations Manager
Biotium, Inc.
3423 Investment Blvd. Suite 8
Hayward, CA 94545
Tel: 510-265-1027, ext.102
Fax: 510-265-1352
email: vchen@biotium.com

Biotium Facility Closure Plan

Biotium, Inc is currently located on 3423 Investment Blvd. Suite 8, Hayward, CA 94545. We have a small chemistry lab and biology lab which we use to develop fluorescent organic compounds for research. We are going to relocate to a new place by December 31, 2008, therefore we need to close the current facility with the fire department. Below are the plan and steps we are going to take to close the current facility properly:

1. We have completed and submitted a closure notification form. A copy of the form is attached for your information.
2. Maps of the general site and facility at the current location are also attached.
3. We keep a 40L liquid nitrogen tank, 3 compressed Nitrogen gases, 1 compressed Argon gas, one compressed Hydrogen gas and one compressed CO₂ gas, and a list of commonly used organic solvents (see attached list) in the facility. Liquid nitrogen is used to freeze cells. Compressed gases and organic solvents are used for synthesis of organic compounds. The flammable organic solvents are kept in the three flammable cabinets. We generate liquid flammable waste from the use of organic solvents and solid non-flammable waste during organic synthesis and compound purification. The liquid flammable waste (5gal per bottle for a total on-site storage capacity of 30gal) is stored in one flammable cabinet while the non-flammable solid waste is stored onsite in a 55gal drum provided by our hazardous material waste pickup company. North State Environmental is a California registered waste transporter (#2069). North State Environmental picks up the flammable liquid waste every 2 weeks on average and non-flammable solid waste as needed. Following is a detailed diagram for the location of various chemicals used at the current location. They are also marked on the facility map attached.

Chemical Name	Storage	Location
Common organic solvents	Flammable cabinet #2, #3	Chemistry lab #1
	Acid cabinet	Chemistry lab #2
Liquid flammable waste	Flammable cabinet #1	Chemistry lab #1
Compressed nitrogen	Compressed tank	Chemistry lab #1 & #2
Compressed argon	Compressed tank	Chemistry lab #2
Compressed hydrogen	Compressed tank	Chemistry lab #2
Dry ice	Bin	Chemistry lab #2
Non-flammable solid waste	55-gal drum	Chemistry lab #2
Compressed CO ₂	Compressed tank	Biology Lab
Liquid Nitrogen	40L cryogenic tank	Biology Lab

Those common organic solvents we use for organic synthesis are kept in two flammable cabinets (#2 and #3) located in Chemistry Lab #1 and acid cabinet located in Chemistry Lab #2. The hazardous waste is kept inside flammable cabinet #1. Two compressed gases, compressed nitrogen and argon are located in Chemistry Lab #1. Inside Chemistry Lab #2 we store dry ice (solid carbon dioxide) inside a specialized and clearly marked container. Near the dry ice we have one 55-gallon drum of solid waste (silica gels). Inside Chemistry Lab #2 near the door that leads into our Biology Lab, is a compressed nitrogen gas. Between the two lab benches in Chemistry Lab #2, is flammable compressed Hydrogen gas. The Biology Lab stores a small container (40L) of liquid Nitrogen near the door that leads into Chemistry lab #2. A tank of compressed CO₂ is next to an incubator.

4. Not applicable

5. All regulated hazardous waste will be removed from our site by a registered California waste transporter (#2069), North State Environmental. They will remove all of the liquid flammable waste from the flammable cabinet #1 located near the Chemistry Lab #1 exit door. They will also pick up the 55-gallon drum of non-flammable solid waste. We will schedule our last pickup on December 29,

2008 and ensure all waste materials are removed from the facility. All organic solvents and other potentially hazardous materials remaining for use will be properly boxed in their original packaging and transported to the new facility at 3159 Corporate Place in Hayward, CA 94545 by a hired professional. Airgas will properly transport all compressed gases, liquid nitrogen, and dry ice to our new facility on December 29, 2008. Five chemical fume hoods and their surrounding areas will be cleaned and decontaminated before moving the hoods to the new facility by a licensed lab installation contractor.

6. Not applicable
7. Both the liquid flammable waste and solid non-flammable waste will be picked up by North State Environmental, a California registered waste transporter (#2069), which then delivers to Pacific Resource Recovery, a licensed treatment, storage, and disposal facility.
8. All receipts for hazardous waste disposal, and/or hazardous materials sales will be kept and made available for inspection and will be included in our final closure report.
9. In the event of an emergency, we have a response plan. The facility is small enough that yelling and walking around could effectively alert all employees of an emergency. In the event of a large spill or fire all employees can evacuate from any of the four exits that are clearly marked. All employees can evacuate into the parking lot in front of or behind the building. The primary roster monitor is operations manager, Vivien Chen and the backup is Safety Officer, Ching-Ying Cheung. In case of any emergency employees are instructed to dial 911. Any small fire can be extinguished with one of the fire extinguishers located in each lab by trained personnel.

10. All finished chemical inventory currently stored in the freezers and refrigerators are not classified as hazardous materials. They will be emptied, boxed up and transported by chemists. All organic solvents and other potentially hazardous materials remaining for use will be properly boxed in their original packaging and transported to the new facility at 3159 Corporate Place in Hayward, CA 94545 by a hired professional. Airgas will properly transport all compressed gases, liquid nitrogen, and dry ice to our new facility. All five chemical fume hoods are scheduled to be disconnected and removed to the new facility on December 20, 2008. The areas including walls, ground surfaces and floors where the fumes are located will be cleaned after removal to ensure there is no potential contamination. After the removal of the three flammable cabinets the area will also be cleaned to ensure no potential contamination.

Biotium Facility Floor Plan

3423 Investment Blvd., Suite 8

Hayward, CA 94545

MAP NOTATIONS

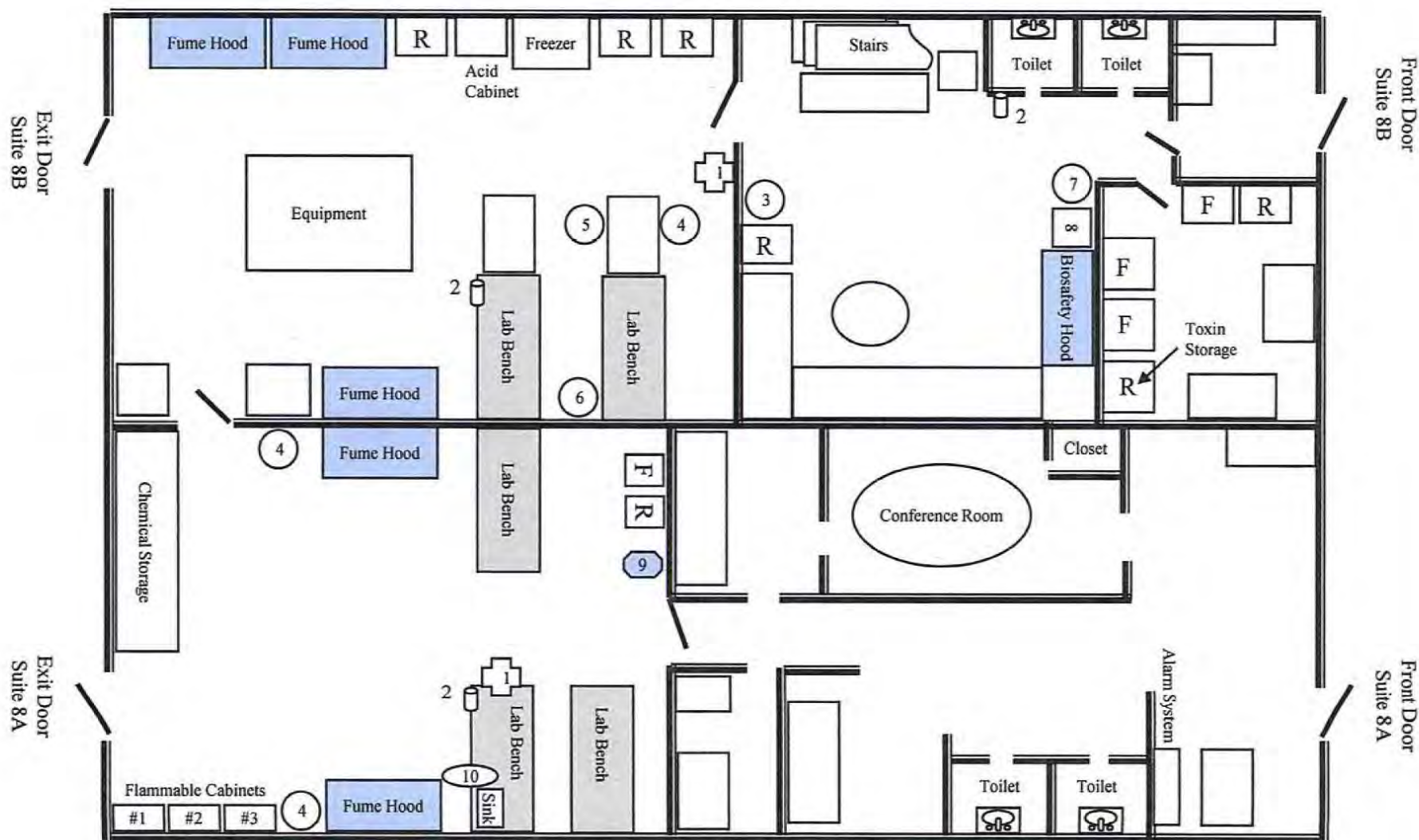
R = refrigerator

F = freezer

Desk/Table/Equipment



1. First Aid
2. Fire Extinguisher
3. Liquid Nitrogen Container
4. Compressed Nitrogen Gas Cylinder
5. Compressed Argon Gas Cylinder
6. Compressed Hydrogen Gas Cylinder
7. Compressed Carbon Dioxide Cylinder
8. Incubator
9. Spill Response Kit
10. Eye Wash Station



3423 Investment Blvd., Suite 8
Hayward, CA 94545
Tel: 510-265-1027
Fax: 510-265-1352
<http://www.biotium.com>
Email: btinfo@biotium.com

Biotium, Inc.

Fax

To: Miles Perez From: Vivien Chen
Fax: 510-583-3641 Pages: 11 (including cover page)
Phone: _____ Date: 12/04/08
Re: _____ CC: _____
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Facility Closure Notification Form and
Chemical Inventory Worksheet, & a List of common
Organic Solvents used in the hood.

HAYWARD FIRE DEPARTMENT
Environmental Response Program Agency

FACILITY CLOSURE NOTIFICATION FORM

Facility Name: Biotium, Inc. EPA ID No. CAL000259576
Facility Address: 3423 Investment Blvd., Suite 8, Hayward, CA 94545
Mailing Address: 3423 Investment Blvd., Suite 8, Hayward, CA 94545
Business Phone: (510) 265-1027 Contact Person/Title Vivien Chen, Operations Manager
No hazardous or potentially hazardous items are to be removed from the site until a Closure Notification Form AND/OR a Closure Plan has been submitted and approved.

Check all boxes relating to the facility to be closed:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Hazardous waste generator | <input type="checkbox"/> Underground tanks |
| <input type="checkbox"/> Waste treatment system | <input type="checkbox"/> Aboveground tanks |
| <input type="checkbox"/> Discharges industrial waste to sanitary sewer | <input type="checkbox"/> Wet floor operation |
| <input type="checkbox"/> Vehicle or engine maintenance | <input type="checkbox"/> Tier II reporting required |
| <input type="checkbox"/> Radioactive material | <input type="checkbox"/> Biohazards |
| <input type="checkbox"/> HMBP on file | <input type="checkbox"/> CFC or HCFC |
| <input type="checkbox"/> CalARP-regulated substance | <input type="checkbox"/> Plating shop |
| <input type="checkbox"/> One piece of equipment only | <input type="checkbox"/> Semiconductor fab |
| <input type="checkbox"/> More than one building | <input type="checkbox"/> Dispensing of flammables |
| <input type="checkbox"/> BAAQMD permit | <input type="checkbox"/> CRC on surfaces |
| <input checked="" type="checkbox"/> Compressed gas cylinder(s) | <input type="checkbox"/> Barrel/drum storage |
| <input type="checkbox"/> Scrubbers/fume hoods/ducting | <input type="checkbox"/> Trenches/gas cabinets |
| <input type="checkbox"/> Sumps, hoists | <input checked="" type="checkbox"/> Chemical storage cabinets |
| <input type="checkbox"/> Structural modifications | <input type="checkbox"/> Degreaser unit |

A closure plan approved by the Hayward Fire Department is required for any hazardous materials/waste facility or for any storage area that is to be closed. Facility Closure Plans and Notification are to be submitted no less than 30 days prior to the intended date of closure.

This Notification must be signed by the Facility Manager, an Officer of the Company, property owner, or other responsible party (not the consultant or contractor).

I hereby certify under penalty of perjury that the information contained in this FACILITY CLOSURE NOTIFICATION is true and correct. I recognize that the Hayward Fire Department has full right-of-entry to my entire facility for the purpose of investigation and inspection to demonstrate compliance with this application, an approved closure plan, or other applicable state and local regulations.

Authorized Signature/Date: [Signature] Sept. 29, 2008
Printed Name/Title: Vivien Chen, Facility Manager

CHEMICAL INVENTORY WORKSHEET

Project Address: 3159 Corporate Place, Hayward Control Area: 3159 Corporate pl. Hazard Category: Compressed Gases (Inert)

(Refer to the information / references provided with this form. Make copies of a blank form. You need one for each Hazard Category of chemicals you have on site.)

Chemical Name <i>(If Not Known, please put Common Name or Trade Name)</i>	Physical State Solid, Liquid, or Gas	Volume Size (Indicate Unit)	Maximum Volume Quantities Permitted by DOT Regulations (See 49 CFR 173.34)						Hazardous Material?		
			Inside Building			Outside Building			Total in Container Area	YES	NO
			Stored	Used Open	Used Closed	Stored	Used Open	Used Closed			
Nitrogen	Gas	7 ft^3			900 ft^3				900 ft^3		✓
Argon	Gas	5.5 ft^3			200 ft^3				200 ft^3		✓
Carbon Dioxide	Gas	5.5 ft^3			200 ft^3				200 ft^3		✓
TOTAL SOLIDS in pounds											
TOTAL LIQUIDS in cubic feet											
TOTAL GASES in cubic feet						$1,300 \text{ ft}^3$				$1,300 \text{ ft}^3$	

CHEMICAL INVENTORY WORKSHEET

Project Address: 3159 Corporate Place

Control Area: 3159 Corporate Pl.

Hazard Category: Compressed Gas (Flammable)

(Refer to the information / references provided with this form. Make copies of a blank form. You need one for each Hazard Category of chemicals you have on site.)

[illegible]

CHEMICAL INVENTORY WORKSHEET

Project Address: 3159 Corporate Place

Control Area: 3159 Corporate Pl. Hazard Category: Flammable Liquid and Combustible Liquid (Class I-B)

(Refer to the information/ references provided with this form. Make copies of a blank form. You need one for each Hazard Category of chemicals you have on site.)

Chemical Name (If not known, please use Common Name or Trade Name)	Chemical State (Solid, Liquid, or Gas)	Container Size (Pounds or Gallons)	Material in Inventory (Report solid in pounds, liquids in gallons and gases in cubic feet)							Hazard Waste Generated	
			In Solid - Bulk Storage			In Solid - Portable Tank			Total in Control Area	YES	NO
			Stored	Used Open	Used Closed	Stored	Used Open	Used Closed			
Acetonitrile	Liquid	4L	4 gal		1 gal				5 gal	✓	
Acetone	Liquid	4L	4 gal		1 gal				5 gal	✓	
Benzene	Liquid	4L	4 gal		1 gal				5 gal	✓	
Ethanol	Liquid	4L	4 gal		1 gal				5 gal	✓	
Ethyl acetate	Liquid	4L	4 gal		1 gal				5 gal	✓	
Hexane	Liquid	4L	4 gal		1 gal				5 gal	✓	
Isopropyl alcohol	Liquid	4L	4 gal		1 gal				5 gal	✓	
Methanol	Liquid	4L	4 gal		1 gal				5 gal	✓	
Pyridine	Liquid	4L	4 gal		1 gal				5 gal	✓	
Tetrahydrofuran	Liquid	4L	4 gal		1 gal				5 gal	✓	
Toluene	Liquid	4L	4 gal		1 gal				5 gal	✓	
Hazardous Waste	Liquid	5 gal	25 gal		5 gal				30 gal	✓	
TOTAL SOLIDS in pounds											
TOTAL LIQUIDS in gallons			69 gal		16 gal				85 gal		
TOTAL GASES in cubic feet											

CHEMICAL INVENTORY WORKSHEET

Project Address: 3159 Corporate place

Control Area: 3159 Corporate pl.

Hazard Category: Water-reactive Materials
(class 3)

(Refer to the information/ references provided with this form. Make copies of a blank form. You need one for each Hazard Category of chemicals you have on site.)

(Chemical Name) <i>(If not known, please see Common Name or Trade Name)</i>	Chemical State <i>(Solid, Liquid, or Gas)</i>	Quantity <i>(Weight or Volume)</i>	Maximum Quantities									Hazardous Waste	
			Inside Building			Outside Building			Tonnage Control Area	YES	NO		
			Stored	Used Open	Used Closed	Stored	Used Open	Used Closed					
Lithium Aluminum Hydride	Solid	25g			0.05 lb					0.05 lb	✓		
n-butyl lithium (2.5 M in Hexane)	Liquid	100 mL			0.025 gal					0.025 gal	✓		
TOTAL SOLIDS in pounds					0.05 lb					0.05 lb			
TOTAL LIQUIDS in gallons					0.025 gal					0.025 gal			
TOTAL GASES in cubic feet													

CHEMICAL INVENTORY WORKSHEET

Project Address: 3159 Corporate place

Control Area: 3159 Corporate pl.

Hazard Category: Highly toxic and toxic materials

(Refer to the information / references provided with this form. Make copies of a blank form. You need one for each Hazard Category of chemicals you have on site.)

Chemical Name (Unknown, please provide name or code name)	Chemical State (Solid, Liquid, or Gas)	Quantity (Pails, Drums, etc.)	Where is it stored?						Hazardous		
			Outside Building			Inside Building			Yes	No	
			Shed	Open	Enclosed	Shed	Open	Enclosed			
hydrazine	liquid	50g			0.1lb				0.1lb	✓	
TOTAL SOLIDS in pounds					0.1lb				0.1lb		
TOTAL LIQUIDS in gallons											
TOTAL GASES in cubic feet											

CHEMICAL INVENTORY SUMMARY BY CONTROL AREA

Project Address: 2059 Corporate Place

Control Area: 3159 Corporate place

List Hazard Category from each Chemical Inventory Worksheet and summarize the quantities by manner of use or storage, in this Control Area.

[illegible]

Chemical Inventory Summary for the Entire Facility

Project Address: 3159 Corporate Place

Hazard Category	Hazard Class	Solids (pounds)			Liquids (gallons)			Gases (cu. ft. @ NTP)	
		Stored	Used Open	Used Closed	Stored	Used Open	Used Closed	Stored	Used Closed
Explosives, Blasting Agents, and Detonators	High Expl								
	Low Expl								
	Blasting Agents								
Compressed Gases	Flammable							200 ft ³	
	Oxidizing								
	Corrosive								
	Highly Tox								
	Toxic								
	Inert							1,300 ft ³	
	Pyrophoric								
	Unstable (Reactive)								
Flammable Liquids	Class I-A								
	Class I-B				69 gal		16 gal		
	Class I-C								
Combustible Liquids	Class II								
	Class III-A								
	Class III-B								
Flammable Solids	Organic								
	Inorganic								
	Metals								
	Dusts & Powders								
Oxidizers	Class 4								
	Class 3								
	Class 2								
	Class 1								

(Continued Next Page)

Chemical Inventory Summary for the Entire Facility -- Page 2

Project Address: _____

Hazard Category	Hazard Class	Solids (pounds)			Liquids (gallons)			Gases (cu. ft. @ NTP)	
		Stored	Used Open	Used Closed			Stored	Used Open	Used Closed
Organic Peroxides	Unclassified								
	Class I								
	Class II								
	Class III								
	Class IV								
	Class V								
Pyrophoric Materials									
Unstable (Reactive) Materials	Class 4								
	Class 3								
	Class 2								
	Class 1								
Water-Reactive Materials	Class 3			0.05 lb			0.025 gal		
	Class 2								
	Class 1								
Cryogenic Fluids	Flammable								
	Oxidizing								
	Corrosive								
	Inert								
	Highly Tox								
Highly Toxic and Toxic Materials	Highly Toxic						0.116		
	Toxic								
Radioactive Materials	Rad-source								
	Fissile								
Corrosives									
Carcinogens									
Other Health hazards									
Irritants									
Sensitizers									
CalARP- or EHS-Listed									

Biotium, Inc.

Glowing Products for Science™

List of common chemicals used in the fume hood

Substance	Quantity Total/Year
Chloroform	4-16L
Methanol	4-16L
Ethyl acetate	4-16L
Ether	4-16-L
Hexane	4-16L
Dimethyl formamide	4-8L
Isopropyl alcohol	4-8L
Acetic acid	1-2L
Sulfuric acid	2-4L
Nitric acid	1-2L
Hydrochloric acid	1-4L
Tetrahydrofuran	1-4L
Acetonitrile	4-16L
Acetone	1-4L
Ethanol	1-4L
Trifluoro acetic acid	1L
Methylene chloride	4-16L
Hydrobromic acid	1-4L

Name and Address of Landlord

Lisa Masicotte
RREEF Property Management
3555 Arden Rd.
Hayward, CA 94545
Tel: 510-783-1513

HAYWARD FIRE DEPARTMENT

A Certified Unified Program Agency

777 B Street, Hayward, CA 94541-5007
 TEL (510) 583-4910 • FAX (510) 583-3641 • TDD (510) 247-3340

INSPECTION REPORT SUMMARY

Full CUPA Inspt.

Street Address:	2423 Investment Blvd, Ste. 8		
Name of Facility:	Biotium, Inc.		
Contact Person:	Vivien Chen, Gen. Ops. Mgr.	Telephone:	510-265-1027
Type of Business:			

UNIFIED PROGRAM SUMMARY	Program	Inspection	COMMENTS
Hazardous Materials Storage Permit	X	X	Range 1A (4 to 2A) VOL/COZ
Hazardous Materials Business Plan	X	X	
Risk Management Plan / CalARP			
Underground Storage Tank			
Aboveground Petroleum Storage Tank			
Does the facility have an SPCC Plan?			
Hazardous Waste Generator	X	X	CESQG
Tiered Permit: Permit-by-Rule			
Conditionally Authorized			
Conditionally Exempt, Specified Waste Stream			
Conditionally Exempt, Small Quantity Treatment			
Conditionally Exempt, Limited			
Conditionally Exempt, Commercial Laundry			

INSPECTION CHECKLISTS COMPLETED AND ATTACHED
<input type="checkbox"/> HMBP Inspection Checklist
<input type="checkbox"/> Hazardous Waste Generator Inspection Checklist
<input type="checkbox"/> Tiered Permit Inspection Checklist
<input type="checkbox"/> Uniform Fire Code Checklist for General Provisions and Articles 79 & 80
<input type="checkbox"/> Underground Storage Tank Checklist(s)
<input checked="" type="checkbox"/> Inspection Notes
<input checked="" type="checkbox"/> Other: Requirements / NTC

Was permission granted by a facility representative for this inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
--	---	-----------------------------

Complete required corrective actions immediately. Submit written Corrective Action Plan on or before	N/A
Re-inspection of the facility to verify compliance with all requirements may be conducted on or after	06/09/07

<p><i>Failure to comply with requirements established in this inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.</i></p>		
05/10/07 Date of Inspection	Miles J. Perry Inspector	[Signature] Signature of Facility Representative



HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS OFFICE

777 B Street, Hayward, CA 94541-5007

Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd., Ste. 8

Name of Facility: Biotium

Facility Representative: Vivien Chen

Tel. No.: _____

* Requirements

- 1) Secure all required permits before beginning installation of the proposed two fume hoods.
 - 2) Mount portable fire extinguishers at least ⁴/₅ inches up from the floor level, but no higher than 5 feet. The extinguishers shall be at least rated 2A10B-C, and they shall be provided highly visible location labels.
 - 3) The 30-gallon container used for the lab wastes exceeds the open-use limit for flammable I-B liquids (lab wastes) in this building. Reduce container size to no more than 15 gallons. (Repeat violation)
 - 4) Due to the quantity of hazardous material in this facility, it shall be moved from Range 1A to Range 2A for permitting purposes.
 - 5) Complete the "Notice to Comply" provided by 05/09/07 and return the completed original to this office.
 - 6) Post an NFPA 704 placard on the outside wall of the building.
- No further requirements @ this time.

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

05/10/07

Date of Inspection

Miles J. Long
Hazardous Materials Investigator

[Signature]
Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."



HAYWARD FIRE DEPARTMENT
A Certified Unified Program Agency

3423 Investment Blvd
Suite 8

05/10/07

INSPECTION REPORT SUMMARY

Two back labs.

* East Lab: 2 x new hoods being installed:

1 x blue, ^{poly} acid cabinet against east wall.

2 x under-counter (1 x acid & 1 x FL)

1 x yellow, metal, free-standing, 23-ft FL cabinet for reagents in 1-gal containers

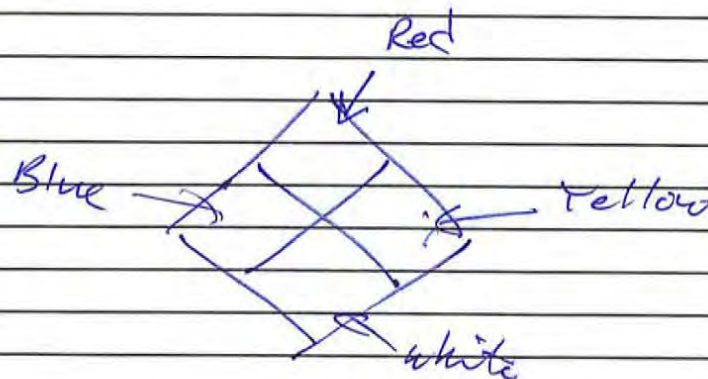
1 x H₂ cylinder (secured)

* West Lab: 3 x upright flam. liq. cabinets. All labeled correctly. 1 used for lab wastes in 30-gal drum. Under-cabinet counter cabinets for flammable liquids and corrosives. 2 x N₂ cylinders (secured).

Manifests for North State Env. pick-up of lab reviewed
last ~~stop~~ pick-up was 05/02/07

* Issues

- Secure permits for proposed hoods.
- Fac. should be in Range 2A
- Mount fire extinguishers
- Reduce 30-gal drum to 2 x 15-gal containers w/ lids.



nc



HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS OFFICE

777 B Street, Hayward, CA 94541-5007

Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd, Suite 8
Name of Facility: Biotium, Inc.
Facility Representative: Vivien Chen, General Manager Tel. No.: 510-265-1027

* Requirements :

- 1) Facility shall be put into the Range 2A since flammable liquids exceed 55 gallons
- 2) Hazardous waste generated at a rate of 60 gallons per year. This facility shall be included in the waste generator program as a Conditionally Exempt Small Quantity Generator (CESQG)
- 3) Reduce the ~~max~~ flammable liquid open use to containers of 15-gallon capacity or less. Total flammable liquid (I-B) storage limited to 120 gallons
- 4) Maintain written training records for employee Hazardous Materials / Waste Safety Training. within
- 5) Have fire extinguishers reviewed each 12 months and have serviced as necessary.
- 6) Complete the above-listed requirements by 05-22-04.

Biotium, Inc.

Glowing Products For Science

Vivien Chen, M.B.A.
Director of Marketing and Sales

3423 Investment Boulevard, Suite 8
Hayward, California 94545
U.S.A.

Phone: 510-265-1027

Fax: 510-265-1352

E-mail: vchen@biotium.com

Web: www.biotium.com

Failure to comply with the requirements established in this correspondence may result in the issuance of a Notice of Noncompliance under Hayward Municipal Code. Noncompliance is punishable by criminal

8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

04-22-04

Date of Inspection

[Signature]
Hazardous Materials Investigator

[Signature]
Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."



HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
 777 B Street, Hayward, CA 94541-5007
 Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

ABAG

Street Address: 3423 Investment Blvd, Suite 8
 Name of Facility: Biotium, Inc.
 Facility Representative: Vivien Chen, General Manager Tel. No.: 510-265-1027

HMBP - Y02/C04

On-site Rep: Ms. Xing Xin

Range 1A

Analytical lab work. Fluorescent Dye manufacturers

3 x FL Cabinets

Hazardous waste generated \approx 1 drum/year.

Cab. 1 - 8 x 1-gal bottles Flammable liquid
 (Methanol, chloroform, NH_4OH , Acetonitrile)
 2 x 5-gallon drums
 1 x 30-gal drum lab waste

Cab. 2 - \approx 70 x 1-gal bottles FL, including methanol, hexane,
 methylene chloride

Cab. 3 - Some empty bottles & solid lab chems in small quantities

2 x small FL cabinets (small FL chems)

1 x cor cabinet Acetic Acid, hydrobromic acid, methanesulphonic acid
 & other chems in small containers < 1 gallon/ea.

23 x Ar compressed gases in carts or strapped.

1 x He "

Extinguisher shall be at least 2A10-BC.

Adjacent Suite

used for analytical studies only.
 include 1 x FL cabinet.

Fire extinguisher serviced 06-15-95

CESOG FL liquid } (open use \leq 15 gal
 storage \leq 120 gal

North State Env: Manifest.

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04-22-04

Date of Inspection

Hazardous Materials Investigator

Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."




Fire Code Inspection Checklist

Facility Name: Biotium, Inc
Facility Address: 3423 Investment Blvd, Suite 8

Date: 04-22-04
Inspector: M. Perez

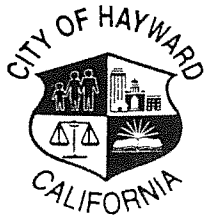
REQUIREMENTS	UFC SECTION	YES	NO	N/A	COMMENTS
1. GENERAL UFC					
a. Premises ID visible	901.4.4	X			
b. FD access clear	902.3	X			
c. Fire extinguisher inspection tags current	1001.5.1		X		
d. Storage ≥ 18" off sprinkler heads; ≥ 24" off ceiling if <u>non-sprinklered</u>	1103.3.2.2	X			
e. Exits clear / not obstructed	1203	X			
f. Exit signs visible	1212				
g. Extension cord used properly	8506				
h. Electrical panel access ≥ 30"-wide clearance	8509				
i. Oily rags in approved container with lid	1103.2.1.3				
j. No electrical hazards observed	8504	X			
k. Compressed gases properly restrained / secured	7401.6.4	X			
l. All required FD permits obtained	105.8	X			
2. ARTICLE 79 & ARTICLE 80					
a. All amounts within allowable limits	7902 / 7903 / 8001		X		Open Use FL I-B 715 gal.
b. Approved storage cabinets used	7902.5.9 / 8003.1.10	X			
c. Approved dispensing methods used	7903	X			
d. Containers properly bonded/grounded	7903.2				
e. Containers and tanks are labeled or placarded as required	7901.9 / 8001.7./8003.1.2	X			
f. Outside storage meets distance restrictions	7902.3.3			X	
g. Inside storage meets height/amount restrictions	7902.5.10	X			
h. "No Smoking" signs posted	7902.1.3.1				
i. Facility NFPA 704 diamond posted	8001.7				
j. Storage areas labeled and/or placarded	8001.7				
k. Storage areas secured	8001.9.2				
l. Records of unauthorized discharges maintained	8001.5.2.1				
m. Emergency shut-off switch/valve labeled	8001.4.3.2				
n. MSDs available	8001.6				
o. Containers in good condition	8001.4.2	X			
p. Incompatible materials segregated/separated	8001.9.8 / 8003.1.17	X			
q. Open shelving of adequate construction	8001.9.9	X			
r. Spill/drainage controls provided	8003.1.7	X			
s. Secondary containment provided	8003.1.7.4				
t. Equipment/area adequately ventilated	8003.1.8.1	X			
u. Equipment adequately secured	8004.1.10	X			

Comments:

Signature: 

Name/Title: Vivien Chen, Gen Mgr.

Date: 04-22-04



**HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE**

777 B Street, Hayward, CA 94541-5007
Telephone: (510) 583-4910 • Fax: (510) 583-3641

INSPECTION REPORT

Street Address: 3423 Investment Blvd. #8
Name of Facility: Biotium INC.
Facility Representative: _____ Tel. No.: _____

Facility inspection:

Fume hood - recently installed w/ permits

misc. shelves

chemical storage containers on order

Haz-Mat Permit submitted

NO further requests
at this time.

Failure to comply with the requirements established in this field inspection report or in subsequent correspondence may result in the issuance of a Notice of Noncompliance as provided in Sections 3-8.55 of the Hayward Municipal Code. Noncompliance is punishable by criminal and/or civil penalties under Sections 3-8.64 and 3-8.65 of the Hayward Municipal Code, or other applicable Federal and State laws or regulations.

6/21/2001

Date of Inspection

S. Buscovich

Hazardous Materials Investigator

2 [Signature]

Signature of Facility Representative

"Inspections or permits shall not be construed as authority to violate any applicable codes, laws, or regulations."

CITY OF HAYWARD FIRE DEPARTMENT

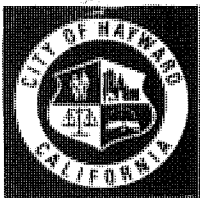
BUSINESS LICENSE APPLICATION REVIEW

Attention Business License Applicant:

The Revenue Division has referred you to the Fire Department because you had checked certain sections 7-10 on the Business Tax Form Supplement. Please complete and sign Part I below. More information on your business will assist us in scheduling inspections necessary to satisfy local Fire, Planning, and Hazardous Materials codes and regulations. If the reviewer checks any box in Part II be your responsibility to obtain the necessary permits or to follow up on any inspections required.

This "over the counter" review does not provide any Fire Department approvals for your business nor does it constitute a "Permit to Operate."

+ BUSINESS (S) -----		-- FIRE INSPECTION --	
AGC	File # 6687	Status OPEN	APN
Bus	Business Name BIOTIUM, INC.		Lot
Address	3423 INVESTMENT BL #8, HAYWARD, CA		Tract
Phone	(510) 265-1027	Operating Hours	
Complex	Complex Name		
Year	Opened	NFPA	Watch Dog on Premis
SCH	SCHEDULED INSPECTIONS (S)	UBC	Self Inspected?
Type	Start	Freq	Time
		Station	Unit
		Shift	Route S
+ FEATURE LOCATIONS (S) -----			
##	Feature	Location	
1	SMALL SCALE R&D LAB	HAZ MAT PERMIT REQUIRED	
+ [RMS LIVE System] -----			
1=CHARACT	2=DETAIL	3=NAMES	4=PERMITS
		5=HAZARD	6=REFERRAL



**HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE**

25151 CLAWITER RD., HAYWARD, CA 94545-2731
Telephone: (510) 293-8695 • Fax: (510) 293-5017

INSPECTION REPORT

Street Address: 3423 Investment Blvd, Suite 8
Name of Facility: TRACE/ENITECH ANALYTICAL LABS
Facility Representative: Mike Golden Tel. No.: (408) 735-1550
Type of Business/Facility: LAB. x-30

Closure Inspection - Closure plan received 03/10/97

- Wastes manifested & sent to Burlington Environmental, Inc.
Transporter & Destination: { 20245 77th Avenue South
Kent, WA 98032

Compressed gas piping left in place, but all hazardous materials removed & floor of facility was strip tested (results in pH 7).

No hazardous materials remaining at the facility.

* Requirement:

1) Submit Final Closure Report within 30 days of this date (i.e., 06/13/97).

FAILURE TO COMPLY WITH THE REQUIREMENTS ESTABLISHED IN THIS FIELD INSPECTION REPORT OR IN SUBSEQUENT CORRESPONDENCE MAY RESULT IN THE ISSUANCE OF A NOTICE OF NONCOMPLIANCE AS PROVIDED IN SECTION 3-8.55 OF THE HAYWARD MUNICIPAL CODE. NONCOMPLIANCE IS PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES UNDER SECTIONS 3-8.64 AND 3-8.65 OF THE HAYWARD MUNICIPAL CODE, OR OTHER APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

05/14/97

Date of Inspection

Miles J. Lee

Hazardous Materials Investigator

Michael J. Lee

Signature of Facility Representative

Page 1 of 1

"THE SAFE USE AND STORAGE OF HAZARDOUS MATERIALS IS EVERYBODY'S BUSINESS"

HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
INSPECTION REPORT

Page 1 of

Street Address: 3423 Investment Blvd. Ste #8
Name of Facility: TRACE Analysis
Contact Person: Scott Ferriman Phone Number: 783-6960

~~Area D:~~ Compressed gases: N₂, Ar, Nitrous Oxide, Acetylene
: checked & ID OK
in N₂ Dewar

~~Area J:~~ 1x55 gal waste water (corrosive), Soil samples
1x Flam Liq Cabinet

~~Area A:~~ Flam Liq Cabinet

~~Area C:~~ Reagent Storage: all change in 2° trays & ID

~~Area A:~~ Exp Compressed gas Storage: restraints in place.

~~Area E/F:~~ GE/MS area: all cylinders checked for labels, lines & tanks ID.

Requirements

- ① Improve identification of storage areas for reagent (C) & waste (J)
per the guidelines provided. Contact me for a re-inspection
within the next 30 days (Dec 1, 1993)

FAILURE TO COMPLY WITH THE REQUIREMENTS ESTABLISHED IN THIS FIELD INSPECTION REPORT OR IN SUBSEQUENT CORRESPONDENCE MAY RESULT IN THE ISSUANCE OF A NOTICE OF NONCOMPLIANCE AS PROVIDED IN SECTION 3-8.55 OF THE HAYWARD MUNICIPAL CODE. NONCOMPLIANCE IS PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES UNDER SECTIONS 3-8.64 AND 3-8.65 OF THE HAYWARD MUNICIPAL CODE, OR OTHER APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

11/1/93

Date of Inspection

[Signature]

Hazardous Materials Investigator

[Signature]

Signature of Facility Representative

"THE SAFE USE AND STORAGE OF HAZARDOUS MATERIALS IS EVERYBODY'S BUSINESS"

HAYWARD FIRE DEPARTMENT
HAZARDOUS MATERIALS OFFICE
INSPECTION REPORT

Page 1 of 2

Street Address: 3423 INVESTMENT BLVD.

Name of Facility: TRACE ANALYSIS

Contact Person: L. JEAN NABOIAN

Phone Number: 783-6960

SAMPLE RECEIPT: customer samples only
refrigerators

FLAM LIO cabinet A) ~20 gal FLAM. reagent grade, neat & orderly
B) AS ABOVE w/ smaller qty.
Spill kit is present nearby.

Compressed Gases: 10 x N₂, He, Ar, H₂
(Storage)

NON-FLAM storage: corrosives & misc small qty. stored on 2° trays by
compatibility

Samples (disposal prep): FLAM liquid cabinet, misc storage

4x compressed gas - O₂, NO, Ar, N₂ in use @ instrument

1x compressed gas - in use, copper lines, LABELED, detection systems(?)

1x Dewar N₂ -

3x compressed gas - GB Supply.

TEMPORARY waste transfer area w/in HOOD.

FAILURE TO COMPLY WITH THE REQUIREMENTS ESTABLISHED IN THIS FIELD INSPECTION REPORT OR IN SUBSEQUENT CORRESPONDENCE MAY RESULT IN THE ISSUANCE OF A NOTICE OF NONCOMPLIANCE AS PROVIDED IN SECTION 3-8.55 OF THE HAYWARD MUNICIPAL CODE. NONCOMPLIANCE IS PUNISHABLE BY CRIMINAL AND/OR CIVIL PENALTIES UNDER SECTIONS 3-8.64 AND 3-8.65 OF THE HAYWARD MUNICIPAL CODE, OR OTHER APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

1/30/91

Date of Inspection

Jay Soderstrom

Hazardous Materials Investigator

L. Jean Naboian

Signature of Facility Representative

"THE SAFE USE AND STORAGE OF HAZARDOUS MATERIALS IS EVERYBODY'S BUSINESS"



HAYWARD FIRE DEPARTMENT

22300 FOOTHILL BLVD.
HAYWARD, CA 94541
784-8690

HAZARDOUS MATERIALS INSPECTION FORM

Address 3423 Investment Blvd. Business TRAC Analysis
Owner/Manager L. JEAN NORDIAN Phone (Bus.) _____ (Home) _____
Assistant Mgr. _____ Phone (Bus.) _____ (Home) _____
Bldg. Owner & Address _____
Conditions Discussed with L. Jean Nordin Type of Business Analytical

AN INSPECTION OF YOUR FACILITY REVEALED THE FOLLOWING:

Type of Operation: ANNUAL INSPECTION

LABORATORY

REQUIREMENTS:

- 1) Submit an updated HAZARDOUS MATERIALS management plan on the forms provided on or before MARCH 1, 1991.
- 2) Improve General Housekeeping in ALL AREAS of the LAB where HAZARDOUS materials and wastes are used, stored, or transferred and ensure that all materials in a secondary containment unit are compatible.
- 3) Further Requirements may be established after review of the updated HAZARDOUS MATERIALS mgmt. plan.

282

Failure to comply with the above stipulations may result in the issuance of an infraction citation for violation of the Hayward Municipal Code Article 8 - the Hazardous Materials Storage Ordinance.

1/30/91
Date

John S. [Signature]
Inspecting Officer

[Signature]
Received by

"FIRE PREVENTION IS EVERYBODY'S BUSINESS"

27902

CERTIFICATION STATEMENTFor Reporting Year 2008RECEIVED
FIRE PREVENTIONFEB 20
POSTED
706/008
HAYWARD FIRE DEPT**HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY**

If no change in your hazardous materials inventory has occurred since you submitted a complete Hazardous Materials Business Plan (HMBP), you may comply with the annual inventory reporting requirements of **State law** by completing, signing, and submitting this Certification Statement... **ONLY IF ALL THE FOLLOWING APPLY:**

- (1) You have previously filed a complete HMBP within the past three years;
- (2) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Certification Statement; AND
- (3) You are not using the certification statement to comply with the annual federal reporting requirements under the Emergency Planning and Community Right-to-know Act (EPCRA).

Regardless of whether a change has occurred or not, facilities subject to **federal law**, EPCRA, must annually submit the following documents: (a) Business Activities page; (b) Business Owner/Operator Identification page; and (c) Chemical Description page for each reportable federal Extremely Hazardous Substance (EHS). Note that a Chemical Description page for an EHS must contain an original signature.

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally examined and am familiar with the information referred to or submitted in this and all attached documents. Based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

I FURTHER CERTIFY THAT:

- (1) The information contained in the Hazardous Materials Inventory Statement (HMIS) most recently submitted to the Hayward Fire Department as part of this facility's Hazardous Materials Business Plan (HMBP) is complete, accurate and up-to-date;
- (2) There has been no change in the quantity of hazardous materials reported in the HMIS most recently submitted to the Hayward Fire Department; AND
- (3) No hazardous materials subject to inventory reporting requirements are being handled that are not listed in the HMIS most recently submitted to the Hayward Fire Department.

Name: Vivien Chen Signature: [Signature]Title: Operations Manager Date Signed: 2/19/2008Facility Name: Biotium, Inc.Facility Address: 3423 Investment Blvd. Suite 8, Hayward, CA 94545

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007

UNIFIED PROGRAM CONSOLIDATED FORM

HAYWARD FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION FACILITY INFORMATION

I. IDENTIFICATION

UNIFIED PROGRAM CONSOLIDATED PERMIT/REGISTRATION NUMBER 01-003 - 27908	BEGINNING DATE 01/01/2008	ENDING DATE 12/31/2008
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Biotium, Inc.	BUSINESS PHONE (510) 265-1027	
BUSINESS SITE ADDRESS 3423 Investment Blvd. Suite 8		
CITY Hayward	CA	ZIP CODE 94545
DUN & BRADSTREET 80-663-9394	SIC CODE (4 digit #) 2865	
COUNTY Alameda County		
BUSINESS OPERATOR NAME	BUSINESS OPERATOR PHONE 510-265-1027	

II. BUSINESS OWNER

OWNER NAME Fer Mao	OWNER PHONE 510-265-1027
OWNER MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
ZIP CODE 94545	

III. ENVIRONMENTAL CONTACT

CONTACT NAME Vivien Chen	CONTACT PHONE 510-265-1027
CONTACT MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
ZIP CODE 94545	

- PRIMARY -

IV. EMERGENCY CONTACTS

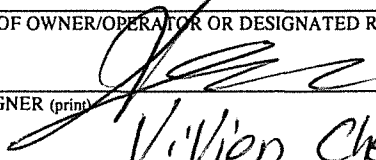
- SECONDARY -

NAME Vivien Chen	NAME Ching-Ying Cheung
TITLE Operations Manager	TITLE Facility Safety Officer
BUSINESS PHONE 510-265-1027	BUSINESS PHONE 510-265-1027
24-HOUR PHONE 510-589-7179	24-HOUR PHONE (541) 513-1853
PAGER or CELL PHONE # 510-589-7179	PAGER or CELL PHONE # (541) 513-1853

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

- ☐ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description Form(s).
- ☒ This form is the annual submittal. There are no changes to the most recent HMBP filed. Certification Statement enclosed.
- ☐ This location is on property not owned by the business owner. Property owner information provided in separate page, attached.
- ☐ This facility is a recycler and files a Recyclable Materials Report.

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 2/19/2008	NAME OF DOCUMENT PREPARER Vivien Chen
NAME OF SIGNER (print) Vivien Chen	TITLE OF SIGNER Operations Manager	

See Instructions A: Business Owner/Operator Identification

Page ____ of ____

POSTED

406/07

RECEIVED BY
FIRE PREVENTION OFFICE

MAR 14 2007

HAYWARD FIRE DEPARTMENT

279.02

CERTIFICATION STATEMENT

For Reporting Year 2006

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

If no change in your hazardous materials inventory has occurred since you submitted a complete Hazardous Materials Business Plan (HMBP), you may comply with the annual inventory reporting requirements of **State law** by completing, signing, and submitting this Certification Statement... **ONLY IF ALL THE FOLLOWING APPLY:**

- (1) You have previously filed a complete HMBP within the past three years;
- (2) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Certification Statement; AND
- (3) You are not using the certification statement to comply with the annual federal reporting requirements under the Emergency Planning and Community Right-to-know Act (EPCRA).

Regardless of whether a change has occurred or not, facilities subject to **federal law**, EPCRA, must annually submit the following documents: (a) Business Activities page; (b) Business Owner/Operator Identification page; and (c) Chemical Description page for each reportable federal Extremely Hazardous Substance (EHS). Note that a Chemical Description page for an EHS must contain an original signature.

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally examined and am familiar with the information referred to or submitted in this and all attached documents. Based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

I FURTHER CERTIFY THAT:

- (1) The information contained in the Hazardous Materials Inventory Statement (HMIS) most recently submitted to the Hayward Fire Department as part of this facility's Hazardous Materials Business Plan (HMBP) is complete, accurate and up-to-date;
- (2) There has been no change in the quantity of hazardous materials reported in the HMIS most recently submitted to the Hayward Fire Department; AND
- (3) No hazardous materials subject to inventory reporting requirements are being handled that are not listed in the HMIS most recently submitted to the Hayward Fire Department.

Name: Vivien Chen Signature: [Signature]

Title: Operations Manager Date Signed: 3/8/2007

Facility Name: Biotium, Inc.

Facility Address: 3423 Investment Blvd. Suite 8, Hayward, CA 94545

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007

**UNIFIED PROGRAM CONSOLIDATED FORM
HAYWARD FIRE DEPARTMENT**

BUSINESS OWNER/OPERATOR IDENTIFICATION FACILITY INFORMATION

I. IDENTIFICATION

UNIFIED PROGRAM CONSOLIDATED PERMIT/REGISTRATION NUMBER 01-003 27902	BEGINNING DATE 01/01/2006 2007	ENDING DATE 12/31/2006 2007
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Biotium, Inc.	BUSINESS PHONE 510-265-1027	
BUSINESS SITE ADDRESS 3423 Investment Blvd. Suite 8		
CITY Hayward	CA	ZIP CODE 94545
DUN & BRADSTREET 80-663-9394	SIC CODE (4 digit #) 2865	
COUNTY Alameda County		
BUSINESS OPERATOR NAME Fei Mao	BUSINESS OPERATOR PHONE 510-265-1027	

II. BUSINESS OWNER

OWNER NAME Fei Mao	OWNER PHONE 510-265-1027
OWNER MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
ZIP CODE 94545	

III. ENVIRONMENTAL CONTACT

CONTACT NAME Vivien Chen	CONTACT PHONE 510-265-1027
CONTACT MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
ZIP CODE 94545	

- PRIMARY -

IV. EMERGENCY CONTACTS

- SECONDARY -

NAME Vivien Chen	NAME Ching-Ying Cheung
TITLE Operations Manager	TITLE Facility Safety Officer
BUSINESS PHONE 510-265-1027	BUSINESS PHONE 510-265-1027
24-HOUR PHONE 510-589-7179	24-HOUR PHONE (541) 513-1853
PAGER or CELL PHONE # 510-589-7179	PAGER or CELL PHONE # (541) 513-1853

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

☐ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description Form(s).

☒ This form is the annual submittal and there are no changes to the facility or its haz mat inventory. Attachment 6 enclosed.

☐ This location is on property owned by someone other than the business owner. Attachment 7 enclosed.

☐ This facility is a recycler. Attachment 8 enclosed.

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 3/8/2007	NAME OF DOCUMENT PREPARER Vivien Chen
NAME OF SIGNER (print) Vivien Chen	TITLE OF SIGNER Operations Manager	

POSTED

406

FIRE PREVENTION OFFICE

JUN 16 2006

UNIFIED PROGRAM CONSOLIDATED FORM

HAYWARD FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION

FACILITY INFORMATION

I. IDENTIFICATION

UNIFIED PROGRAM CONSOLIDATED PERMIT/REGISTRATION NUMBER 06-0027902-018809	BEGINNING DATE 01/01/2006	ENDING DATE 12/31/2006
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Biotium, Inc.	BUSINESS PHONE (510) 265-1027	
BUSINESS SITE ADDRESS 3423 Investment Blvd. Suite 8		
CITY Hayward	CA	ZIP CODE 94545
DUN & BRADSTREET 806639394	SIC CODE (4 digit #) 5169	
COUNTY Alameda County		
BUSINESS OPERATOR NAME Fei Mao	BUSINESS OPERATOR PHONE (510) 265-1027	

II. BUSINESS OWNER

OWNER NAME Fei Mao	OWNER PHONE (510) 265-1027
OWNER MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
	ZIP CODE 94545

III. ENVIRONMENTAL CONTACT

CONTACT NAME ViVien Chen	CONTACT PHONE (510) 265-1027
CONTACT MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
	ZIP CODE 94545

- PRIMARY -

IV. EMERGENCY CONTACTS


- SECONDARY -

NAME ViVien Chen	NAME Ching-Ying Cheung
TITLE Operations Manager	TITLE Safety Officer
BUSINESS PHONE (510) 265-1027	BUSINESS PHONE (510) 265-1027
24-HOUR PHONE (510) 589-7179	24-HOUR PHONE (541) 513-2968
PAGER or CELL PHONE # (510) 589-7179	PAGER or CELL PHONE # (541) 513-2968

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

- ☒ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description Form(s).
- ☐ This form is the annual submittal and there are no changes to the facility or its haz mat inventory. Attachment 6 enclosed.
- ☒ This location is on property owned by someone other than the business owner. Attachment 7 enclosed.
- ☐ This facility is a recycler. Attachment 8 enclosed.

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 6/14/2006	NAME OF DOCUMENT PREPARER ViVien Chen
NAME OF SIGNER (print) ViVien Chen	TITLE OF SIGNER Operations Manager	

See Instructions A: Business Owner/Operator Identification

Page ____ of ____

UPCF

OES FORM 2730

HMBP Standard Form / HFD/dmg 2004

Unified Program Consolidated Form

Hayward Fire Department

Hazardous Material Inventory - Chemical Description

(One page per material, per location or area)


200 ☐ Add ☐ Delete ☒ Revise

Page 1 of 3

Business/Facility Name: ³ <u>Biotrium, Inc.</u>		
Chemical Location: ²⁰¹ <u>by LCMS equipment in Chemistry Lab 2</u>	Chemical Location Confidential? (EPCRA) ²⁰² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Permit Number: <u>06-0027902-018809</u>	Map Number: ²⁰³	Grid Number: ²⁰⁴

Chemical Name: ²⁰⁵ <u>Compressed Argon</u>	Trade Secret? ²⁰⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Name: ²⁰⁷ <u>Argon</u>	EHS Listed? ²⁰⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS Number: ²⁰⁹ <u>7440-37-1</u>	CalARP Listed? ^{208-A} <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Uniform Fire Code Hazard Classes ²¹⁰ (Check all boxes that apply to this chemical and write in the appropriate Class number or letter. See Attachment 1 - Hazard Classes.)	Physical Characteristics		Health Characteristics
	<input type="checkbox"/> Explosives/Blasting Agents <input type="checkbox"/> Class ___ Flammable Liquid <input type="checkbox"/> Class ___ Combustible Liquid <input type="checkbox"/> Class ___ Oxidizer <input type="checkbox"/> Flammable Gas <input checked="" type="checkbox"/> Non-Flammable Gas	<input type="checkbox"/> Flammable Solid <input type="checkbox"/> Class ___ Water Reactive <input type="checkbox"/> Class ___ Unstable Reactive <input type="checkbox"/> Class ___ Organic Peroxide <input type="checkbox"/> Class ___ Pyrophoric	<input type="checkbox"/> Toxic <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen <input type="checkbox"/> Radioactive <input type="checkbox"/> Other Health Hazard

Type of Material ²¹¹ <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste	Radioactive? ²¹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NFPA 704 Ratings ^{210-A} 
Physical State ²¹⁴ <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	Curies ²¹³ _____ Curies	

Federal Hazard Categories ²¹⁶ Check all that apply	<input type="checkbox"/> Fire <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Pressure Release <input type="checkbox"/> Acute Health <input type="checkbox"/> Chronic Health
--	--

Largest Container ²¹⁵ <u>200 cuft</u>	Units ²²¹ <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet <input type="checkbox"/> Pounds <input type="checkbox"/> Tons <i>If EHS-Listed or CalARP-Listed, amounts must be in pounds.</i>	Annual Waste Amt. ²¹⁹ <u>none</u>
Ave. Daily Amount ²¹⁷ <u>0.1 cuft @ STP</u>		State Waste Code ²²⁰ <u>N/A</u>
Max. Daily Amount ²¹⁸ <u>0.1 cuft @ STP</u>		No. of Days on Site ²²² <u>365</u>

Storage Container ²²³	<input checked="" type="checkbox"/> Aboveground Tank <input type="checkbox"/> Underground Tank <input type="checkbox"/> Tank Inside Building <input type="checkbox"/> Steel Drum <input type="checkbox"/> Plastic/Nonmetallic Drum	<input type="checkbox"/> Can <input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Bag	<input type="checkbox"/> Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Glass Bottle <input type="checkbox"/> Plastic Bottle <input type="checkbox"/> Tote Bin	<input type="checkbox"/> Tank Wagon <input type="checkbox"/> Rail Car <input type="checkbox"/> Other... _____
----------------------------------	--	---	--	---

Storage Pressure ²²⁴ <input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient	If EPCRA, sign here:
---	----------------------

Storage Temperature ²²⁵ <input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient <input type="checkbox"/> Cryogenic

% Weight	Hazardous Components (for mixture or waste only)	EHS Listed?	C A S No.
1. <u>100</u> ²²⁶	<u>Argon</u> ²²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ²²⁸	<u>7440-37-1</u> ²²⁹
2. ²³⁰	²³¹	<input type="checkbox"/> Yes <input type="checkbox"/> No ²³²	²³³
3. ²³⁴	²³⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No ²³⁶	²³⁷
4. ²³⁸	²³⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No ²⁴⁰	²⁴¹

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

See Instructions B: Hazardous Material Inventory - Chemical Description

Hayward Fire Department

Hazardous Material Inventory - Chemical Description

(One page per material, per location or area)

200 ☐ Add ☐ Delete ☐ Revise

Page 2 of 3

Business/Facility Name: ³ <u>Biotium, Inc.</u>			
Chemical Location: ²⁰¹ <u>by the fume hoods at chemistry Lab 1</u>		Chemical Location Confidential? (EPCRA) ²⁰² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Permit Number: <u>06-0027902-018809</u>	Map Number: ²⁰³	Grid Number: ²⁰⁴	

Chemical Name: ²⁰⁵ <u>Compressed Nitrogen</u>	Trade Secret? ²⁰⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Name: ²⁰⁷ <u>Nitrogen</u>	EHS Listed? ²⁰⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS Number: ²⁰⁹ <u>7727-37-9</u>	CalARP Listed? ^{208-A} <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Uniform Fire Code Hazard Classes ²¹⁰ (Check all boxes that apply to this chemical and write in the appropriate Class number or letter. See Attachment I - Hazard Classes.)	Physical Characteristics		Health Characteristics
	<input type="checkbox"/> Explosives/Blasting Agents <input type="checkbox"/> Class ___ Flammable Liquid <input type="checkbox"/> Class ___ Combustible Liquid <input type="checkbox"/> Class ___ Oxidizer <input type="checkbox"/> Flammable Gas <input checked="" type="checkbox"/> Non-Flammable Gas	<input type="checkbox"/> Flammable Solid <input type="checkbox"/> Class ___ Water Reactive <input type="checkbox"/> Class ___ Unstable Reactive <input type="checkbox"/> Class ___ Organic Peroxide <input type="checkbox"/> Class ___ Pyrophoric	<input type="checkbox"/> Toxic <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Other Health Hazard <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen <input type="checkbox"/> Radioactive

Type of Material ²¹¹ <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste	Radioactive? ²¹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NFPA 704 Ratings ^{210-A} 
Physical State ²¹⁴ <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	Curies ²¹³ _____ Curies	

Federal Hazard Categories ²¹⁶ (Check all that apply)	<input type="checkbox"/> Fire <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Pressure Release <input type="checkbox"/> Acute Health <input type="checkbox"/> Chronic Health
--	--

Largest Container ²¹⁵ <u>200 cu ft</u>	Units ²²¹ <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet <input type="checkbox"/> Pounds <input type="checkbox"/> Tons If EHS-Listed or CalARP-Listed, amounts must be in <u>pounds</u> .	Annual Waste Amt. ²¹⁹ <u>none</u>
Ave. Daily Amount ²¹⁷ <u>1 cu ft @ STP</u>		State Waste Code ²²⁰ <u>N/A</u>
Max. Daily Amount ²¹⁸ <u>2 cu ft @ STP</u>		No. of Days on Site ²²² <u>365</u>

Storage Container ²²³	<input checked="" type="checkbox"/> Aboveground Tank <input type="checkbox"/> Underground Tank <input type="checkbox"/> Tank Inside Building <input type="checkbox"/> Steel Drum <input type="checkbox"/> Plastic/Nonmetallic Drum	<input type="checkbox"/> Can <input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Bag	<input type="checkbox"/> Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Glass Bottle <input type="checkbox"/> Plastic Bottle <input type="checkbox"/> Tote Bin	<input type="checkbox"/> Tank Wagon <input type="checkbox"/> Rail Car <input type="checkbox"/> Other... _____ <input type="checkbox"/> _____
----------------------------------	--	---	--	---

Storage Pressure ²²⁴ <input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient	If EPCRA, sign here:
---	----------------------

Storage Temperature ²²⁵ <input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient <input type="checkbox"/> Cryogenic

% Weight	Hazardous Components (for mixture or waste only)	EHS Listed?	C A S No.
1. <u>100</u> ²²⁶	<u>Nitrogen</u> ²²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ²²⁸	<u>7727-37-9</u> ²²⁹
2. ²³⁰	²³¹	<input type="checkbox"/> Yes <input type="checkbox"/> No ²³²	²³³
3. ²³⁴	²³⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No ²³⁶	²³⁷
4. ²³⁸	²³⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No ²⁴⁰	²⁴¹

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

See Instructions B: Hazardous Material Inventory - Chemical Description

Hayward Fire Department
Hazardous Material Inventory - Chemical Description

(One page per material, per location or area)

200 ☐ Add ☐ Delete ☐ Revise

Page 3 of 3

Business/Facility Name: ³ <u>Biotium, Inc.</u>			
Chemical Location: 201	<u>by the bench in Chemistry Lab 2</u>	Chemical Location Confidential? (EPCRA) 202	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Permit Number: <u>06-0027902-018809</u>	Map Number: 203	Grid Number: 204	

Chemical Name: 205	<u>Compressed Hydrogen</u>	Trade Secret? 206	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Name: 207	<u>Hydrogen</u>	EHS Listed? 208	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS Number: 209	<u>1333-74-0</u>	CalARP Listed? 208-A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Uniform Fire Code Hazard Classes 210 <i>(Check all boxes that apply to this chemical and write in the appropriate Class number or letter. See Attachment I - Hazard Classes.)</i>	Physical Characteristics		Health Characteristics	
	<input type="checkbox"/> Explosives/Blasting Agents <input type="checkbox"/> Class ___ Flammable Liquid <input type="checkbox"/> Class ___ Combustible Liquid <input type="checkbox"/> Class ___ Oxidizer <input checked="" type="checkbox"/> Flammable Gas <input type="checkbox"/> Non-Flammable Gas	<input type="checkbox"/> Flammable Solid <input type="checkbox"/> Class ___ Water Reactive <input type="checkbox"/> Class ___ Unstable Reactive <input type="checkbox"/> Class ___ Organic Peroxide <input type="checkbox"/> Class ___ Pyrophoric	<input type="checkbox"/> Toxic <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Other Health Hazard	<input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen <input type="checkbox"/> Radioactive

Type of Material 211	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste	Radioactive? 212	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NFPA 704 Ratings 210-A 
Physical State 214	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	Curies 213	_____ Curies	

Federal Hazard Categories 216 <i>Check all that apply</i>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Pressure Release <input type="checkbox"/> Acute Health <input type="checkbox"/> Chronic Health
--	---

Largest Container 215	<u>200 cuft</u>	Units 221 <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet <input type="checkbox"/> Pounds <input type="checkbox"/> Tons <i>If EHS-Listed or CalARP-Listed, amounts must be in pounds.</i>	Annual Waste Amt. 219	<u>none</u>
Ave. Daily Amount 217	<u>0.1 cuft @ STP</u>		State Waste Code 220	<u>N/A</u>
Max. Daily Amount 218	<u>0.1 cuft @ STP</u>		No. of Days on Site 222	<u>365</u>

Storage Container 223	<input checked="" type="checkbox"/> Aboveground Tank	<input type="checkbox"/> Can	<input type="checkbox"/> Box	<input type="checkbox"/> Tank Wagon
	<input type="checkbox"/> Underground Tank <input type="checkbox"/> Tank Inside Building <input type="checkbox"/> Steel Drum <input type="checkbox"/> Plastic/Nonmetallic Drum	<input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Bag	<input type="checkbox"/> Cylinder <input type="checkbox"/> Glass Bottle <input type="checkbox"/> Plastic Bottle <input type="checkbox"/> Tote Bin	<input type="checkbox"/> Rail Car <input type="checkbox"/> Other... _____ <input type="checkbox"/> _____

Storage Pressure 224	<input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient	If EPCRA, sign here:
----------------------	---	----------------------

Storage Temperature 225	<input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient <input type="checkbox"/> Cryogenic
-------------------------	--

% Weight	Hazardous Components (for mixture or waste only)	EHS Listed?	C A S No.
1. <u>100</u> 226	<u>Hydrogen</u> 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	<u>1333-74-0</u> 229
2. 230	231	<input type="checkbox"/> Yes <input type="checkbox"/> No 232	233
3. 234	235	<input type="checkbox"/> Yes <input type="checkbox"/> No 236	237
4. 238	239	<input type="checkbox"/> Yes <input type="checkbox"/> No 240	241

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

See Instructions B: Hazardous Material Inventory - Chemical Description

Location of Facility

Business Name:

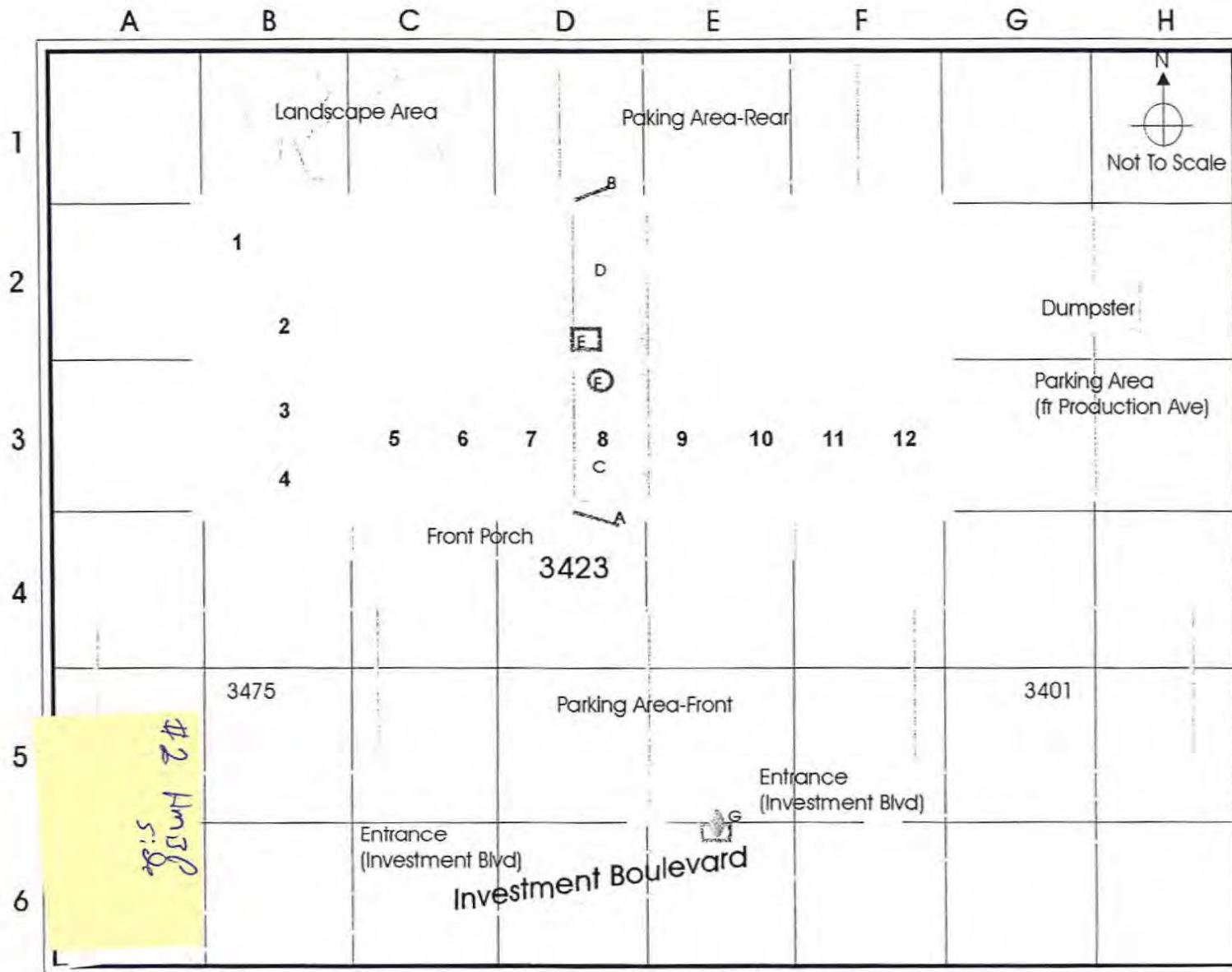
Biotium, Inc.

Facility Address:

3423 Investment Blvd. Ste 8
Hayward, CA 94545

Map No. 1

Page of



Map Notations:

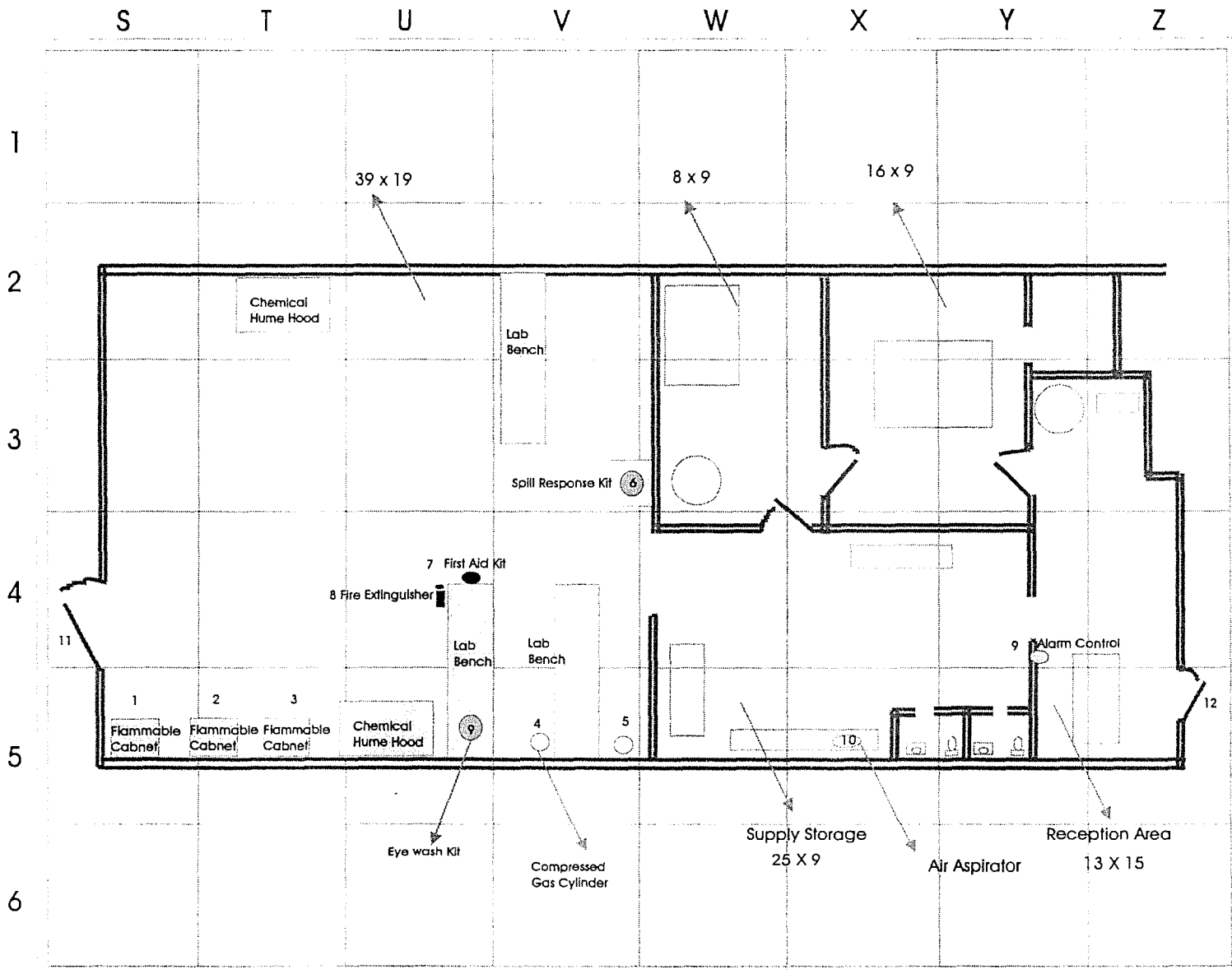
- A: Facility Front Door
- B: Facility Rear Entrance
- C: Front Office Area
- D: Rear Lab Area
- E: Compressed Air Cylinder
- F: Alarm System
- G: Street Fire Hydrants

Detailed Facility Map

Business Name:
Biotium, Inc.

Facility Address:
3423 Investment Blvd. Ste 8
Hayward, CA 94545

Map No. 2
Page of



Map Notations:

- 1: Flammable Hume Hood 1
- 2: Flammable Hume Hood 2
- 3: Flammable Hume Hood 3
(house the DOT approved waste drum)
- 4: Compressed Helium Cylinder
- 5: Compressed Argon Cylinder
- 6: Harzorb Spill Response Kit
(meet & exceeds Dot 49 CFR 173.12)
- 7: First Aid Kit
- 8: Fire Extinguisher (8 lbs Dry Chemicals)
- 9: Eye Wash Kit
- 10: Air Aspirator
- 11: Rear Door
- 12: Front Door

Location of Facility

Business Name:

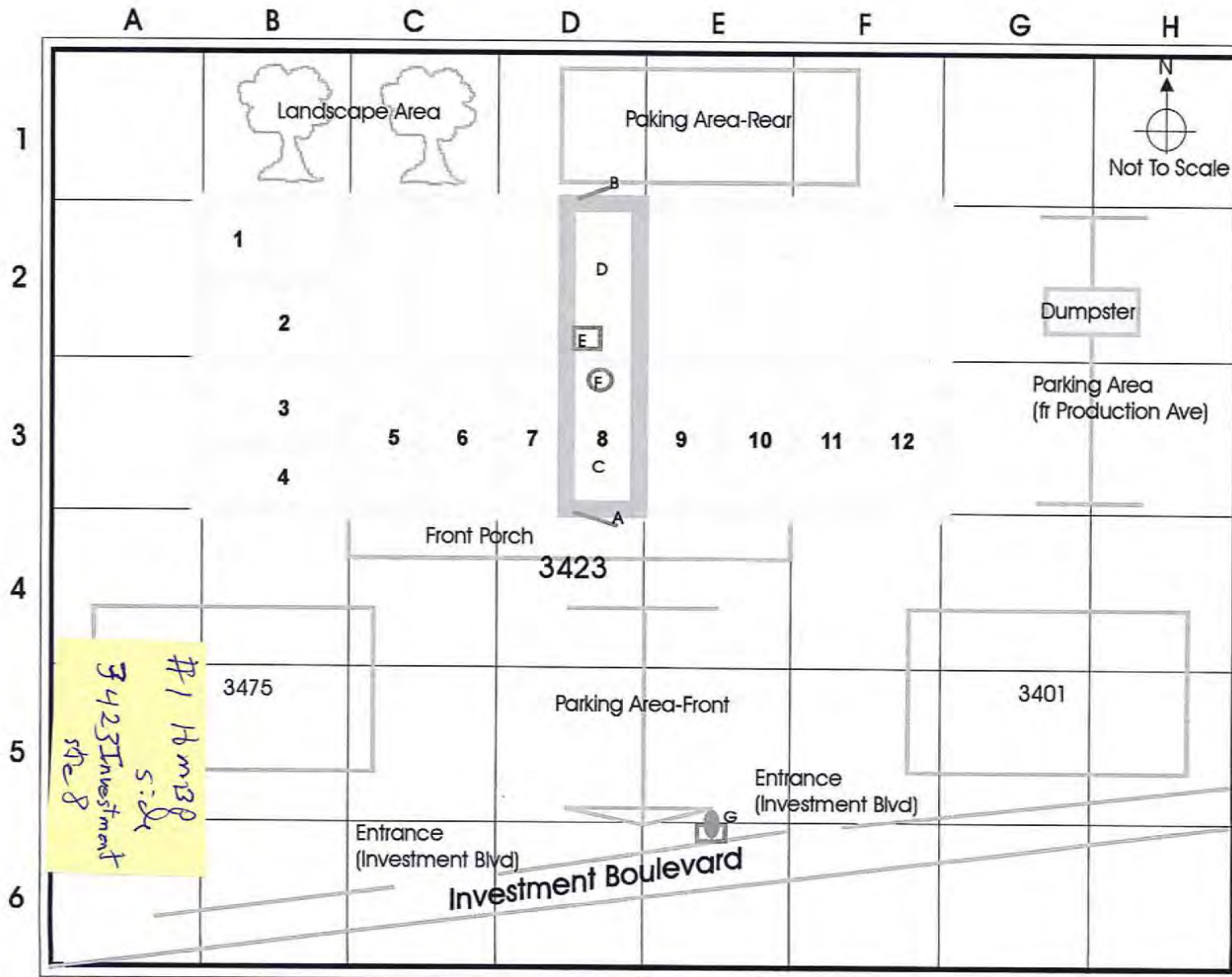
Biotium, Inc.

Facility Address:

3423 Investment Blvd. Ste 8
Hayward, CA 94545

Map No. 1

Page of



Map Notations:

- A: Facility Front Door
- B: Facility Rear Entrance
- C: Front Office Area
- D: Rear Lab Area
- E: Compressed Air Cylinder
- F: Alarm System
- G: Street Fire Hydrants

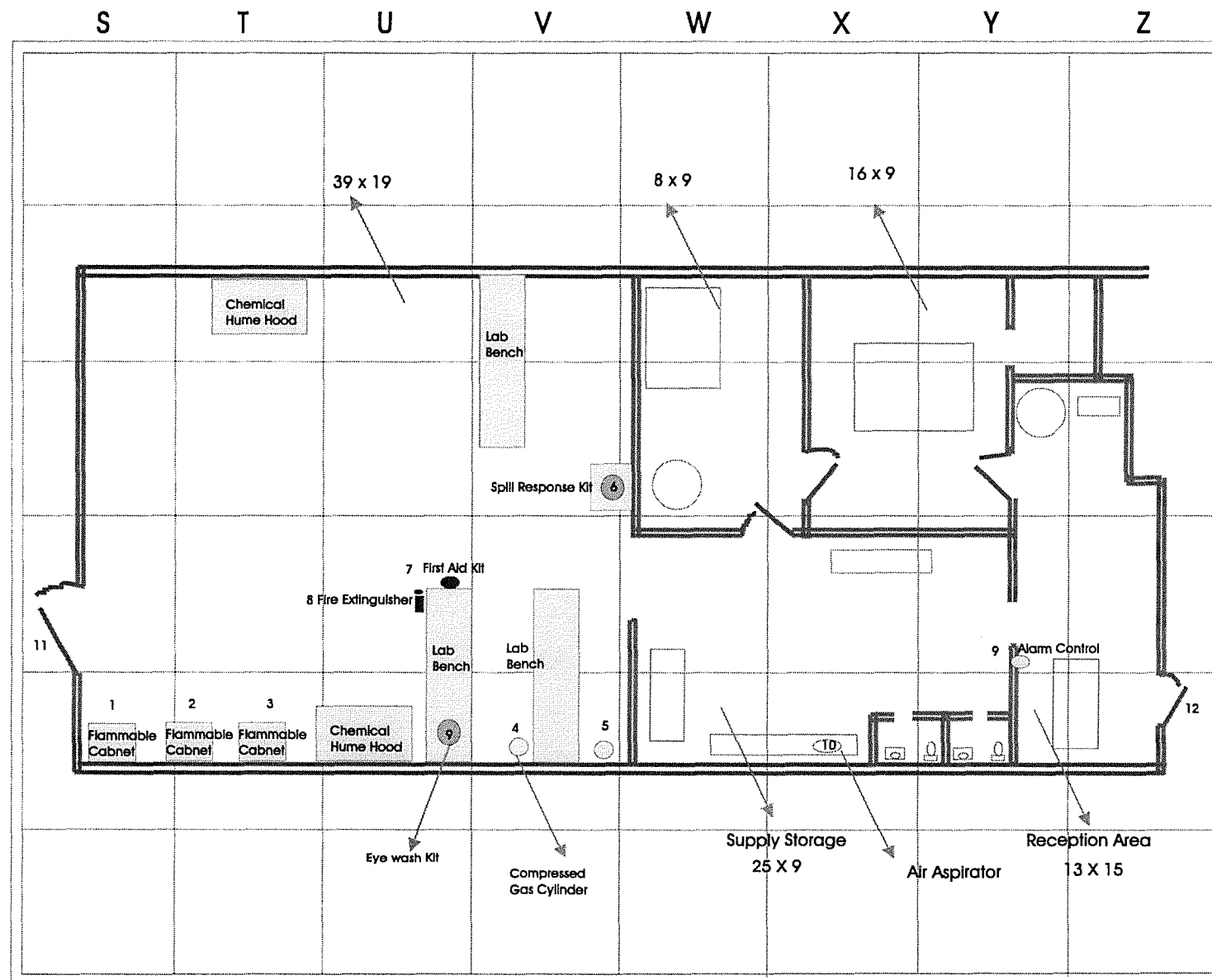
Detailed Facility Map

Business Name:
Biotium, Inc.

Facility Address:
3423 Investment Blvd. Ste 8
Hayward, CA 94545

Map No. 2

Page of



Map Notations:

- 1: Flammable Hume Hood 1
- 2: Flammable Hume Hood 2
- 3: Flammable Hume Hood 3
(house the DOT approved waste drum)
- 4: Compressed Helium Cylinder
- 5: Compressed Argon Cylinder
- 6: Harzorb Spill Response Kit
(meet & exceeds Dot 49 CFR 173.12)
- 7: First Aid Kit
- 8: Fire Extinguisher (8 lbs Dry Chemicals)
- 9: Eye Wash Kit
- 10: Air Aspirator
- 11: Rear Door
- 12: Front Door

Emergency Response Plan

FOR

Biotium, Inc.
(Name of Facility)

A. Internal and External Notification

- A.1 Notification of the Hayward Fire Department:** The following persons, in the order of responsibility, shall notify the HFD in the event of a spill, release or threatened release. (If the person first named is not available, the second person will assume notification responsibility... and on, down the list.)

Name	Title	Phone no.
Vivien Chen	Operations Manager	510-265-1027
Ching-Ying Cheung	Safety Officer	510-265-1027
Wai-Yee Leung	Director of Chemistry	510-265-1027

Procedures for Notification of the Hayward Fire Department:

DO NOT CALL ANY FIRE STATION DIRECTLY.

DO NOT leave a message on any Fire Department Administrative Office phone.

CALL the Fire Department via 9-1-1 as soon as a person has knowledge of a release or threatened release. This applies to emergencies only. Use 911 for notifications of any active spills of any type of hazardous materials. Inform the Dispatcher of the nature of the call (Emergency).

For non-emergency situations, call the City of Hayward Dispatch Center at (510) 293-7000. Inform the Dispatcher of the nature of the call (Non-emergency).

WHEN USING A CELLULAR PHONE, DO NOT CALL 9-1-1 unless you are trying to get the California Highway Patrol. To reach the City of Hayward Dispatch Center by cell phone, call (510) 293-7000.

Information to provide the Fire Department:

1. Identify yourself and provide a callback phone number.
2. Provide the address of the facility and spill location on the site.
3. Specify the name of a contact person who shall meet the Emergency Responders and where he or she would be at the site.
4. Provide any available and pertinent spill information known at the time the report is being made.

A.2 Notification of State OES and other governmental agencies:

The State Office of Emergency Services shall be notified immediately when a release or threatened release will have significant off-site consequences or if the Federal EPA National Response Center is to be notified based on Federal notification thresholds. Following is a listing of the agencies that may need notification based on your facility's operations, materials and thresholds. ADD TO THE LIST AGENCIES/COMPANIES SPECIFIC TO YOUR FACILITY.

Agency	Phone
Hayward Fire Department Dispatcher: <i>Call for Emergencies and Spill Notification</i>	9-1-1 or from a cell phone, (510) 293-7000
State Office of Emergency Services Notification Center	1-800-852-7550
Hayward Fire Department Hazardous Materials Office <i>(for information on regulatory issues and waste disposal, not for notification of spills/releases)</i>	510-583-4910
Hospital: St. Rose Hospital	510-264-4026
Kaiser Permanente Medical Center – Hayward	510-784-4270
Other Medical Center: _____	_____
Water Pollution Control Facility	510-293-5398
Hazardous Waste Contractor:	
Bay Area Air Quality Management District	415-771-6000
Alameda County Water District	510-659-1970
Regional Water Quality Control Board	510-622-2300

A.3 Internal Notification Procedures:

List the names and telephone numbers of other Company officers/personnel (business owner, safety coordinator, emergency response team members, etc.) who must be notified upon discovery of a release:

Title	Name	Phone Number
<i>Property Manager</i>	<i>Shelly Carter</i>	<i>510-783-1513</i>

A.4 Alarm and Notification Systems:

Describe internal alarm/notification systems (for example: pull stations, yelling, intercom)

System Type	Location(s) (name areas covered by the system, such as office, warehouse, manufacturing, etc.)	How Activated (automatic or manual? by whom? when?)
automatic fire sprinkler system		
fire/haz mat pull stations		
intercom		
yelling	from Lab to front office	Person who first notices the problem
chemical detection system		
other extinguishing systems	fire extinguisher in each Lab	manually used by trained personnel

B. Evacuation

B.1 Attach a map showing evacuation routes & meeting points.

B.2 Describe how the evacuation will be announced to employees and to others on site:

We have a small operation with two Chemistry labs, each, the size of 20' x 35'. In case of emergency, evacuation can be effectively announced to all employees by yelling and walking around the facility

B.3 Describe when an evacuation will be required (conditions, chemicals, etc):

The only hazardous material requires reporting is compressed gas: Nitrogen, Argon — all inert gases. It seldom requires evacuation even in the event of leakage. But other under-limit chemicals used in the Lab might cause evacuation only in the event of fire or large spill or explosion.
--

B.4 To where will employees and others be evacuated?

outside location	Where? out to front door, to the parking lot
inside location	Where? out to rear door, to the parking lot

B.5 Maintain a roster of personnel at the evacuation point to account for all employees.

Primary Roll Monitor:	Vivien Chen, Operations Manager
Secondary Roll Monitor:	Ching-Ying Cheung, Safety Officer

C. Spill Procedures:

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or chemical release, the emergency coordinator or other trained personnel shall do the following:

- (a) Identify the character, exact source, amount and extent of any released hazardous materials.
- (b) Assess possible hazards to human health or the environment that may result from the explosion, fire, or chemical release. This assessment must consider both direct and indirect effects. (e.g. the effects of any toxic, irritating, or asphyxiating gases that may be generated; or the effects of any surface water run-off from water or chemical agents used to control fire)
- (c) Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment that have been shut down in response to the incident.
- (d) Take all reasonable measures necessary to ensure that fires, explosions, and chemical releases do not occur, recur, or spread to other areas at the facility.

Appendix #1 to the Emergency Response Plan – Spill Procedures
describes specific spill/release procedures

Appendix #2 to the Emergency Response Plan – List of ER Equipment
provides a listing of the emergency response equipment

**Appendix #3 to the Emergency Response Plan –
Additional Spill Procedures for Underground Storage Tanks**
describes specific procedures for UST spills, leaks, and alarm situations

For all reportable spills the following actions are to be taken concurrent with notifications:

- Isolate the spill area.
- Evacuate the area/building, if necessary, per the evacuation plan.
- Keep unnecessary employees/persons at a safe distance from the incident.
- Identify Hot, Medium and Cold Zones, as needed. (These are areas that will dictate the type of personal protective equipment required of people who will be in the specified zones.)
- Set-up a command location for oversight of the response and/or for coordination with the Fire Department.
- If an Emergency Response Team is established, coordinate all activities through the Incident Commander at the Incident Command Post.
- If no Emergency Response Team is required, establish a spill response, mitigation, and cleanup plan and convey the information to those involved and to the Fire Department.
- Carry out spill procedures as indicated in Appendix #1 to the Emergency Response Plan.

D. Coordination with the Hayward Fire Department

- A designated employee shall meet responders at a designated location.
- The employee will be the Fire Department liaison and shall advise the Fire Department of facility information, including but not limited to layout of the facility, nature of the spill, hazards of material, ability of facility personnel to mitigate and cleanup the spill, location of facility spill response equipment, etc.
- The employee will escort the Fire Department to the spill location or incident command post, if one has been established.
- The employee or a spill coordinator will assist in the coordination between facility response personnel and the Fire Department response personnel as needed.

D.1 Describe and identify the most commonly used (or most likely) entry and/or meeting location for Fire Department response:

Fire Department entry location	<i>parking lot outside the Lab</i>
Fire Dept. and facility meeting location	<i>parking lot outside the Lab</i>

D.2 Emergency Coordinators:

Primary Coordinator	Secondary Coordinator
Name: <i>Vivien Chen</i>	Name: <i>Ching-Ying Cheung</i>
Title: <i>Operations Manager</i>	Title: <i>Safety Officer</i>
Work Phone: <i>(510) 265-1027</i>	Work Phone: <i>(510) 265-1027</i>
After-hours Phone: <i>(510) 589-7179</i>	After-hours Phone: <i>(510) 513-2968</i>
Pager or cell phone: <i>(510) 589-7179</i>	Pager or cell phone: <i>(510) 513-2968</i>

D.3 Private and Public Arrangements:

(Check applicable statements.)



We have no formalized written agreements with any private emergency response contractor.



We have a formalized Emergency Response Team.



We conduct drills/training with the Hayward Fire Department



We have formalized written agreements with the following companies:

Name of Company	
Address	
Phone (include after-hours)	
Contact Person	

Name of Company	
Address	
Phone (include after-hours)	
Contact Person	

E. Resumption of Normal Operations, Cleanup and Disposal:

Before operations are resumed in areas of the facility affected by the incident, the following actions shall be conducted:

Action	Person Responsible
1) Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or chemical release at the facility.	Ching-Ying Cheung Safety officer
2) Ensure that no material that is incompatible with the released material is transferred, stored or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.	Same as above
3) Notify the Hayward Fire Department Hazardous Materials Office that the facility is in compliance with requirements (a) and (b) above.	Vivien Chen. operations Manager
4) If an evacuation was made, the area evacuated shall be surveyed and a determination made that there are no hazards to returning employees. If the spill was likely to have produced an atmosphere in which concentrations of hazardous materials exceeded allowable levels, actions shall be taken to verify that breathing zones are safe to returning employees. Use of monitoring devices or sampling may be required for verification.	Ching-Ying Cheung Safety officer

F. Reporting:

A written report documenting the spill response actions taken, the cleanup and disposal activities, including copies of receipts/manifests for disposal, and an analysis of the cause of the spill/release will be sent to the Hayward Fire Department. Recommendations and time schedule for correction of any deficiencies in equipment, procedures or training will also be included in the report.

Send the report to the Hazardous Materials Office of the Hayward Fire Department within 30 days of the incident. If the incident requires a report to the California OES (depending on quantity released) it shall be done on the State OES form within 30 days of the spill and a copy submitted to the Hazardous Materials Office.

Name of person responsible for reports	Vivien Chen
Title	Operations Manager
Telephone Number	(510) 265-1027

EMERGENCY RESPONSE PLAN – APPENDIX 1

SPILL PROCEDURES

Provide spill procedures for the following situations (as they apply to your facility):

Describe the types of spills that might occur and briefly describe the actions to be taken when they do occur. Use terms like: contain, absorb, dike, spill kit, drain, pump, place into container, sweep, shut off, in your description. For indicating type of Personal Protective Equipment (PPE) use levels designated by OSHA: A, B, C, D. Indicate if you made modifications in your case. If power is to be shut off or some equipment needs to be shut down, please describe the procedures, naming the employees involved and describing where shut off valves or switches are located.

Type of Emergency	Response Actions	Person Responsible	PPE
Hazardous Material Spills at/from: <ul style="list-style-type: none"> • Workstations • Containers • Drums • Piping • Tanks • Trucking area • Rail Transfers • Other _____ 	<p>In case of gas leakage, remove victim(s) to fresh air as quickly as possible, If not breathing, give CPR, Allow the gas to dissipate by opening the air circulation route; In case of chemical spill, use "emergency spill kit" to isolate and contain and absorb the spill to limit the affected area & people</p>	<p>Ching-Ying Cheung, Safety officer</p>	2
Hazardous Waste Spills/Releases: <ul style="list-style-type: none"> • Containers • Drums • Treatment system • Trucking 	<p>immediately evacuate the area, control the spill by applying "Emergency spill kit" to contain, absorb the spill; survey and sample the evacuated area to make sure it is safe to resume operation document the incidence and report to authorities when necessary</p>	<p>Ching-Ying Cheung, Safety officer</p>	2

Type of Emergency	Response Actions	Person Responsible	PPE
Fire: Call 9-1-1 immediately to report any fire Immediately evacuate all personnel	An extinguisher may be used for fires that can be attacked within 2 minutes by trained personnel. Describe the fire protection and alarm systems that are present in your facility.	Ching-Ying Cheung, Safety officer	3
	Dry Chemical Fire Extinguisher (pull, aim, squeeze & sweep)		
Explosion: Call 9-1-1 immediately to report any fire Immediately evacuate all personnel	Identify if there are explosion hazards and if there are systems in place to mitigate or detect such hazards. Provide any specific operations that you have.		
	no explosion hazard		
Earthquake: Duck and take cover under a table or doorway Get out and stay away from falling hazards	Identify areas requiring immediate attention.	Ching-Ying Cheung Safety officer	3
	turn off Hydrogen gas line if in use at the moment;		
	then stop chemical reactions in the hood		
Other:			

LIST OF EMERGENCY RESPONSE EQUIPMENT

Equipment Category	Equipment ✓ if available	Location	Description: specify type and quantity
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	Chemical Protective Boots		
	Chemical Protective Gloves	lab benches	Latex gloves (10 cases)
	Safety Glasses/Goggles/Face shields	W5	Goggles: 9; face shield: 5
	Chemical Protective Clothing	W5	Lab coats (10 doz.)
	Hard Hats		
	Chemical Monitoring Equipment (describe)		
	First Aid Kits	U4	Total Resource First Aid Kit: 2
	Eye Wash Stations	U5	Eye Wash by sink (1)
	Safety Showers		
	Cartridge Respirators	W5	North Full-face Respirators (5)
	SCBA units		
	Other (describe)		
Fire Extinguishing Systems	Fire Extinguishers	U4	Kiddle Dry Chemical Extinguisher
	Fire Hose		
	Foam with nozzles/hose		
Spill Control Equipment, and Decontamination Equipment	Absorbents, Neutralizers		
	Shovels/Brooms/Squeegees		
	Overpack drum/Spill drum		
	Absorbent booms/pillows/pads		
	Decontamination Equipment (describe)		
	Gas cylinder leak repair kits (describe)		
	Other (describe)	V3	Hazorb Spill Response Kit (1)
Communication and Alarm Systems	Telephones	V4	land line = 8 cell phone = 8
	Intercoms/PA systems		
	Portable 2 way radios		
	Pull Station alarms		
	Automatic alarms	V4	ADT Security System
<p align="center">Check here if additional pages are attached ()</p>			

EMERGENCY RESPONSE TRAINING PLAN

1. Scope

This plan is designed to provide employees with training on hazardous materials and hazardous waste that will satisfy the requirements of the California Health and Safety Code Chapter 6.95 and Chapter 6.5.

Facility Name:	Biotium, Inc.
Address:	3423 Investment Blvd. Suite 8, Hayward, CA 94545
Main Activity:	manufacture and sale of fluorescent dyes
Buildings or Areas where hazardous waste or hazardous materials are found:	in the flammable cabinets by the rear door in the chemistry Lab

2. Responsibilities

The following persons are responsible for ensuring that this Training Plan is implemented:

Name/Title	Training Responsibility
Vivien Chen / operations Manager	Prepare, Organize & Document
Ching-Ying Cheung / Safety officer	lecture, implement, enforce, safety policy

3. Employees/New Employees

Attachment T1 documents each employee's training.

New employees are trained during orientation, before starting on a job.

☒ YES ☐ NO

New employees are trained within six months of hire date.

☒ YES ☐ NO

4. New assignments or Changes in Operations

In the event of new assignments or of changes in operation, affected employees are trained before the new assignment or the change in operation takes place.

☒ YES ☐ NO

5. Refresher Training

Attachment T2 documents refresher training.

Refresher Training is provided at least annually.

☒ YES ☐ NO

How often is refresher training provided?

Every 12 months

Refresher Training is done through: *(check all that apply)*

☐ Outside classes

☐ In-house classes provided by contractor

☒ Safety Meetings

☐ In-house classes conducted by in-house trainers*

**(Complete Attachment T4 to document qualification of in-house trainers)*

6. Training Topics

The following table indicates the training topics covered. Other documents on these training topics are maintained and are available to the inspector upon request.

Training Topics	Is Topic Covered?			Are Course Documents Available?
	YES	NO	N/A	
General Safety Precautions:				
Material Safety Data Sheets	X			
Nature and hazards of materials present	X			
Emergency Response:				
The Emergency Response Plan	X			
Notification/coordination with local agencies	X			
Procedures for use, inspection, repair, and replacement of facility emergency response and monitoring equipment			X	
Communication and alarm systems	X			
Response to fires or explosions	X			
Response to release or threatened release of hazardous materials	X			
Hazardous Waste Management:				
On-site management and storage requirements	X			
Packaging and labeling	X			
Proper use of safety equipment	X			
Proper use of hazardous waste management supplies	X			
Off-site transportation requirements			X	
Interaction with waste haulers and disposal sites			X	
Conducting periodic inspections (storage areas, tanks etc.)	X			
Key parameters for automatic waste feed cut off systems			X	
Response to groundwater contamination incidents			X	
Shutdown of operations	X			

7. Emergency Response Team

The facility has a formally organized Emergency Response Team.
Attachment T3 lists the members of the Emergency Response Team.

☒ YES

☐ NO

Team will coordinate with HFD to conduct at least one drill per year.

☐ YES

☒ NO

Team will coordinate with HFD to conduct coordination training at least once per year.

☐ YES

☒ NO

After each incident, the Team will meet with the HFD for a joint post-incident evaluation.

☒ YES

☐ NO

8. Training Topics by Job Title

Employees are trained based on their level of involvement in the handling, use, or generation of hazardous materials or hazardous waste.

Attachment T1 details the topics each employee has had training on.

9. Training Documentation

The following employees are responsible for the maintenance and update of this Emergency Response Training Plan.

They shall also keep and maintain all training records and other documents associated with the Emergency Response Training Plan.

Name	Title	Phone Number
Vivien Chen	Operations Manager	(510) 265-1027

Attachment T1 - Employee Training Record

Name of Employee: <u>Vivian Chen</u>		Start Date: <u>03/02</u>		Transfer Date: _____		Termination Date: _____			
Position/Title: <u>General Manager</u>									
Job Description (hazardous materials handling): <u>Administrative, Sales, Accounting.</u> <u>Packaging & Shipping.</u> <u>Safety coordinator</u>									
Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →									
Title of Class/Course Taken & Completed		Date Taken		Topics and Skills Covered at the Class/Course Taken					
Biotium Emergency Response Training I		09/30/01							
Biotium Emergency Response Training I		9/15/02							
Biotium ERT Training I		4/10/03							
" "									

Attachment T1 - Employee Training Record

Name of Employee: <u>Fei Mao</u>		Start Date: <u>09/15/01</u>		Transfer Date: _____		Termination Date: _____																				
Position/Title: <u>director / ph. D.</u>																										
Job Description (hazardous materials handling): <u>chemical synthesis</u> <u>including</u>		Contingency Plan		Labeling		Compatibility/Storage		Manifesting		Chemical Hazards																
		Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles - general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Aisle space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDF copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present
Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓	
Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																								
Biotium ERT training I	09/30/01	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>								>	>
Biotium ERT training I	09/15/02	>		>	>	>	>	>	>	>	>	>	>	>	>	>	>								>	>
Biotium ERT training I	09/10/03	>		>	>	>	>	>	>	>	>	>	>	>	>	>	>								>	>

Attachment T1 - Employee Training Record

Name of Employee: <u>Ching-Yang Cheng</u>		Start Date: <u>8/25/05</u>		Transfer Date: _____		Termination Date: _____																					
Position/Title: <u>Safety Coordinator</u>																											
Job Description (hazardous materials handling): <u>develop & manufacture</u> <u>fluorescent dyes;</u> <u>supervise employees</u> <u>on Lab safety issues</u>		Contingency Plan		Labeling		Compatibility/Storage		Manifesting		Chemical Hazards																	
		Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles - general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Aisle space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDF copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →																									
		Title of Class/Course Taken & Completed		Date Taken		Topics and Skills Covered at the Class/Course Taken																					
<u>Battalion ERT Training</u>		<u>8/26/05</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Attachment T1 - Employee Training Record

Name of Employee: <u>Debra Cen</u>		Start Date: <u>4/1/2004</u>		Transfer Date: _____		Termination Date: _____																				
Position/Title: <u>Director of Bioscience</u>																										
Job Description (hazardous materials handling): <u>develop bioscience kits</u>		Contingency Plan		Labeling		Compatibility/Storage		Manifesting		Chemical Hazards																
		Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles - general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Aisle space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDF copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present
Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																								
B&THM ERT Training I	4/1/2004	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Attachment T1 - Employee Training Record

Name of Employee: <u>Manny De La Cruz</u>		Start Date: <u>9/27/05</u>		Transfer Date: _____		Termination Date: _____																				
Position/Title: <u>Lab Assistant</u>																										
Job Description (hazardous materials handling): <u>Package & ship</u> <u>customer orders</u>		Contingency Plan		Labeling		Compatibility/Storage		Manifesting		Chemical Hazards																
		Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles - general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Alse space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDF copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present
Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓
Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																								
Biotrum ERT Training I	9/27/05	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓

Attachment T1 - Employee Training Record

[illegible]

Attachment T1 - Employee Training Record

Name of Employee: <u>Wai-Yee Leung</u>		Start Date: <u>9/7/04</u>		Transfer Date: _____		Termination Date: _____																				
Position/Title: <u>Director of Chemistry</u>																										
Job Description (hazardous materials handling): <u>develop new p fluorescent</u> <u>dyes & supervise</u> <u>chemists</u>																										
		Contingency Plan		Labeling		Compatibility/Storage		Manifesting	Chemical Hazards																	
		Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles - general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Aisle space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDf copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present
Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓
Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																								
<u>Biotium ERT Training I</u>	<u>9/7/04</u>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Attachment T1 - Employee Training Record

[illegible]

Attachment T2

Training Class Record – Refresher Training

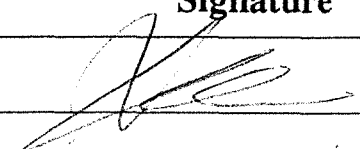
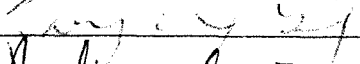
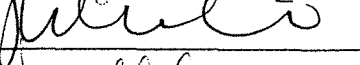
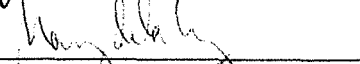

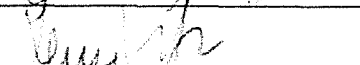
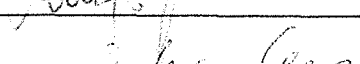
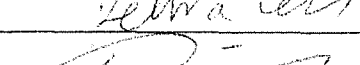
DATE: 3/9/06 TRAINER/INSTRUCTOR: Wai-Yee Leung, Ph.D

TRAINING TYPE: ☐ PROFESSIONAL CLASS (outside)
☐ CONSULTANT-PROVIDED (in-house)
☒ IN-HOUSE TRAINER'S TRAINING CLASS*
☒ SAFETY or STAFF MEETING*
 * Complete Attachment T4 for qualification of trainer

TOPICS COVERED

General Subject	Details
Chemical storage & compatibility	Chemical incompatibles — on site vs. how to store them separately
waste hazards	MSDS, hazards of material present on site
waste labeling	Chemical labeling, waste profiling
contingency plan	what to do in case of emergency
chemical hygiene	basic safety rules for handling Lab chemicals

ATTENDEES / PRESENT

Name	Title	Signature
Vivien Chen	General Manager	
Ching-Ying Cheung	Safety Coordinator	
Helma Chin	Technician	
Manny de la Cruz	Lab Assistant	
Jie Yang	Chemist	
Wai-Yee Leung	Director of Chemistry	
Debra Cen	Director of Bioscience	
Fer Mao	Chief Scientific Officer	

Attachment T3
Hazardous Materials Emergency Response Team Members

Name	Title	Contact Telephone Numbers				40-hr ERT HazWOper (year)	Refresher last taken (year)	Other Training Beyond HazWOper
		Work	Home	Cellular	Pager			
Vivien Chen	Operations Manager	510-265-1027		510-589-7179			2006	
Ching-Ying Cheung	Safety Officer	510-265-1027		541-513-2968			2006	

Definitions of Emergency Response Training Levels

Responsibility	Minimum Initial Training Required	Refresher Required	# of Hours Required
AWAR - First Responder Awareness Level: Identifies hazards; contains and cleans up small spills as part of routine work/maintenance; sounds alarm.	Hazard Communication Standard General Emergency Response and Evacuation	Yes	N/A
OPER - First Responder Operations Level: Contains spills from a safe distance.	8-hour Emergency Response (related to duties)	Yes	4
TECH - Hazardous Materials Technician Level: Responsible for spill control, clean-up and coordination with off-site responders.	40-hour Emergency Response (related to duties)	Yes	8
SPCLST - Hazardous Materials Specialist Level: Responsible for spill control, clean-up and coordination with off-site responders	24-hour Emergency Response (related to duties)	Yes	8

Attachment T4

Qualifications of In-House Trainer

List the name and qualifications of each person assigned training responsibilities. Include experience level, number of years, formal training, and any other reason used to establish that the person has the knowledge to provide training in a specific area.

Name and Title	Qualifications	Training Responsibilities
Fer Mao, Ph.D Chief Technology Officer	14 years of experience in handling a variety of hazardous chemicals. trained chemical technicians in major biotech companies on safety and chemical handling; familiar with Federal & State regulations	to train other employees in the facility on safety
Hai-Yee Leung, Director of Chemistry	15 years of experience in working and handling a variety of hazardous chemicals. received special training courses for hazardous materials in Universities and biotech companies.	supervise chemical synthesis & reactions, packaging, labeling

ATTACHMENT 7

PROPERTY OWNER INFORMATION

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

The property where the business or facility is located is not owned by the business or by the business owner/operator.

Contact Information for the property owner follows:

Name of Property Owner (If a business, provide Name of Contact)	Calwest Industrial Holdings, LLC
Mailing Address	P.O. Box 193880 San Francisco, CA 94111
Telephone Number	(510) 783-1513
Fax Number, if available	(510) 783-1318

Above Information provided by:

Name: Vivien Chen Signature: 

Title: Operations Manager Date Signed: 6/14/2006

Facility Name: Biotrum, Inc.

Facility Address: 3423 Investment Blvd. Suite 8, Hayward, CA 94545

Complete, sign and return to:

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007

ATTACHMENT 8:
DO YOU HAVE TO FILE A
RECYCLABLE MATERIALS REPORT?

Answer the questions below and follow through the flow to determine whether or not you have to file a RECYCLABLE MATERIALS REPORT.

COMPLETE AND SUBMIT THIS PAGE WITH YOUR HMBP!

- (1) Do you recycle more than 100 kilograms (220 pounds) of material per month? YES. Go to (2) NO. Go to (4)
- (2) Do you recycle your own waste?
In other words, do you recycle waste generated from this facility, at this facility? YES. Go to (5) NO. Go to (3)
- (3) Do other facilities send you their waste for recycling? In other words, do you recycle waste generated from other facilities, at this facility? YES. Go to (6) NO. Go to (4)
- (4) *You are NOT an onsite or an offsite recycler. You are NOT required to file a "Recyclable Materials Biennial Report."*
Check the appropriate box below and we will note your declaration.
- (5) *You are a recycler and a generator.*
You are required to file a State "Recyclable Materials Biennial Report."
Check the appropriate box below and we will send you a blank form.
- (6) *You are a recycler but not the generator.*
You are required to file a State "Recyclable Materials Biennial Report" for each generator that sends you its waste.
Check the appropriate box below and we will send you the blank form/s.

Please check appropriate box below:

- ☒ (4) This facility is NOT a recycler.
- ☐ (5) This facility is a recycler and generator.
Send a blank "Recyclable Materials Biennial Report" form.
- ☐ (6) This facility is a recycler of other facility's hazardous waste.
Send _____ (how many?) blank "Recyclable Materials Biennial Report" form/s.

Name of Facility:

Biotium, Inc.

COMPLETE AND SUBMIT THIS PAGE WITH YOUR HMBP!

402/005

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RECEIVED BY
FIRE PREVENTION OFFIC

MAR 07 2005

POSTED

CERTIFICATION STATEMENT FOR REPORTING YEAR 2005

HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

If no change in your hazardous materials inventory has occurred since you submitted a complete Hazardous Materials Business Plan (HMBP), you may comply with the annual inventory reporting requirements of **State law** by completing, signing, and submitting this Certification Statement... **ONLY IF ALL THE FOLLOWING APPLY:**

- (1) You have previously filed a complete HMBP within the past three years;
- (2) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Certification Statement; AND
- (3) You are not using the certification statement to comply with the annual federal reporting requirements under the Emergency Planning and Community Right-to-know Act (EPCRA).

Regardless of whether a change has occurred or not, facilities subject to **federal law**, EPCRA, must annually submit the following documents: (a) Business Activities page; (b) Business Owner/Operator Identification page; and (c) Chemical Description page for each reportable federal Extremely Hazardous Substance (EHS). Note that a Chemical Description page for an EHS must contain an original signature.

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally examined and am familiar with the information referred to or submitted in this and all attached documents. Based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

I FURTHER CERTIFY THAT:

- (1) The information contained in the Hazardous Materials Inventory Statement (HMIS) most recently submitted to the Hayward Fire Department as part of this facility's Hazardous Materials Business Plan (HMBP) is complete, accurate and up-to-date;
- (2) There has been no change in the quantity of hazardous materials reported in the HMIS most recently submitted to the Hayward Fire Department; AND
- (3) No hazardous materials subject to inventory reporting requirements are being handled that are not listed in the HMIS most recently submitted to the Hayward Fire Department.

Name: Xing Xin Signature: [Signature]

Title: Facility Manager Date Signed: 3/4/05

Facility Name: Biotium, Inc

Facility Address: 3423 Investment Blvd #8, Hayward, CA 94545

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007

UNIFIED PROGRAM CONSOLIDATED FORM

HAYWARD FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION

FACILITY INFORMATION

I. IDENTIFICATION

UNIFIED PROGRAM CONSOLIDATED PERMIT/REGISTRATION NUMBER 01-003	BEGINNING DATE 01/01/2004	ENDING DATE 12/31/05
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Biotrum, Inc.	BUSINESS PHONE 510-265-1027	
BUSINESS SITE ADDRESS 3423 Investment Blvd. Suite 8		
CITY Hayward	CA	ZIP CODE 94545
DUN & BRADSTREET 80-663-9394		SIC CODE (4 digit #) 2865
COUNTY Alameda County		
BUSINESS OPERATOR NAME Jianwei Ho	BUSINESS OPERATOR PHONE 510-265-1027	

II. BUSINESS OWNER

OWNER NAME Jianwei Ho	OWNER PHONE 510-713-8769
OWNER MAILING ADDRESS 34379 Benedick Lane	
CITY Fremont	STATE CA
	ZIP CODE 94555

III. ENVIRONMENTAL CONTACT

CONTACT NAME Vivien Chen	CONTACT PHONE 510-265-1027
CONTACT MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
	ZIP CODE 94545

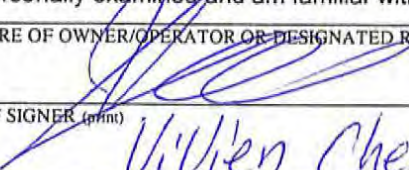
IV. EMERGENCY CONTACTS

- PRIMARY -		- SECONDARY -	
NAME Vivien Chen		NAME Xing Xin	
TITLE Operations Manager		TITLE Facility Manager	
BUSINESS PHONE 510-265-1027		BUSINESS PHONE 510-265-0265	
24-HOUR PHONE 510-589-7179		24-HOUR PHONE 650-678-4073	
PAGER or CELL PHONE # 510-589-7179		PAGER or CELL PHONE # 650-678-4073	

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

- ☐ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description Form(s).
- ☒ This form is the annual submittal. There are no changes to the most recent HMBP filed. Certification Statement enclosed.
- ☐ This location is on property not owned by the business owner. Property owner information provided in separate page, attached.
- ☐ This facility is a recycler and files a Recyclable Materials Report.

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 3/3/05	NAME OF DOCUMENT PREPARER Vivien Chen
NAME OF SIGNER (print) Vivien Chen	TITLE OF SIGNER Operations Manager	

See Instructions A: Business Owner/Operator Identification

Page ____ of ____

1004 27 02
CERTIFICATION STATEMENT
FOR REPORTING YEAR 2003

RECEIVED BY
FIRE PREVENTION OFFICE
FEB 17 2004
HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

*If no change in your hazardous materials inventory has occurred since you submitted a complete Hazardous Materials Business Plan (HMBP), you may comply with the annual inventory reporting requirements of **State law** by completing, signing, and submitting this Certification Statement... ONLY IF ALL THE FOLLOWING APPLY:*

- (1) *You have previously filed a complete HMBP within the past three years;*
- (2) *You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Certification Statement; AND*
- (3) *You are not using the certification statement to comply with the annual federal reporting requirements under the Emergency Planning and Community Right-to-know Act (EPCRA).*

*Regardless of whether a change has occurred or not, facilities subject to **federal law**, EPCRA, must annually submit the following documents: (a) Business Activities page; (b) Business Owner/Operator Identification page; and (c) Chemical Description page for each reportable federal Extremely Hazardous Substance (EHS). Note that a Chemical Description page for an EHS must contain an original signature.*

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally examined and am familiar with the information referred to or submitted in this and all attached documents. Based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

I FURTHER CERTIFY THAT:

- (1) The information contained in the Hazardous Materials Inventory Statement (HMIS) most recently submitted to the Hayward Fire Department as part of this facility's Hazardous Materials Business Plan (HMBP) is complete, accurate and up-to-date;
- (2) There has been no change in the quantity of hazardous materials reported in the HMIS most recently submitted to the Hayward Fire Department; AND
- (3) No hazardous materials subject to inventory reporting requirements are being handled that are not listed in the HMIS most recently submitted to the Hayward Fire Department.

Name: Xing Xin Signature: [Signature]
Title: Facility Manager Date Signed: 2/12/2004
Facility Name: Biotium, Inc.
Facility Address: 3423 Investment Blvd. #8, Hayward, CA 94545

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007

UNIFIED PROGRAM CONSOLIDATED FORM

HAYWARD FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION

FACILITY INFORMATION

I. IDENTIFICATION

UNIFIED PROGRAM CONSOLIDATED PERMIT/REGISTRATION NUMBER 01-003	BEGINNING DATE 01/01/2003	ENDING DATE 12/31/2003
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Biotium, Inc.	BUSINESS PHONE 510-265-1027	
BUSINESS SITE ADDRESS 3423 Investment Blvd. Suite 8		
CITY Hayward	CA	ZIP CODE 94545
DUN & BRADSTREET 80-663-9394	SIC CODE (4 digit #) 2865	
COUNTY Alameda County		
BUSINESS OPERATOR NAME Jianwei Ho	BUSINESS OPERATOR PHONE 510-265-1027	

II. BUSINESS OWNER

OWNER NAME Jianwei Ho	OWNER PHONE 510-713-8769
OWNER MAILING ADDRESS 34379 Benedick Lane	
CITY Fremont	STATE CA
ZIP CODE 94555	

III. ENVIRONMENTAL CONTACT

CONTACT NAME Vivien Chen	CONTACT PHONE 510-265-1027
CONTACT MAILING ADDRESS 3423 Investment Blvd. Suite 8	
CITY Hayward	STATE CA
ZIP CODE 94545	

- PRIMARY -

IV. EMERGENCY CONTACTS

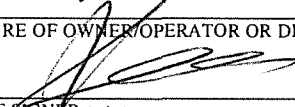
- SECONDARY -

NAME Vivien Chen	NAME Xing Xin
TITLE Operations Manager	TITLE Facility Supervisor
BUSINESS PHONE 510-265-1027	BUSINESS PHONE 510-265-0265
24-HOUR PHONE 510-589-7179	24-HOUR PHONE 650-678-4073
PAGER or CELL PHONE # 510-589-7179	PAGER or CELL PHONE # 650-678-4073

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

- ☒ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description Form(s).
- ☐ This form is the annual submittal. There are no changes to the most recent HMBP filed. Certification Statement enclosed.
- ☐ This location is on property not owned by the business owner. Property owner information provided in separate page, attached.
- ☐ This facility is a recycler and files a Recyclable Materials Report.

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 2/12/04	NAME OF DOCUMENT PREPARER Vivien Chen
NAME OF SIGNER (print) Vivien Chen	TITLE OF SIGNER Operations Manager	

See Instructions A: Business Owner/Operator Identification

Page ____ of ____

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HAYWARD FIRE DEPARTMENT

HAYWARD FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION

FACILITY INFORMATION

I. IDENTIFICATION

PERMIT NUMBER	01-003	BEGINNING DATE	10/01/2002	ENDING DATE	1
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			BUSINESS PHONE		
Biotium, Inc.			510-265-1027		
BUSINESS SITE ADDRESS					
3423 Investment Blvd. Suite 8					
CITY	Hayward	CA	ZIP CODE	94545	
DUN & BRADSTREET	80-663-9394	SIC CODE (4 digit #)	2865		
COUNTY					
Alameda County					
BUSINESS OPERATOR NAME			BUSINESS OPERATOR PHONE		
Jianwei Ho			510-265-1027		

II. BUSINESS OWNER

OWNER NAME	Jianwei Ho	OWNER PHONE	510-713-8769		
OWNER MAILING ADDRESS					
34379 Benedict Lane					
CITY	Fremont	STATE	CA	ZIP CODE	94555

III. ENVIRONMENTAL CONTACT

CONTACT NAME	Vivian Chen	CONTACT PHONE	510-265-1027		
CONTACT MAILING ADDRESS					
3423 Investment Blvd. Suite 8					
CITY	Hayward	STATE	CA	ZIP CODE	94545

- PRIMARY -

IV. EMERGENCY CONTACTS

- SECONDARY -

NAME	Vivian Chen	NAME	Xing Xin
TITLE	Chief Financial Officer	TITLE	Facility Supervisor
BUSINESS PHONE	510-265-1027	BUSINESS PHONE	510-265-0265
24-HOUR PHONE	510-589-7179	24-HOUR PHONE	650-678-4073
PAGER #		PAGER #	

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

- ☒ This form is the annual submittal and there are no changes to the hazardous materials inventory. Attachment 6 enclosed.
- ☐ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description forms.
- ☐ This location is on property owned by someone other than the business owner. Attachment 7 enclosed.

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	NAME OF DOCUMENT PREPARER
	4/3/03	Vivian Chen
NAME OF SIGNER (print)	TITLE OF SIGNER	
XING XIN	Facility Supervisor	

See Instructions A: Business Owner/Operator Identification

Page 1 of 1

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007
A Certified Unified Program Agency

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

CERTIFICATION STATEMENT

FOR REPORTING YEAR 2003

If no change in your hazardous materials inventory has occurred since you submitted a complete Hazardous Materials Business Plan (HMBP), you may comply with the annual inventory reporting requirements of **State law** by completing, signing, and submitting this Certification Statement... **ONLY IF ALL THE FOLLOWING APPLY:**

- (1) You have previously filed a complete HMBP within the past three years;
- (2) You, as the business owner or its officially designated representative, can sign and attest to all the statements in this Certification Statement; **AND**
- (3) You are not using the certification statement to comply with the annual federal reporting requirements under the Emergency Planning and Community Right-to-know Act (EPCRA).

Regardless of whether a change has occurred or not, facilities subject to **federal law**, EPCRA, must annually submit the following documents: (a) Business Activities page; (b) Business Owner/Operator Identification page; and (c) Chemical Description page for each reportable federal Extremely Hazardous Substance (EHS). Note that a Chemical Description page for an EHS must contain an original signature.

I CERTIFY UNDER PENALTY OF LAW THAT :

I have personally examined and am familiar with the information referred to or submitted in this and all attached documents. Based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

I FURTHER CERTIFY THAT:

- (1) the information contained in the Hazardous Materials Inventory Statement (HMIS) most recently submitted to the Hayward Fire Department as part of this facility's Hazardous Materials Business Plan (HMBP) is complete, accurate and up-to-date;
- (2) there has been no change in the quantity of hazardous materials reported in the HMIS most recently submitted to the Hayward Fire Department; **AND**
- (3) no hazardous materials subject to inventory reporting requirements are being handled that are not listed in the HMIS most recently submitted to the Hayward Fire Department.

Name:  Signature: XING XIN

Title: Facility Manager Date Signed: 4/3/03

Facility Name: Biotium, Inc.

Facility Address: 3423 Investment Blvd. Suite 8 Hayward, CA 94545

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UNIFIED PROGRAM CONSOLIDATED FORM

HAYWARD FIRE DEPARTMENT

BUSINESS OWNER/OPERATOR IDENTIFICATION

FACILITY INFORMATION

I. IDENTIFICATION

FACILITY ID#	0	1	0	0	3											BEGINNING DATE	100	10.01.2002	ENDING DATE	101	12.31.2002	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)																	3	BUSINESS PHONE	102	510.265.1027		
BUSINESS SITE ADDRESS																					103	3423 Investment Blvd. Ste 8
CITY																	104	Hayward	CA	ZIP CODE	105	94545
DUN & BRADSTREET																	106	806639394	SIC CODE (4 digit #)	107	2865-98	
COUNTY																	108	Alameda County				
BUSINESS OPERATOR NAME																	109	Jianwei Ho	BUSINESS OPERATOR PHONE	110	510.265.1027	

II. BUSINESS OWNER

OWNER NAME	111	Jian Wei Ho	OWNER PHONE	112	510.713.8769			
OWNER MAILING ADDRESS						113	34379 Benedick Lane	
CITY	114	Fremont	STATE	115	CA	ZIP CODE	116	94555

III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	Virian Chen	CONTACT PHONE	118	510.265.1027			
CONTACT MAILING ADDRESS						119	3423 Investment Blvd. Ste 8	
CITY	120	Hayward	STATE	121	CA	ZIP CODE	122	94545

- PRIMARY -

IV. EMERGENCY CONTACTS

- SECONDARY -

NAME	123	Virian Chen	NAME	128	Xing Xin
TITLE	124	Chief Financial Officer	TITLE	129	Facility Supervisor
BUSINESS PHONE	125	510.265.1027	BUSINESS PHONE	130	510.265.1027
24-HOUR PHONE	126	510.589.7179	24-HOUR PHONE	131	650.678.4073
PAGER #	127		PAGER #	132	

ADDITIONAL LOCALLY COLLECTED INFORMATION: Check applicable boxes:

- ☐ This form is the annual submittal and there are no changes to the hazardous materials inventory. Attachment 6 enclosed.
- ☒ This form is accompanied by new or modified Hazardous Materials Inventory - Chemical Description forms.
- ☒ This location is on property owned by someone other than the business owner. Attachment 7 enclosed.

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	09.01.02	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (print)	136	Virian Chen	TITLE OF SIGNER	137	Chief Financial Officer

HAYWARD FIRE DEPARTMENT
777 B Street, Hayward, CA 94541-5007
A Certified Unified Program Agency

HAZARDOUS MATERIALS BUSINESS PLAN / HAZARDOUS MATERIALS INVENTORY

ATTACHMENT 7

PROPERTY OWNER INFORMATION

The property where the business or facility is located is not owned by the business or by the business owner/operator.

Contact Information for the property owner follows:

Name of Property Owner (If a business, provide Name of Contact)	PGP Partners, Inc. / David Weinstein
Mailing Address	26120 Eden Landing Road, Ste. 2 Hayward, CA 94545
Telephone Number	510 - 783 - 1513
Fax Number, if available	510 - 783 - 1318

Above Information provided by:

Name: Vivien Chen Signature: 

Title: _____ Date Signed: _____

Facility Name: Biotium, Inc.

Facility Address: 3423 Investment Blvd. Ste. 8 Hayward, CA 94545

Unified Program Consolidated Form

Hayward Fire Department

Hazardous Material Inventory - Chemical Description

(One page per material per location or area)

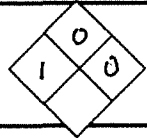
200 ☐ Add ☐ Delete ☐ Revise

Page 1 of 2

Business/Facility Name: ³ <u>Biotium, Inc</u>			
Chemical Location: ²⁰¹	<u>Corner of Lab bench housing the Water Prep HPLC and ABI Expedite 8909 Oligo Synthesizer</u>		Chemical Location Confidential? (EPCRA) ²⁰² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility ID Number: ¹	<u>01-003-</u>	Map Number: ²⁰³	<u>2</u> Grid Number: ²⁰⁴ <u>V5</u>

Chemical Name: ²⁰⁵	<u>Compressed Helium</u>	Trade Secret? ²⁰⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Name: ²⁰⁷	<u>Helium</u>	EHS Listed? ²⁰⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS Number: ²⁰⁹	<u>7440-59-7</u>	CalARP Listed? ^{208-A} <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Uniform Fire Code Hazard Classes ²¹⁰ (Check all boxes that apply to this chemical and write in the appropriate Class number or letter. See Attachment 1 - Hazard Classes.)	Physical Characteristics		Health Characteristics
	<input type="checkbox"/> Explosives/Blasting Agents <input type="checkbox"/> Class <u> </u> Flammable Liquid <input type="checkbox"/> Class <u> </u> Combustible Liquid <input type="checkbox"/> Class <u> </u> Oxidizer <input type="checkbox"/> Flammable Gas <input checked="" type="checkbox"/> Non-Flammable Gas	<input type="checkbox"/> Flammable Solid <input type="checkbox"/> Class <u> </u> Water Reactive <input type="checkbox"/> Class <u> </u> Unstable Reactive <input type="checkbox"/> Class <u> </u> Organic Peroxide <input type="checkbox"/> Class <u> </u> Pyrophoric	<input type="checkbox"/> Toxic <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Other Health Hazard <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen <input type="checkbox"/> Radioactive

Type of Material ²¹¹	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste	Radioactive? ²¹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NFPA 704 Ratings ^{210-A} 
Physical State ²¹⁴	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	Curies ²¹³ <u> </u> Curies	

Federal Hazard Categories ²¹⁶ Check all that apply	<input type="checkbox"/> Fire <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Pressure Release <input type="checkbox"/> Acute Health <input type="checkbox"/> Chronic Health
--	--

Largest Container ²¹⁵	<u>200 cu ft (Cylinder)</u>	Units <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet <input type="checkbox"/> Pounds <input type="checkbox"/> Tons If EHS-Listed or CalARP-Listed, amounts must be in <u>pounds</u> .	Annual Waste Amt. ²¹⁹	<u>None</u>
Ave. Daily Amount ²¹⁷	<u>1 cu ft at STP</u>		State Waste Code ²²⁰	<u>N/A</u>
Max. Daily Amount ²¹⁸	<u>2 cu ft at STP</u>		No. of Days on Site ²²²	<u>N/A</u>

Storage Container ²²³	<input checked="" type="checkbox"/> Above Ground Tank <input type="checkbox"/> Under Ground Tank <input type="checkbox"/> Tank Inside Building <input type="checkbox"/> Steel Drum <input type="checkbox"/> Plastic/Nonmetallic Drum	<input type="checkbox"/> Can <input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Bag	<input type="checkbox"/> Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Glass Bottle <input type="checkbox"/> Plastic Bottle <input type="checkbox"/> Tote Bin	<input type="checkbox"/> Tank Wagon <input type="checkbox"/> Rail Car <input type="checkbox"/> Other... <u> </u> <input type="checkbox"/> <u> </u>
----------------------------------	--	---	--	---

Storage Pressure ²²⁴	<input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient	If EPCRA, sign here:
---------------------------------	---	----------------------

Storage Temperature ²²⁵	<input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient <input type="checkbox"/> Cryogenic
------------------------------------	--

% Weight	Hazardous Components (for mixture or waste only)	EHS Listed?	CAS No.
1. ²²⁶ <u>100</u>	<u>Helium</u> ²²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ²²⁸	<u>7440-59-7</u> ²²⁹
2. ²³⁰	<u> </u> ²³¹	<input type="checkbox"/> Yes <input type="checkbox"/> No ²³²	<u> </u> ²³³
3. ²³⁴	<u> </u> ²³⁵	<input type="checkbox"/> Yes <input type="checkbox"/> No ²³⁶	<u> </u> ²³⁷
4. ²³⁸	<u> </u> ²³⁹	<input type="checkbox"/> Yes <input type="checkbox"/> No ²⁴⁰	<u> </u> ²⁴¹
5. ²⁴²	<u> </u> ²⁴³	<input type="checkbox"/> Yes <input type="checkbox"/> No ²⁴⁴	<u> </u> ²⁴⁵

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 reporting the required information.

Hayward Fire Department

Hazardous Material Inventory - Chemical Description

(One page per material per location or area)

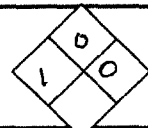
200 ☐ Add ☐ Delete ☐ Revise

Page 2 of 2

Business/Facility Name: ³ <u>Biotium, Inc.</u>			
Chemical Location: 201	<u>Corner of Lab Bench Housing the Water HPLC & ABI Expediate Oligo Synthesizer in Chemical Lab</u>		Chemical Location Confidential? (EPCRA) 202 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Facility ID Number: 1	<u>01-003-</u>	Map Number: 203	Grid Number: 204 <u>V5</u>

Chemical Name: 205	<u>Compressed Argon</u>	Trade Secret? 206 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Name: 207	<u>Argon</u>	EHS Listed? 208 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS Number: 209	<u>7440-37-1</u>	CalARP Listed? 208-A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Uniform Fire Code Hazard Classes 210 (Check all boxes that apply to this chemical and write in the appropriate Class number or letter. See Attachment 1 - Hazard Classes.)	Physical Characteristics		Health Characteristics
	<input type="checkbox"/> Explosives/Blasting Agents <input type="checkbox"/> Class <u> </u> Flammable Liquid <input type="checkbox"/> Class <u> </u> Combustible Liquid <input type="checkbox"/> Class <u> </u> Oxidizer <input type="checkbox"/> Flammable Gas <input checked="" type="checkbox"/> Non-Flammable Gas	<input type="checkbox"/> Flammable Solid <input type="checkbox"/> Class <u> </u> Water Reactive <input type="checkbox"/> Class <u> </u> Unstable Reactive <input type="checkbox"/> Class <u> </u> Organic Peroxide <input type="checkbox"/> Class <u> </u> Pyrophoric	<input type="checkbox"/> Toxic <input type="checkbox"/> Highly Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen <input type="checkbox"/> Radioactive <input type="checkbox"/> Other Health Hazard

Type of Material 211	<input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mixture <input type="checkbox"/> Waste	Radioactive? 212 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NFPA 704 Ratings 210-A 
Physical State 214	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas	Curies 213 <u> </u> Curies	

Federal Hazard Categories 216 Check all that apply	<input type="checkbox"/> Fire <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Pressure Release <input type="checkbox"/> Acute Health <input type="checkbox"/> Chronic Health
---	--

Largest Container 215 <u>250 cu ft (Cylinder)</u>	Units 221 <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> Cubic Feet <input type="checkbox"/> Pounds <input type="checkbox"/> Tons If EHS-Listed or CalARP-Listed, amounts must be in <u>pounds</u> .	Annual Waste Amt. 219 <u>none</u>
Ave. Daily Amount 217 <u>2 cuft at STP</u>		State Waste Code 220 <u>N/A</u>
Max. Daily Amount 218 <u>3 cuft at STP</u>		No. of Days on Site 222 <u>N/A</u>

Storage Container 223	<input checked="" type="checkbox"/> Above Ground Tank <input type="checkbox"/> Under Ground Tank <input type="checkbox"/> Tank Inside Building <input type="checkbox"/> Steel Drum <input type="checkbox"/> Plastic/Nonmetallic Drum	<input type="checkbox"/> Can <input type="checkbox"/> Carboy <input type="checkbox"/> Silo <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Bag	<input type="checkbox"/> Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Glass Bottle <input type="checkbox"/> Plastic Bottle <input type="checkbox"/> Tote Bin	<input type="checkbox"/> Tank Wagon <input type="checkbox"/> Rail Car <input type="checkbox"/> Other... <u> </u>
-----------------------	--	---	--	---

Storage Pressure 224	<input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient	If EPCRA, sign here:
----------------------	---	----------------------

Storage Temperature 225	<input checked="" type="checkbox"/> Ambient <input type="checkbox"/> Above Ambient <input type="checkbox"/> Below Ambient <input type="checkbox"/> Cryogenic
-------------------------	--

% Weight 226	Hazardous Components (for mixture or waste only) 227	EHS Listed? 228	CAS No. 229
1. <u>100</u>	<u>Argon</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>7440-37-1</u>
2. <u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u>
3. <u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u>
4. <u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u>
5. <u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u>

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 reporting the required information.

Emergency Response Plan

FOR

Biotium, Inc
(Name of Facility)

A. Internal and External Notification

- A.1 Notification of the Hayward Fire Department:** The following persons, in the order of responsibility, shall notify the HFD in the event of a spill, release or threatened release. (If the person first named is not available, the second person will assume notification responsibility... and on, down the list.)

Name	Title	Phone no.
Vivian Chen	General Manager	510.265.1027
Fei Mao	Director, Chemical Lab	510.364.4568
Xing Xin	Supervisor, Chemical Lab	650.678.4073

Procedures for Notification of the Hayward Fire Department:

DO NOT CALL ANY FIRE STATION DIRECTLY.

DO NOT leave a message on any Fire Department Administrative Office phone.

CALL the Fire Department via 9-1-1 as soon as a person has knowledge of a release or threatened release. This applies to emergencies only. Use 911 for notifications of any active spills of any type of hazardous materials. Inform the Dispatcher of the nature of the call (Emergency).

For non-emergency situations, call the City of Hayward Dispatch Center at (510) 293-7000. Inform the Dispatcher of the nature of the call (Non-emergency).

WHEN USING A CELLULAR PHONE, DO NOT CALL 9-1-1 unless you are trying to get the California Highway Patrol. To reach the City of Hayward Dispatch Center by cell phone, call (510) 293-7000.

Information to provide the Fire Department:

1. Identify yourself and provide a callback phone number.
2. Provide the address of the facility and spill location on the site.
3. Specify the name of a contact person who shall meet the Emergency Responders and where he or she would be at the site.
4. Provide any available and pertinent spill information known at the time the report is being made.

A.2 Notification of State OES and other governmental agencies:

The State Office of Emergency Services shall be notified immediately when a release or threatened release will have significant off-site consequences or if the Federal EPA National Response Center is to be notified based on Federal notification thresholds. Following is a listing of the agencies that may need notification based on your facility's operations, materials and thresholds. ADD TO THE LIST AGENCIES/COMPANIES SPECIFIC TO YOUR FACILITY.

Agency	Phone
Hayward Fire Department Dispatcher: <i>Call for Emergencies and Spill Notification</i>	9-1-1 or from a cell phone, (510) 293-7000
State Office of Emergency Services Notification Center	1-800-852-7550
Hayward Fire Department Hazardous Materials Office (for information on regulatory issues and waste disposal, not for notification of spills/releases)	510-583-4910
Hospital: St. Rose Hospital	510-264-4026
Kaiser Permanente Medical Center – Hayward	510-784-4270
Other Medical Center: _____	_____
Water Pollution Control Facility	510-293-5398
Hazardous Waste Contractor:	
Bay Area Air Quality Management District	415-771-6000
Alameda County Water District	510-659-1970
Regional Water Quality Control Board	510-622-2300

A.3 Internal Notification Procedures:

List the names and telephone numbers of other Company officers/personnel (business owner, safety coordinator, emergency response team members, etc.) who must be notified upon discovery of a release:

Title	Name	Phone Number
Assistant Property Manager (Eden Landing managed by P&P Partners Inc)	Diana Baker	510. 783. 1513

A.4 Alarm and Notification Systems:

Describe internal alarm/notification systems (for example: pull stations, yelling, intercom)

System Type	Location(s) (name areas covered by the system , such as office, warehouse, manufacturing, etc.)	How Activated (automatic or manual? by whom? when?)
automatic fire sprinkler system		
fire/haz mat pull stations		
intercom		
yelling	from front office to Lab	by person who first notices prob.
chemical detection system		
other extinguishing systems	fire extinguisher in hall way & Lab	manually used by trained personnel

B. Evacuation

B.1 Attach a map showing evacuation routes & meeting points.

B.2 Describe how the evacuation will be announced to employees and to others on site:

We are operated in a small 3-4 room environment. In the case of emergency, evacuation can be informed to all employees by yelling & walking around the facility.

B.3 Describe when an evacuation will be required (conditions, chemicals, etc):

The only hazard material requires reporting is compressed helium tank (or Argon - all are inert gas). It seldom lead to evacuation even in the event of leaking. But other under limit chemicals used in the lab might cause evacuation only in the event of fire or large spill.

B.4 To where will employees and others be evacuated?

outside location	Where? Out to front door to the parking lot
inside location	Where? or out to rear door to the back yard.

B.5 Maintain a roster of personnel at the evacuation point to account for all employees.

Primary Roll Monitor:	Vivian Chen, General Manager
Secondary Roll Monitor:	Xing Xin, Lab Supervisor

C. Spill Procedures:

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or chemical release, the emergency coordinator or other trained personnel shall do the following:

- Identify the character, exact source, amount and extent of any released hazardous materials.
- Assess possible hazards to human health or the environment that may result from the explosion, fire, or chemical release. This assessment must consider both direct and indirect effects. (e.g. the effects of any toxic, irritating, or asphyxiating gases that may be generated; or the effects of any surface water run-off from water or chemical agents used to control fire)
- Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment that have been shut down in response to the incident.
- Take all reasonable measures necessary to ensure that fires, explosions, and chemical releases do not occur, recur, or spread to other areas at the facility.

Appendix #1 to the Emergency Response Plan – Spill Procedures
describes specific spill/release procedures

Appendix #2 to the Emergency Response Plan –
provides a listing of the emergency response equipment

Appendix #3 to the Emergency Response Plan –
Additional Spill Procedures for Underground Storage Tanks
describes specific procedures for UST spills, leaks, and alarm situations

For all reportable spills the following actions are to be taken concurrent with notifications:

- Isolate the spill area.
- Evacuate the area/building, if necessary, per the evacuation plan.
- Keep unnecessary employees/persons at a safe distance from the incident.
- Identify Hot, Medium and Cold Zones, as needed. (These are areas that will dictate the type of personal protective equipment required of people who will be in the specified zones.)
- Set-up a command location for oversight of the response and/or for coordination with the Fire Department.
- If an Emergency Response Team is established, coordinate all activities through the Incident Commander at the Incident Command Post.
- If no Emergency Response Team is required, establish a spill response, mitigation, and cleanup plan and convey the information to those involved and to the Fire Department.
- Carry out spill procedures as indicated in Appendix #1 to the Emergency Response Plan.

D. Coordination with the Hayward Fire Department

- A designated employee shall meet responders at a designated location.
- The employee will be the Fire Department liaison and shall advise the Fire Department of facility information, including but not limited to layout of the facility, nature of the spill, hazards of material, ability of facility personnel to mitigate and cleanup the spill, location of facility spill response equipment, etc.
- The employee will escort the Fire Department to the spill location or incident command post, if one has been established.
- The employee or a spill coordinator will assist in the coordination between facility response personnel and the Fire Department response personnel as needed.

D.1 Describe and identify the most commonly used (or most likely) entry and/or meeting location for Fire Department response:

FD entry location	Back door of the Lab located in Grid <i>X</i> in <i>of Location Map.</i> <i>of Detailed Facility Map.</i>
FD/facility meeting location	Backyard of the facility

D.2 Emergency Coordinators:

Primary Coordinator	Secondary Coordinator
Name: <i>Vivian Chen</i>	Name: <i>Xing Xin</i>
Title: <i>General Manager</i>	Title: <i>Lab Supervisor</i>
Work Phone: <i>510.265.1027</i>	Work Phone: <i>650.678.4073</i>
After-hours Phone: <i>510.589.7179</i>	After-hours Phone: <i>650.574.2655</i>
Pager:	Pager:

D.3 Private and Public Arrangements:

(Check applicable statements.)

- ☒ We have no formalized written agreements with any private emergency response contractor.
- ☒ We have a formalized Emergency Response Team.
- ☐ We conduct drills/training with the Hayward Fire Department
- ☐ We have formalized written agreements with the following companies:

Name of Company	
Address	
Phone (include after-hours)	
Contact Person	

Name of Company	
Address	
Phone (include after-hours)	
Contact Person	

E. Resumption of Normal Operations, Cleanup and Disposal:

Before operations are resumed in areas of the facility affected by the incident, the following actions shall be conducted:

Action	Person Responsible
1) Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or chemical release at the facility.	Fei Mao, Director of Chemical Lab
2) Ensure that no material that is incompatible with the released material is transferred, stored or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.	Fei Mao "
3) Notify the Hayward Fire Department Hazardous Materials Office that the facility is in compliance with requirements (a) and (b) above.	Vivien Chen, General Manager
4) If an evacuation was made, the area evacuated shall be surveyed and a determination made that there are no hazards to returning employees. If the spill was likely to have produced an atmosphere in which concentrations of hazardous materials exceeded allowable levels, actions shall be taken to verify that breathing zones are safe to returning employees. Use of monitoring devices or sampling may be required for verification.	Fei Mao, Director of Chemical Lab.

F. Reporting:

A written report documenting the spill response actions taken, the cleanup and disposal activities, including copies of receipts/manifests for disposal, and an analysis of the cause of the spill/release will be sent to the Hayward Fire Department. Recommendations and time schedule for correction of any deficiencies in equipment, procedures or training will also be included in the report.

Send the report to the Hazardous Materials Office of the Hayward Fire Department within 30 days of the incident. If the incident requires a report to the California OES (depending on quantity released) it shall be done on the State OES form within 30 days of the spill and a copy submitted to the Hazardous Materials Office.

Name of person responsible for reports	Fei Mao
Title	Director of chemical Lab
Telephone Number	510. 265. 1027

EMERGENCY RESPONSE PLAN – APPENDIX 1

SPILL PROCEDURES

Provide spill procedures for the following situations (as they apply to your facility):

Describe the types of spills that might occur and briefly describe the actions to be taken when they do occur. Use terms like: contain, absorb, dike, spill kit, drain, pump, place into container, sweep, shut off, in your description. For indicating type of Personal Protective Equipment (PPE) use levels designated by OSHA: A, B, C, D. Indicate if you made modifications in your case. If power is to be shut off or some equipment needs to be shut down, please describe the procedures, naming the employees involved and describing where shut off valves or switches are located.

Type of Emergency	Response Actions	Person Responsible	PPE
Hazardous Material Spills at/from: <ul style="list-style-type: none"> • Workstations • Containers • Drums • Piping • Tanks (Cylinder) • Trucking area • Rail Transfers • Other _____ 	<p>The most significant source of hazardous material spills might come from pressurized or Argon/Helium Gas stored in the cylinder. Overexposure of these gases will cause oxygen deficient environment. Therefore remove victim(s) to fresh air as quickly as possible. If not breathing, give artificial respiration. In case of a release, clear the affected area and protect people. Allow the gas to dissipate by opening circulating route.</p>	<p>Fei Mao, director of Chemical Lab.</p>	<p>2</p>
Hazardous Waste Spills/Releases: <ul style="list-style-type: none"> • Containers • Drums • Treatment system • Trucking 	<p>The main component of our waste is organic solvent which stored in anti-flammable drum. Once spilled, pose a serious fire hazard. So distant ignition and flashback are possible. Clear the affected area and protect personnel. Fire-retardant protective clothing, gloves resistant to tears. (Level B) equipment should be equipped.</p>	<p>Fei Mao, Director of Chemical Lab</p>	<p>2</p>

Type of Emergency	Response Actions	Person Responsible	PPE
Fire: Call 9-1-1 immediately to report any fire Immediately evacuate all personnel	An extinguisher may be used for fires that can be attacked within 2 minutes by trained personnel. Describe the fire protection and alarm systems that are present in your facility.	Fei Mao, Director of Chemical Lab	3
	Kidde Dry chemical Fire Extinguisher		
	(pull, aim, squeeze & sweep)		
Explosion: Call 9-1-1 immediately to report any fire Immediately evacuate all personnel	Identify if there are explosion hazards and if there are systems in place to mitigate or detect such hazards. Provide any specific operations that you have.		3
	No explosion hazards		
Earthquake: Duck and take cover under a table or doorway Get out and stay away from falling hazards	Identify areas requiring immediate attention.		
	Both Front Door & Back Door		
	are within reach. Exit either		
	door will lead to open outside area.		
Other:			

LIST OF EMERGENCY RESPONSE EQUIPMENT

Equipment Category	Equipment ✓ if available	Location	Description: specify type and quantity
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	Chemical Protective Boots		
	Chemical Protective Gloves	over lab benches	Latex gloves (12 boxes)
	Safety Glasses/Goggles/Face shields	WS	Goggles: 3 / face shield: 1
	Chemical Protective Clothing	WS	Lab coats (10)
	Hard Hats		-x
	Chemical Monitoring Equipment (describe)		
	First Aid Kits	U 4	Total Resource First Aid Kit: 1
	Eye Wash Stations	U 5	One Eye Wash by WaterSaver Faucet, co.
	Safety Showers		
	Cartridge Respirators	WS	North Full face piece Respirator (one)
	SCBA units		
	Other (describe)		
Fire Extinguishing Systems	Fire Extinguishers		Kidde Dry Chemical 3A:40B:C (7lbs)
	Fire Hose		
	Foam with nozzles/hose		
Spill Control Equipment, and Decontamination Equipment	Absorbents, Neutralizers		
	Shovels/Brooms/Squeegees		
	Overpack drum/Spill drum		
	Absorbent booms/pillows/pads		
	Decontamination Equipment (describe)		
	Gas cylinder leak repair kits (describe)		
	Other (describe)	✓ 3	Hazorb Spill Response kit (one)
Communication and Alarm Systems	Telephones		land phones: 3
	Intercoms/PA systems		Cell phones: 2
	Portable 2 way radios		
	Pull Station alarms		
	Automatic alarms		ADT Security System
Check here if additional pages are attached ()			

EMERGENCY RESPONSE PLAN – APPENDIX 3

**ADDITIONAL SPILL PROCEDURES
FOR UNDERGROUND STORAGE TANKS**

Not applicable

Provide spill procedures for the following situations (as they apply to your facility):

Describe the actions to be taken in response to the requested information on column 1 of the table below. Note that the activation of an underground storage tank alarm system requires the notification of the Hayward Fire Department. If any spill or release of material has occurred into the environment, onto the ground or pavement or into a containment system, notification is required immediately. Call 9-1-1! If there is no apparent release but the alarm sounded, call 510-583-4910 and inform the Hazardous Materials office. Failure to notify will be considered a violation and can result in penalties or fines of up to \$1,000 per day per violation.

Type of Incident Involving UST and Monitoring and Alarm Systems	Actions to be Taken <i>What does attendant do? Who should be called? What does the owner do? What does the fuel supplier do?</i>	Person Responsible and Contact Number
<i>What to do when monitoring system indicates a leak ...</i>		
<i>What to do when fuel is spilled on surface pavement or ground during filling or dispensing...</i>		
<i>Describe available spill-control equipment. Where located? How maintained?</i>		
<i>Which contractor is called in for alarm or spill situations?</i>		
<i>Which contractor is called in for contaminated fuel and hazardous waste disposal?</i>		
<i>How is the Fire Department notified when the monitoring alarm goes off?</i>		

EMERGENCY RESPONSE TRAINING PLAN

1. Scope

This plan is designed to provide employees with hazardous materials and hazardous waste that will satisfy the requirements of the California Health and Safety Code Chapter 6.95 and Chapter 6.5.

Facility Name:	Biotium, Inc
Address:	3423 Investment Blvd. Suite 8, Hayward.
Main Activity:	Manufacturing & sales of fluorescent dyes.
Buildings or Areas where hazardous waste or hazardous materials are found:	In the back of the facility - chemical Lab

2. Responsibilities

The following persons are responsible for ensuring that this Training Plan is implemented:

Name/Title	Training Responsibility
Vivian chen / General Manager	Prepare, Organize & Document
Fei Mao / Director	Overall in charge of implementation

3. Employees/New Employees

Attachment T1 documents each employee's training.

New employees are trained during orientation, before starting on a job.

☐ YES ☒ NO

New employees are trained within six months of hire date.

☒ YES ☐ NO

4. New assignments or Changes in Operations

In the event of new assignments or of changes in operation, affected employees are trained before the new assignment or the change in operation takes place.

☒ YES ☐ NO

5. Refresher Training

Attachment T2 documents refresher training.

Refresher Training is provided at least annually.

☒ YES ☐ NO

How often is refresher training provided?

Every 12 months

Refresher Training is done through: (check all that apply)

☐ Outside classes

☐ In-house classes provided by contractor

☐ Safety Meetings

☒ In-house classes conducted by in-house trainers*

*(Complete Attachment T4 to document qualification of in-house trainers)

6. Training Topics

The following table indicates the training topics covered. Other documents on these training topics are maintained and are available to the inspector upon request.

Training Topics	Is Topic Covered?			Are Course Documents Available?
	YES	NO	N/A	
General Safety Precautions:				
Material Safety Data Sheets	X			
Nature and hazards of materials present	X			
Emergency Response:				
The Emergency Response Plan	X			
Notification/coordination with local agencies	X			
Procedures for use, inspection, repair, and replacement of facility emergency response and monitoring equipment			X	
Communication and alarm systems	X			
Response to fires or explosions	X			
Response to release or threatened release of hazardous materials	X			
Hazardous Waste Management:				
On-site management and storage requirements	X			
Packaging and labeling	X			
Proper use of safety equipment			X	
Proper use of hazardous waste management supplies	X			
Off-site transportation requirements		X		
Interaction with waste haulers and disposal sites	X			
Conducting periodic inspections (storage areas, tanks etc.)	X			
Key parameters for automatic waste feed cut off systems	X			
Response to groundwater contamination incidents			X	
Shutdown of operations	X			

7. Emergency Response Team

The facility has a formally organized Emergency Response Team.
Attachment T3 lists the members of the Emergency Response Team.

☒ YES

☐ NO

Team will coordinate with HFD to conduct at least one drill per year.

☒ YES

☐ NO

Team will coordinate with HFD to conduct coordination training at least once per year.

☒ YES

☐ NO

After each incident, the Team will meet with the HFD for a joint post-incident evaluation.

☒ YES

☐ NO

8. Training Topics by Job Title

Employees are trained based on their level of involvement in the handling, use, or generation of hazardous materials or hazardous waste.

Attachment T1 details the topics each employee has had training on.

9. Training Documentation

The following employees are responsible for the maintenance and update of this Emergency Response Training Plan.

They shall also keep and maintain all training records and other documents associated with the Emergency Response Training Plan.

Name	Title	Phone Number
Vivian Chen	General Manager	570. 265.1027

Attachment T1 - Employee Training Record

Name of Employee: Fei Mao

Start Date: 09/15/01

Transfer Date: _____

Termination Date: _____

Position/Title: director / Ph.D.

Job Description (hazardous materials handling):

chemical synthesis
including

Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →

Contingency Plan							Labeling			Compatibility/Storage						Manifesting				Chemical Hazards					
✓	Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles -- general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Aisle space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDF copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present
✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							✓	✓

Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																							
Biotium ERT training I	09/30/01	>	>	>	>	>	>	>	>	>	>	>	>	>	>	>								>	>
Biotium ERT training I	09/15/02	>		>	>	>	>	>	>	>	>	>	>	>	>	>								>	>

Attachment T1 - Employee Training Record

Name of Employee: <u>Xing Xin</u>		Start Date: <u>09/1/02</u>		Transfer Date: _____		Termination Date: _____																				
Position/Title: <u>Lab Supervisor</u>																										
Job Description (hazardous materials handling): <u>Supervisor biochemical</u> <u>synthesis & packing activity</u> _____ _____ _____ _____		Contingency Plan			Labeling		Compatibility/Storage			Manifesting		Chemical Hazards														
		Emergency Response Plan	Guidelines for emergency medical care	Notification/coordination with fire dept.	Emergency equipment use/maintenance	Spill response actions	Fire/explosion response	Emergency Coordinators	How to fill out labels	Accumulation start date	Labeling of tanks	Hazardous properties	Incompatibles -- general /on-site	Weekly inspections	Closed containers - rags	90 day storage time	Aisle space regulation	Storage to minimize accidental release	Empty container regulation	When and how to use	Generator/TSDF copies	Record keeping	DOT Shipping names of facility wastestreams	DTSC exception reports	Material Safety Data Sheet use/information	Hazards of materials present
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. ➔		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																								
<u>Biotium Emergency Response Training I</u>	<u>9/15/02</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Attachment T1 - Employee Training Record

Name of Employee: Vivian Chen

Start Date: 03/02

Transfer Date: _____

Termination Date: _____

Position/Title: General Manager

Job Description (hazardous materials handling):

Administrative, Sales, Accounting.

Packaging & Shipping

Contingency Plan							Labeling				Compatibility/Storage					Manifesting				Chemical Hazards		
✓	Emergency Response Plan																					
	Guidelines for emergency medical care																					
✓	Notification/coordination with fire dept.																					
✓	Emergency equipment use/maintenance																					
	Spill response actions																					
	Fire/explosion response																					
✓	Emergency Coordinators																					
✓	How to fill out labels																					
	Accumulation start date																					
✓	Labeling of tanks																					
	Hazardous properties																					
	Incompatibles -- general /on-site																					
	Weekly inspections																					
	Closed containers - rags																					
	90 day storage time																					
	Aisle space regulation																					
	Storage to minimize accidental release																					
	Empty container regulation																					
	When and how to use																					
	Generator/TSDF copies																					
✓	Record keeping																					
	DOT Shipping names of facility wastestreams																					
	DTSC exception reports																					
✓	Material Safety Data Sheet use/information																					
✓	Hazards of materials present																					

Employers: Check "✓" the boxes for the skills, education or qualifications required by this position. →

Title of Class/Course Taken & Completed	Date Taken	Topics and Skills Covered at the Class/Course Taken																						
Biotium Emergency Response Training I	09/30/01	✓	✓	✓	✓	✓	✓	✓	✓											✓			✓	✓
Biotium Emergency Response Training I	9/15/02	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓

Attachment T2

Training Class Record – Refresher Training

DATE: _____ TRAINER/INSTRUCTOR: _____

- TRAINING TYPE: ☐ PROFESSIONAL CLASS (outside)
☐ CONSULTANT-PROVIDED (in-house)
☐ IN-HOUSE TRAINER'S TRAINING CLASS*
☐ SAFETY or STAFF MEETING*
* Complete Attachment T4 for qualification of trainer

TOPICS COVERED

General Subject	Details

ATTENDEES / PRESENT

Name	Title	Signature

Attachment T3
Hazardous Materials Emergency Response Team Members

Name	Title	Contact Telephone Numbers				40-hr ERT HazWOper (year)	Refresher last taken (year)	Other Training Beyond HazWOper
		Work	Home	Cellular	Pager			
Vivian Chen	General Manager	✓		✓		planned		
Fei Mao	Director	✓				"		
Xing Xin	Lab Supervisor	✓				"		

Definitions of Emergency Response Training Levels

Responsibility	Minimum Initial Training Required	Refresher Required	# of Hours Required
AWAR - First Responder Awareness Level: Identifies hazards; contains and cleans up small spills as part of routine work/maintenance; sounds alarm.	Hazard Communication Standard General Emergency Response and Evacuation	Yes	N/A
OPER - First Responder Operations Level: Contains spills from a safe distance.	8-hour Emergency Response (related to duties)	Yes	4
TECH - Hazardous Materials Technician Level: Responsible for spill control, clean-up and coordination with off-site responders.	40-hour Emergency Response (related to duties)	Yes	8
SPCLST - Hazardous Materials Specialist Level: Responsible for spill control, clean-up and coordination with off-site responders	24-hour Emergency Response (related to duties)	Yes	8

Attachment T4

Qualifications of In-House Trainer

List the name and qualifications of each person assigned training responsibilities. Include experience level, number of years, formal training, and any other reason used to establish that the person has the knowledge to provide training in a specific area.

Name and Title	Qualifications	Training Responsibilities
Fei Mao, Ph.D. Chemistry director	12 years of experiences in handling a variety of hazardous chemicals, including storage and has trained chemical technicians in major biotech companies on safety and chemical handling.	To train other employees in the facility on safety.
	Familiar with federal and state regulations on chemical handling.	
Xing Xin, Ph.D Lab Supervisor	10 years of experiences in working and managing a variety of biohazardous chemicals. Has special training course for hazardous material in several research institute and university.	To supervise biochemical lab synthesis and packaging.

Not Applicable

Instructions F:
Do you have to file a Recyclable Materials Report?

Answer the questions below and follow through the flow to determine whether or not you have to file a RECYCLABLE MATERIALS REPORT.

COMPLETE AND SUBMIT THIS PAGE WITH YOUR HMBP!

- (1) Do you recycle more than 100 kilograms (220 pounds) of material per month? **YES. Go to (2)** **NO. Go to (4)**
- (2) Do you recycle your own waste?
In other words, do you recycle waste generated from this facility, at this facility? **YES. Go to (5)** **NO. Go to (3)**
- (3) Do other facilities send you their waste for recycling? In other words, do you recycle waste generated from other facilities, at this facility? **YES. Go to (6)** **NO. Go to (4)**
- (4) *You are NOT an onsite or an offsite recycler. You are NOT required to file a "Recyclable Materials Biennial Report."*
Check the appropriate box below and we will note your declaration.
- (5) *You are a recycler and a generator. You are required to file a State "Recyclable Materials Biennial Report."*
Check the appropriate box below and we will send you a blank form.
- (6) *You are a recycler but not the generator. You are required to file a State "Recyclable Materials Biennial Report" for each generator that sends you its waste.*
Check the appropriate box below and we will send you the blank form/s.

Please check appropriate box below:

- ☐ (4) This facility is NOT a recycler.
- ☐ (5) This facility is a recycler and generator.
Send a blank "Recyclable Materials Biennial Report" form.
- ☐ (6) This facility is a recycler of other facility's hazardous waste.
Send _____ (how many?) blank "Recyclable Materials Biennial Report" form/s.

Name of Facility:

COMPLETE AND SUBMIT THIS PAGE WITH YOUR HMBP!

Biotium, Inc.

Supplier of fluorescent and related biochemical reagents for life science research and drug discovery

3423 Investment Blvd, Ste 8
Hayward, CA 94545 U.S.A.
Phone: 510-265-1027
Fax: 510-265-1352
<http://www.biotium.com>
info@biotium.com

Substance Quantity Total/Year

Chloroform	4 - 16L
Methanol	4 - 16L
Ethyl acetate	4 - 16L
Ether	4 - 16L
Hexane	4 - 16L
Dimethyl formamide	4 - 8L
Isopropyl alcohol	4 - 8L
Acetic acid	1 - 2L
Sulfuric acid	2 - 4L
Nitric acid	1 - 2L
Hydrochloric acid	1 - 4L
Tetrahydrofuran	1 - 4L
Acetonitrile	4 - 16L
Acetone	1 - 4L
Ethanol	1 - 4L
Trifluoro acetic acid	1L

16 gal
16 gal
16 gal
16 gal
16 gal
8 gal
8 gal
0.5 gal
2 gal
0.5 gal
1
1
16
1
0.15

16
16
16
16
16
8
8
0.5
2
0.5
1
1
16
1
0.15

CESG
Range 2A

Name and Address of Landlord

Pacific Golf Properties, Inc.
26120 Eden Landing Road
Suite 2
Hayward, CA 94545
Tel: 510-783-1513

510-265-1027
Vivien Chen

MAR 28 1996

HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP)

HAYWARD FIRE DEPARTMENT

1996 CERTIFICATION

279
S
POSTED

FACILITY NAME: Trace Analysis Laboratory, Inc.

FACILITY ADDRESS: 3423 Investment Boulevard, No. 8 Hayward CA 94545
CITY STATE ZIP

BUSINESS OWNER/OPERATOR: Corporation TEL: 510-783-6960

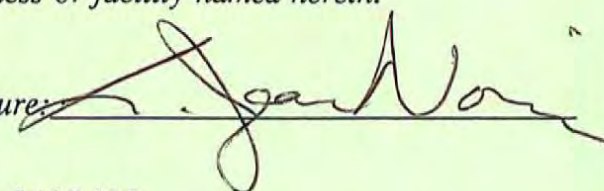
MAILING ADDRESS: 3423 Investment Boulevard, Unit 8, Hayward, CA 94545
CITY STATE ZIP

REVIEW OF THE COMPLETE HAZARDOUS MATERIALS MANAGEMENT PLAN, INCLUDING INVENTORY FORM, EMERGENCY CONTACTS, SITE MAP, AND EMERGENCY RESPONSE PLAN, HAS BEEN COMPLETED. I HAVE INDICATED BELOW ALL APPLICABLE CONCLUSIONS:

- ☒ Inventory forms are correct for 1996. NO changes are necessary.
- ☒ Emergency contacts and telephone numbers are correct for 1996. NO changes are necessary.
- ☒ Site map is correct for 1996. NO changes are necessary.
- ☐ Inventory forms required updating. Attached are new inventory forms.
- ☐ Emergency contacts and telephone numbers required updating. Changes are attached.
- ☐ Site map required updating. A new site map is attached.
- ☐ Emergency Response Plan has been reviewed and is correct. NO changes were necessary.
- ☐ Emergency Response Plan has been reviewed and required updating. Changes are indicated and are submitted.
- ☐ Changes to other sections of the HMMP, if any, are attached herewith.
- ☐ Substantial changes have occurred in the facility since we last filed an HMMP. We are submitting a new HMMP.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I further certify that I am duly authorized to execute this certification on behalf of the business or facility named herein.

Name: L. Jean Noroian
(Type or Print)

Signature: 

Title: President

Date: 3/27/96

FIRE DEPARTMENT USE ONLY

Reviewed by: _____ Date: _____

COMMENTS: _____

HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP)

1995 CERTIFICATION

POSTED

RECEIVED BY
FIRE PREVENTION OFFICE
MAR 08 1995

279
S

FACILITY NAME: Trace Analysis Laboratory, INC.
FACILITY ADDRESS: 3423 Investment Blvd, #8 Hayward CA 94501
BUSINESS OWNER/OPERATOR: L. Jean Nordin, President TEL.: 510-783-6960
MAILING ADDRESS: 3423 Investment Blvd, #8, Hayward, CA 94501

REVIEW OF THE COMPLETE HAZARDOUS MATERIALS MANAGEMENT PLAN, INCLUDING INVENTORY FORM, EMERGENCY CONTACTS, SITE MAP, AND EMERGENCY RESPONSE PLAN, HAS BEEN COMPLETED. I HAVE INDICATED BELOW ALL APPLICABLE CONCLUSIONS:

- ☒ Inventory forms are correct for 1995. NO changes are necessary.
- ☒ Emergency contacts and telephone numbers are correct for 1995. NO changes are necessary.
- ☒ Site map is correct for 1995. NO changes are necessary.
- ☐ Inventory forms required updating. Attached are new inventory forms.
- ☐ Emergency contacts and telephone numbers required updating. Changes are attached.
- ☐ Site map required updating. A new site map is attached.
- ☒ Emergency Response Plan has been reviewed and is correct. NO changes were necessary.
- ☐ Emergency Response Plan has been reviewed and required updating. Changes are indicated and are submitted.
- ☐ Changes to other sections of the HMMP, if any, are attached herewith.
- ☐ Substantial changes have occurred in the facility since we last filed an HMMP. We are submitting a new HMMP.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I further certify that I am duly authorized to execute this certification on behalf of the business or facility named herein.

Name: L. Jean Nordin Signature: [Signature]
(Type or Print)
Title: President Date: 3/6/95

FIRE DEPARTMENT USE ONLY

Reviewed by: _____ Date: _____

COMMENTS: _____

CERTIFICATION

1994

RECEIVED BY ²¹⁹ POSTED
HAZARDOUS MATERIALS OFFICE

FEB 10 1994

HAYWARD FIRE DEPARTMENT

HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS)

I hereby certify that I have reviewed the last Hazardous Materials Management Plan submitted to the Hayward Fire Department for

Trace Analysis Laboratory, Inc.
(Name of Facility)

3423 Investment Boulevard, Suite 8
(Address of Facility)

and have determined that:

the hazardous materials inventory has not substantially changed, and the last Hazardous Materials Management Plan submitted, including the Hazardous Materials Inventory Statement, is still accurate.

I certify further that, under penalty of perjury, the information contained in this certification and any documents referred thereto is, to the best of my knowledge and belief, true, accurate, and complete.

Louis DeRis
Signature

Louis DeRis, Vice President
Printed Name & Title

2/8/94
Date signed

RECEIVED FEB 07 1994

(HAZARDOUS MATERIALS MANAGEMENT PLAN)

Prepared and submitted to the Hayward Fire Department in fulfillment of reporting requirements contained in the following laws, codes, and ordinance: **POSTED**

- (a) Federal Superfund Amendments and Reauthorization Act of 1986 (SARA Title III); *Red in Chicago J.E.*
- (b) Chapter 6.95 of the California Health and Safety Code; **RECEIVED BY
HAZARDOUS MATERIALS OFFICE
SEP 20 1993**
- (c) Title 19 of the California Code of Regulations; **HAYWARD FIRE DEPARTMENT**
- (d) Chapter 3, Article 8 of the Hayward Municipal Code; and *Revised J.E.
9/20/93*
- (e) Article 80 of the Uniform Fire Code as adopted by the State of California and the City of Hayward.

REPORTING YEAR 1993
for

FACILITY ADDRESS: 3423 Investment Boulevard, Suite 8


Hayward, CA ZIP: 94545

FACILITY NAME: Trace Analysis Laboratory, Inc.

Section I - CERTIFICATION

I hereby certify under penalty of perjury that the information contained in this Hazardous Materials Management Plan is, to the best of my knowledge, true, accurate, and correct. I understand that I may be required to show proof of compliance with all City, County, State, and federal laws and regulations during any facility inspection conducted by City, County, State, or Federal authorities.

I further certify that I am duly authorized to execute this certification on behalf of the business or facility named above.

Authorized Signature: L. Jean Noroian 

Printed Name and Title: L. Jean Noroian, President

Date Signed: 9/15/93

HAZARDOUS MATERIALS MANAGEMENT PLAN

Section II FACILITY IDENTIFICATION

<p>1. Enter the full name of the business, as registered.</p>	<p>1. Name of Facility <u>Trace Analysis Laboratory, Inc.</u></p>
<p>2. Enter actual location of facility including suite number(s) and zip code. Do not give P.O. Box address.</p>	<p>2. Facility Address <u>3423 Investment Boulevard, Suite 8</u> <u>Hayward, CA 94545</u></p>
<p>3. Complete only if different from "Facility Address."</p>	<p>3. Mailing Address <u>3423 Investment Boulevard, Ste. 8</u> <u>Hayward, CA 94545</u></p>
<p>4. Enter telephone number for the facility, at the actual address given in #2 above.</p>	<p>4. Facility Telephone Numbers <u>510-783-6960</u></p>
<p>5. Enter name of business owner, general manager, or chief executive officer, and his/her telephone numbers.</p>	<p>5. Executive/Administrative Contact <u>L. Jean Noroian, President</u> Telephone No. <u>510-783-6960</u> (During business hours) Telephone No. <u>510-521-7073</u> (After business hours)</p>

Section III BUSINESS INFORMATION

<p>1. Give a brief description of products, processes and other business/industrial activities done in this facility.</p>	<p>1. Nature of Business <u>Analytical chemistry.</u></p>
---	---

2. Operating Hours:

Circle the days and enter the hours the facility is open for business and the total number of employees in the facility during those hours.

	<u>Day Shift</u>	<u>Swing Shift</u>	<u>Night Shift</u>
Days Open	<u>MTWTFSS</u>	<u>MTWTFSS</u>	<u>M T W T F S S</u>
Shift Hours	<u>8am to 5pm</u>	<u>4:30p to 1:00am</u>	<u> to </u>
Number of Employees	<u>5</u>	<u>1</u>	<u> </u>

3. Enter Standard Industrial Classification (SIC) code number for the primary process/activity done in this facility - A copy of the 1987 SIC Manual is available in the Hayward Library.	3. SIC Code <u>7391</u>												
4. Enter the Dun and Bradstreet number for this business. If not known, call Dun and Bradstreet in Pennsylvania at (215) 391-1886	4. Dun and Bradstreet Number <u>07-652-6904</u>												
5. Enter Business License number issued by the City of Hayward to this business.	5. Hayward Business License Number <u>99 I 088876</u>												
6. List all other permits issued to this business facility by other regulatory agencies and the Hayward Fire Department. Examples of these agencies are: County Health Department; Water Pollution Control Facility; Environmental Protection Agency; Regional Water Quality Control Board; and Bay Area Air Quality Management District.	6. Permits relating to generation, storage, handling, treatment, transport, and disposal of hazardous materials and/or hazardous wastes: <table border="0"> <thead> <tr> <th style="text-align: center;"><u>Agency</u></th> <th style="text-align: center;"><u>Permit No.</u></th> </tr> </thead> <tbody> <tr> <td><u>U.S. EPA</u></td> <td>CAD <u>981640626</u></td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> </tr> <tr> <td><u> </u></td> <td><u> </u></td> </tr> </tbody> </table>	<u>Agency</u>	<u>Permit No.</u>	<u>U.S. EPA</u>	CAD <u>981640626</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u>Agency</u>	<u>Permit No.</u>												
<u>U.S. EPA</u>	CAD <u>981640626</u>												
<u> </u>	<u> </u>												
<u> </u>	<u> </u>												
<u> </u>	<u> </u>												
<u> </u>	<u> </u>												
7. If you have underground storage tanks, the Hazardous Materials Office has assigned you a Facility ID Number. Call (510) 293-8695 to confirm your Facility ID Number or obtain it from your underground storage tank registration forms.	7. Facility I.D. Number <u>No underground tanks.</u>												

Section IV - FACILITY CONTACTS AND PLANNING INFORMATION

1. Emergency Contacts:

List names, titles, and contact telephone numbers of at least two individuals to notify in case of an emergency involving hazardous materials on this facility. The Primary Contact will be contacted first; and if he or she can not be reached, the Secondary Contact will be contacted instead.

(a) Primary Contact

Name L. Jean Noroian

Title President

Telephone No. 510-783-6960
(During business hours)

Telephone No. 510-521-7073
(After business hours)

(b) Secondary Contact

Name Sang Liu

Title Lead Chemist

Telephone No. 510-783-6960
(During business hours)

Telephone No. 510-317-0832
(After business hours): _____

RECEIVED JAN 05 1993

2. Check the appropriate box to answer the question. The materials referred to are listed in the attached **Appendix A - List of Extremely Hazardous Substances** and their threshold quantities as published and amended by the Federal EPA. This is the same list referred to as "**Acutely Hazardous Materials**" by the State of California in Section 25533, Chapter 6.95 of the Health and Safety Code.

2. Do you handle or store Federally-listed Extremely Hazardous Substances or State-listed Acutely Hazardous Materials in quantities greater than the Threshold Planning Quantities (TPQ) given in Appendix A?

☐ Yes ☒ No

3. Check the appropriate box to answer the question.

3. Is there any school, hospital, or extended-care facility within 1,000 feet (straight line distance) of your facility?

☐ Yes ☒ No

4. Check the appropriate box to answer the question. (Comparable installations refer to halon systems, foam systems, etc. Portable fire extinguishers are **NOT** considered comparable to sprinkler systems.)

4. Is your building equipped with a sprinkler system, or other comparable fire protection installation?

☐ Yes ☒ No

Section V - PROPERTY AND LAND USE INFORMATION

1. Enter property owner's name.

1. Property Owner's Name

R & B Commerce Park

2. Enter property owner's mailing address.

2. Property Owner's Mailing Address

26034 Eden Landing Road
Hayward, CA 94545

3. Enter property owner's telephone number

3. Property Owner's Telephone Number

510-783-1513

4. Adjacent Properties

Enter names of businesses, contacts, and telephone numbers on adjacent properties.

(a) NORTH

(b) EAST

Business: Computer Management Serv. Business: Vintage International
Contact: Anyone Contact: Crystal
Phone: 510-732-0644 Phone: 510-783-1343

(c) SOUTH

(d) WEST

Business: vacant 'Jet Stream' building Business: United Collections
Contact: Contact: Carol
Phone: Phone: 510-783-7901

III. Use of Emergency Response Equipment and Supplies, continued

- o Boots: Use to prevent contact with a spill.
- o Respirator: Use to prevent inhalation of fumes.
- o Doors: Open for ventilation, or to escape fumes.

IV. Emergency Response and Evacuation Plan

- o Attached
- o Posted in laboratory by emergency response equipment and on doors to glassware cabinets.

EMERGENCY RESPONSE AND EVACUATION PLAN

FIRE

1. Notify any supervisory personnel.
2. All lab employees are to use fire extinguishers to fight the fire.
3. When fire extinguishers are exhausted or the fire threatens your safety, move away or leave the building. See Evacuation Map on Page 6. Go to the picnic tables next to the rear parking lot.
4. The notified supervisor should inspect the fire and call the fire department as needed:

732-2626 or 911

Tell them to come to: **Trace Analysis Laboratory
3423 Investment Boulevard
Unit Number 8
Hayward
Phone: 783-6960**

This is between Eden Landing Road and Production Avenue. We have a front and two back doors.

5. The supervisor should direct one person to the Investment Boulevard fire hydrant and one to the rear parking lot to direct the fire department.
6. If the fire gets bad, get out of the building. Alert our neighbors upstairs and beside us. See Evacuation Map on Page 6. Go to the picnic tables next to the rear parking lot.
7. For minor medical treatment during the daytime:

**Medical Express
22429 Hesperian Boulevard (north of Winton)
Hayward
782-7111**

8. For major medical treatment or treatment after hours:

**Saint Rose Hospital
27200 Calaroga Avenue (at Tennyson)
Hayward
783-1123 or 911**

Take Hesperian south to east on Tennyson.

9. The building may be re-entered when the fire department (if called) and the supervisor indicate it is safe to do so.