CUPA PROGRAM INSPECTION REPORT/NOTICE TO COMPLY

FACILITY NAME: HANFORD COMMUNITY MEDICAL CENTER dba ADVENTIST HEALTH HFD
FACILITY SITE ADDRESS: 450 GREENFIELD AVE
HANFORD, CA 93230

OWNER NAME: HANFORD COMMUNITY HOSPITAL DBA ADVENTIST MEDICAL CENTER - HANFORD
BUSINESS PHONE: (559) 537-1762 Ext. 5108

FACILITY ID#: FA0000030
DATE: November 19, 2021

INSPECTOR: Luis Flores - REHS

An inspection of your facility revealed the following violations of the California Health and Safety Code and/or California Code of Regulations. A reinspection may occur at any time to verify correction of these violations. Please note the date for correction as listed per violation.

---

**2300 UNDERGROUND STORAGE TANK PROGRAM - PR0000029**

**Inspection Violations**

**Overfill prevention system has not been overridden and meets overfill requirements (TCR 9b)**

Failure to comply with one or more of the following overfill prevention equipment requirements: 1. Alert the transfer operator when the tank is 90 percent full by restricting the flow into the tank or triggering an audible and visual alarm; or 2. Restrict delivery of flow to the tank at least 30 minutes before the tank overfills, provided the restriction occurs when the tank is filled to no more than 95 percent of capacity; and activate an audible alarm at least five minutes before the tank overfills; or 3. Provide positive shut-off of flow to the tank when the tank is filled to no more than 95 percent of capacity; or 4. Provide positive shut-off of flow to the tank so that none of the fittings located on the top of the tank are exposed to product due to overfilling. 5. Install/retrofit overfill prevention equipment that does not use flow restrictors on vent piping to meet overfill prevention equipment requirements when the overfill prevention equipment is installed, repaired, or replaced on and after October 1, 2018. 6. Perform an inspection at least once every 36 months, at installation and every 36 months thereafter. 7. Inspected within 30 days after a repair to the overfill prevention equipment. 8. Inspected using an applicable manufacturer guidelines, industry codes, engineering standards, or a method approved by a professional engineer. 9. Inspected by a certified UST service technician. 10. Maintain records of overfill prevention equipment inspection for 36 months. 23 CCR 16 2635(c)(1), 2635(d), 2637.2(a) 2637.2(b), 2637.2(c), 2665, 2712(b)(1)(G)

Violation Type: Class I Violation

---

**Secondary containment maintained tight and has been confirmed by testing**

Failure to maintain secondary containment (e.g. failure of secondary containment testing). HSC 6.7 25290.1(c), 25290.1(e), 25290.2(c), 25291(a)(2)

Violation Type: Class I Violation

---

**Initial and annual training provided to employees and at least one trained employee is present**

---
HANFORD COMMUNITY MEDICAL CENTER dba ADVENTIST HFD  

Spill buckets meet requirements, have been tested as required, and records kept for 36 mths (TCR 9a)  

Failure to meet one or more of the following requirements:  1. Install or maintain a liquid-tight spill container. 2. Have a minimum capacity of five gallons. 3. Have a functional drain valve or other method for the removal of liquid from the spill container. 4. Be resistant to galvanic corrosion. 5. Perform a tightness test at installation, every 12 months thereafter, or within 30 days after a repair to the spill container. 6. Tested using applicable manufacturer guidelines, industry codes, engineering standards, or a method approved by a professional engineer. 7. Tested by a certified UST service technician. 8. Maintain records of spill containment testing for 36 months.  

Violation Type: Class I Violation  

During the November 14, 2019 AMC test, it was reported that the overspill bucket did not meet the 5-gallon capacity. To date, the spill bucket has not been replaced. Note, the spill bucket was hydro-tested again today and was still determined to be tight.  

Failure to comply with one of more of the following: Provide initial training before the individual performs the duties of a facility employee. Train facility employees in the proper operation and maintenance of the underground storage tank system at least once every 12 months. Have at least one facility employee present during operating hours that has been trained in the proper operation and maintenance of the UST system by a designated operator (DO).  

Violation Type: Minor Violation  

Inspector Comments: Employee training is not current at this time. Have the designated operator (D.O.) inspector provide training to staff responsible for UST operational compliance provide training to these employees within the next 30 days.  

General Comments and Observations:  

Annual UST monitoring certification testing was performed today by Roberto Jacobo w/ Banks and Co. of Fresno, CA. The following was noted:  

1. The turbine sump was in dry condition.  
2. The turbine sump VR 208 activated a monitoring panel A/V alarm and engaged turbine pump shut-down.  
3. Fail safe and sensor out testing deactivated the UST operational system.  
4. Monthly d.o. inspections are being performed monthly by Banks & Company.  

Have a copy of today’s test result submitted to this department within 30 days of today’s date.  

Note: This department will be taking further enforcement action relating to the ongoing UST system failures at this facility. Enforcement action will be be in the form of penalty fee assessment, red tagging of th diesel to disallow further filling of the tank, and permit suspension. A formal notice of violation will be issued to the facility operator within the next 45 days.  

CERTIFICATION OF RETURN TO COMPLIANCE  
I certify that the violations noted above on this report have been corrected. I have personally examined any documentation attached to the certification to establish that the violations have been corrected.  

Signature: _______________________________ Title: _______________________________ Date: _______________________________
## CUPA PROGRAM INSPECTION REPORT/NOTICE TO COMPLY

<table>
<thead>
<tr>
<th>FACILITY NAME:</th>
<th>OWNER NAME:</th>
<th>FACILITY ID#:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HANFORD COMMUNITY MEDICAL CENTER dba ADVENTIST</td>
<td>HANFORD COMMUNITY HOSPITAL DE</td>
<td>FA0000030</td>
<td>November 19, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY SITE ADDRESS:</th>
<th>BUSINESS PHONE:</th>
<th>INSPECTION TYPE:</th>
<th>INSPECTOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 GREENFIELD AVE</td>
<td>(559) 537-1762Ext. 5108</td>
<td>ROUTINE INSPECTION</td>
<td>Luis Flores - REHS</td>
</tr>
</tbody>
</table>

**Luis Flores - REHS**

Received By:

Environmental Health Officer

UST Inspector ICC Certification #: 81635938163593