



**ANNUAL REPORTING FORM FOR:  
PLATING AND POLISHING OPERATIONS**

**AQGP-R026**

1. Source number: \_\_\_\_\_

2. Reporting period: (calendar year): \_\_\_\_\_

3. Company information:

Legal name:	Other company name (if different than legal name):
Mailing address:	Site address (if different than mailing address):
City, state, zip code:	City, state, zip code:

4. Site contact person:

Name:	Telephone number:
Title:	Email address:

5. Non-cyanide electrolytic process tanks controlled using a wetting agent/fume suppressant (see Condition 3.2.a) – Provide the following information about wetting agent/fume suppressant addition(s):

Process Tank ID	Process Type	Wetting Agent/Fume Suppressant Used	Addition Date	Addition Was According to Manufacturer's Specifications and Instructions (yes or no)

6. Non-cyanide electrolytic process tanks, dry mechanical polishing operations, and thermal spraying operations controlled with an add-on control system (see Conditions 3.2.b, 3.6, and 3.7) – Provide the following information about the control system:

Process Tank/ Operation ID	Process/ Operation Type	Control System Used	Control System Operated According to Manufacturer's Specifications and Instructions



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7. Flash or short-term electroplating tanks controlled by limiting operation time (see Condition 3.3.a):

Tank ID	Tank Type	Flash or Short-Term	Is Tank Operation Limited to 1 hour per day?		Is Tank Operation Limited to 3 minutes per hour?	
			Yes	No	Yes	No

8. Batch electrolytic process tank or flash or short-term electroplating tank controlled with a tank cover (see Conditions 3.2.c and 3.3.b.i) – For each tank, provide the following information and indicate whether tank is operated with the cover in place at least 95 percent of electrolytic process time:

Tank ID	Tank Type	Yes	No

9. Continuous electrolytic process tank controlled with a tank cover (see Condition 3.3.b.ii) – For each tank, provide the following information and indicate whether at least 75 percent of the tank’s surface area is covered during periods of electrolytic process operation:

Tank ID	Tank Type	Yes	No





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12. Summary of complaints relating to air quality - List any air quality/nuisance complaints received within the last calendar year:

Date	Time	Complaint/What was it about?	Response/What did you do?

13. Please list permanent changes made to processes and equipment that affected air contaminate emissions:

14. Certifying Signature

Name of Official (printed or typed):	Title of Official and Phone Number:
Signature of Official:	Date:

**PLEASE SUBMIT THIS REPORTING FORM TO:**

Please submit this form to the Permit Coordinator at the Oregon Department of Environmental Quality regional office shown on the cover page of the permit assignment form. The Permit Coordinator addresses are also listed in the Administrative Requirements section of the General Air Contaminant Discharge Permit.