

Annual Reporting Form: Small Metal Fabrication and Finishing Operations

AQGP-R029

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:	County (required)	Zip Code:

4. Site Contact Person:

Name:	Telephone number:
Title:	Email / Fax Number:

5. Visual determination of fugitive emissions (Method 22; see Conditions 4.6). (You may elect to attach copies of your records instead if they comply with Condition 8.3c)

Date of Observation	Visual Emissions Detected (Yes or No)	If yes, include description of corrective actions. If no, 'N/A'	Date of any follow-up observation	Result of Follow-up observation

6. Facility-wide welding rod usage for each calendar month: (attach additional material usage information as needed):

Month	Electrode type 1	Welding process type	Electrode usage (pounds)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Month	Electrode type 2	Welding process type	Electrode usage (pounds)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Month	Electrode type 3	Welding process type	Electrode usage (pounds)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Month	Electrode type 4	Welding process type	Electrode usage (pounds)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Or:

I did not use any welding wire or rod in the previous calendar year: True

7. Manganese-containing welding wire and rod (each day the material was used):

Date of use	Material contains manganese? (yes or no)	Amount of wire and rod used (pounds)

Or:

I did not use any welding wire or rod that contained manganese in the previous calendar year: True

8. Did you exceed any of the thresholds established in Condition 5.0? Yes: No:

- **Any** welding wire or rod electrode E310, E310-15, or 14Mn-4Cr
- **60 pounds** of any manganese-containing welding wire or rod in any 24-hour period;
- **180 pounds** of any chromium VI (chrome 6) containing welding wire or rod in a 12 consecutive month period;
- **20,000 pounds** of any nickel-containing welding wire or rod in a 12 consecutive month period

9. Facility-wide fuel usage for the calendar year (i.e., natural gas, propane, diesel, oil, used in boilers, heaters, ovens, etc.):

Fuel type	Fuel used	Fuel usage units (gallons, therms, etc.)	Process or device fuel was used in or for

10. Facility-wide abrasive material usage for each month. Only report materials used for blast media which contain a target metal hazardous air pollutant¹ or for which non-HAP blast media was used on a substrate which contained a target metal HAP:

Month	Abrasive blast material #1	Amount used (pounds)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Month	Abrasive blast material #2	Amount used (pounds)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Month	Abrasive blast material #3	Amount used (pounds)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Month	Abrasive blast material #4	Amount used (pounds)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

¹HAP = Hazardous Air Pollutant. Target Metal HAP = Cadmium, chromium, lead, nickel, manganese.

11. List permanent changes made to processes and equipment that may affect air contaminant emissions. (attach separate sheet if necessary to explain)

12. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

Name of Responsible Official

Title of Responsible Official

Signature of Responsible Official

Date

Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.

Select County:

Oregon Department of Environmental Quality