



Facility name: _____ Permit Number: _____

1.	Device name and ID number or label	
2.	Date installation/construction commenced	
3.	Date installed	
4.	Special control requirements? [if yes, describe]	
5.	Manufacturer	
6.	Product type	
7.	Range in product thickness (inches)	
8.	Maximum board dimensions (inches)	
9.	Resin(s)/additive(s)	
10.	Range in resin content (%)	
11.	Range in formaldehyde:urea mole ratio	
12.	Range in wax content (%)	
13.	Range in press temperature (°F)	
14.	Range in press cycle time	

15. Operating parameters:

Actual thickness (inches)	Maximum throughput (ft ² /hr)	cycle time (minutes)	Corrected thickness (inches)	Maximum throughput (ft ² /hr)