

Annual Reporting Form: Halogenated Solvent Degreasers

AQGP-R05

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. Volatile organic compound (VOC) emissions during the calendar year (Condition 10.2): _____ (tons)

6. Each hazardous air pollutant (HAP) emitted during the calendar year (Condition 10.1):

Hazardous Air Pollutant	Annual Emissions (tons/yr.)
Total HAP Emissions:	

7. Each solvent used during the calendar year and amount shipped offsite as waste:

Solvent	Annual Use (gallons/yr.)	Waste Shipped offsite (gallons/yr.)

8. Attach an SDS for each solvent used within the reporting period. Is an SDS for each solvent included with this report? Yes No

9. List each affected solvent cleaning machine on site with a unique identifier or name. Identify the compliance method or option selected for each machine.

Solvent Machine ID or Name	Compliance Option(s) Selected*

*State a control combination used, control system efficiency, or overall emission limit for batch vapor or in-line machines. State freeboard ratio, water layer, and/or work practices for batch cold machines.

10. Did the facility experience any excess emissions events, whether planned or unplanned? Yes No

- If yes, attach a description of each event including: date, time, duration, description of the event, and corrective action(s) taken.

11. Did the facility experience any deviations from the requirements of the permit or malfunctions that had the potential to cause an increase in emissions? Yes No

- If yes, attach a description of each event or occurrence including: date, time, duration, description, and corrective action(s) taken.

12. Did the facility receive any complaints that referred to air pollution, odors, or nuisance conditions? Yes No

- If yes, attach a description of each event including: date and time of receipt, date and time of investigation, description of complaint, description of investigation and other actions taken in response.

13. Were there any changes to the plant process, production levels, materials used, or pollution control equipment within the reporting period? Yes No

- If yes, attach a description of all changes. Identify which changes affected air emissions.

14. Was any major maintenance performed on affected cleaning machines or control equipment? Yes No

- If yes, identify the specific equipment or machine and describe the work that was done.

Machine or Control Equipment	Work Completed

15. Do you operate an affected cleaning machine that is a 'batch-vapor' or 'in-line' and that uses Perchloroethylene? Yes No

If yes, fill out the table below:

Perchloroethylene use and emissions per month (Condition 10.3):

Month	Average facility solvent consumption (kilograms/month)	12-Month Rolling Total Emissions (pounds/yr.) (This month plus previous 11 months)
January		
February		
March		
April		
May		

June		
July		
August		
September		
October		
November		
December		

16. Do you operate an affected cleaning machine that is 'batch-vapor' or 'in-line' and is complying with the control combination options of Condition 6.1a (See Condition 19 controls)? Yes No

- If yes: fill out the following table, review and respond to the following statement. If no, skip to question 17.

Estimate of Solvent Consumption for each affected machine (Condition 11.2):

Machine Name or ID	Solvent	Solvent consumption estimate (gallons/yr.)

If the following statement is true, provide a signature:

“All operators of solvent cleaning machines have received training on the proper operation of solvent cleaning machines and their control devices sufficient to pass the test required in §63.463(d)(10).”

Signature certifying the previous statement is true: _____

17. Do you operate an affected cleaning machine that is 'batch-vapor' or 'in-line' and is complying with an alternative standards option of Condition 6.1b or 6.1c for average monthly emission limits?

Yes No

- If yes, provide the following information. If no, skip to question 18.

3-month rolling average solvent emissions (Condition 8.1)

(Each listed month indicates the 3-month reporting period ending with the last day of the month)

3-month period ending with...	Solvent emission estimate	3-month period ending with...	Solvent emission estimate
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

18. Do you operate an affected cleaning machine that is 'batch-vapor' or 'in-line' and is complying with the alternative standards option of Condition 6.1d for overall control system efficiency? Yes No

- If yes, fill out the following table. If no, proceed to question 19.

Overall cleaning system control efficiency (Condition 8.2)

Month	System Efficiency Determination	Month	System Efficiency Determination
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

19. 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