

ENCLOSURE 1

Revised: 5/20/98

FORMS
SURFACE COATING OF METAL FURNITURE
INFORMATION COLLECTION REQUEST

FORM A
GENERAL FACILITY INFORMATION

Revised 5/20/98

Page 1 of 3

Facility Tracking Number: _____

1.	Facility Name: _____																														
2.	Location Address a) Street: _____ b) City : _____ c) State: _____ d) Zip Code: _____ e) County: _____																														
3.	Corporate Owner a) Name of Corporate Owner: _____ b) Street (Mailing Address): _____ c) City: _____ d) State: _____ e) Zip Code: _____ f) Corporate Annual Sales: _____																														
4.	Facility Description a) Provide a Brief Description of the Facility: _____ b) Dun & Bradstreet Number: _____ c) SARA TRI Facility Id: _____ d) _____ Number of Facility Employees: _____ e) Number of Facility Coating Employees: _____ f) Year Plant Originally Constructed: _____																														
5.	Product Description <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Product(s)</th> <th style="width: 15%;">SIC(s)</th> <th style="width: 15%;">NAICS(s)</th> <th style="width: 15%;">End-Use Product</th> <th style="width: 15%;">Life Expectancy (Years)</th> <th style="width: 15%;">% of Total Product Produced</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">9 Yes 9 No</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">9 Yes 9 No</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">9 Yes 9 No</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">9 Yes 9 No</td> <td> </td> <td> </td> </tr> </tbody> </table>	Product(s)	SIC(s)	NAICS(s)	End-Use Product	Life Expectancy (Years)	% of Total Product Produced				9 Yes 9 No						9 Yes 9 No						9 Yes 9 No						9 Yes 9 No		
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6.	Technical Contact a) Name: _____ b) Technical Contact Title: _____ c) Telephone: _____ d) Facsimile: _____ e) Electronic Mail Address: _____																														
7.	Geographic Coordinates a) Latitude: _____° _____' _____" b) Longitude: _____° _____' _____"																														
8.	Reporting Year _____ 9 Fiscal Year 9 Calendar Year (If not 1997, enter reasons on a Comments Sheet)																														
9.	Surface Coating Category (Check all that apply. See instructions for definitions of categories.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> 9 Auto and Light Duty Truck 9 Flatwood Paneling 9 Metal Can 9 Metal Furniture (see SIC Codes in instructions) 9 Plastic Parts 9 Other: _____ </div> <div style="width: 50%;"> 9 Fabric 9 Large Appliances (see SIC Codes in instructions) 9 Metal Coil 9 Miscellaneous Metal Parts and Products </div> </div>																														
10.	Other Regulatory Requirements a) Please indicate any other MACT standards which are applicable to your Facility: _____ b) Has a LAER (Lowest Achievable Emission Rate) limit been placed on any coating operation in your facility? 9 Yes 9 No If yes, what was the most recent date that a LAER Limit was instituted: _____ Mo./Year) (Also indicate on a Comments Sheet which coating operations are affected by LAER and the dates LAER was implemented for each.)																														

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11. Research and Development Unit Operations

b) If yes or unsure, briefly describe the activities (or activities you believe may be Research and Development) and their purpose: _____

a) For each unit operation for which source reduction or in-process recycling measures have resulted in a decrease in HAP or VOC emissions, complete the following information:

Description of Change:

b) If recovery or recycling of raw materials (feedstocks) is used, estimate the effect of the program (e.g., estimated annual purchase of raw materials in the absence of recovery/recycling compared to actual annual purchase):

c) (Optional) Are you aware of any alternative processes or control devices that could result in fewer impacts between environmental media (water, air, and land) or reduced total releases to all environmental media (e.g., reduced wastewater or solid waste)? Discuss whether these alternatives could be adapted to the metal furniture surface coating source category and any experience you have with them:

Basis for determining Title V classification: _____

What co-located operations influence Title V status: _____

[illegible]

FORM A
GENERAL FACILITY INFORMATION

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Facility Tracking Number: _____

15.	Facility-Wide Product Usage			
	Product Type	Total Used Facility-Wide in Reporting Year		Percentage of Total Reported in Detail on Form B.
		Quantity	Units	
	Coatings/Coating Components			%
	Thinning Solvents			%
	Cleaning Solvents (used in Coating Operations only)			%
	Other: _____ _____			%
	Other: _____ _____			%
	Other: _____ _____			%

16.	Response Summary:		9 Plant Layout Schematic ____ pages	9 Flow Diagram ____ pages
	Form Name	Quantity		
	Form A - General Facility Information	1		
	Form B - Material Data			
	Form C - Add-on Control Device			
	Form D - Coating Application			
	Form E - Surface Preparation			
	Form F - Storage			
	Form G - Mixing Operations			
	Form H - Cleaning Operations			
	Form I - Waste and Wastewater	1		

FORM B
MATERIAL DATA

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Page 1 of 2

Facility Tracking Number: _____

Sheet _____ of _____

Material Number: MN-_____

(Copy and fill out one for each material/material group being reported. See the instructions for guidance on grouping materials.)

1. Material Identification

- a) Product Name: _____
- b) Manufacturer's/Supplier's Name: _____
- c) Manufacturer's/Supplier's Stock No.: _____
- d) Product Type:
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Coating/Coating Component (indicate Sub-type below) | | |
| <input type="checkbox"/> Primer | <input type="checkbox"/> Color Coat | <input type="checkbox"/> Clear Coat |
| <input type="checkbox"/> Base Coat | <input type="checkbox"/> Top Coat | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cleaning Solvent | <input type="checkbox"/> Thinning Solvent | |
| <input type="checkbox"/> Other: _____ | | |

2. Material Usage

- a) Amount Used in Reporting Year: _____
- b) Percentage of usage for all materials of this type: _____% (Total to be reported on Form A, Item 13).
- c) Is material thinned, mixed, or formulated before use? ☐ Yes ☐ No (If yes, describe in Form G, Item 4.)

3. Coating-Specific Details (Complete for Coatings/Coating Components Only.)

a) General Coating Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Adhesive | <input type="checkbox"/> Catalyst | <input type="checkbox"/> Caulk |
| <input type="checkbox"/> Fabric-Specific Coatings | <input type="checkbox"/> Wood-Specific Coatings | <input type="checkbox"/> Protection/Cosmetic Appearance |
| <input type="checkbox"/> Single Component | | |
| <input type="checkbox"/> Multi-Component | | |
| <input type="checkbox"/> Other: _____ | | |

b) Coating Technology

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Autophoretic | <input type="checkbox"/> Powder | <input type="checkbox"/> Fabric-Specific | <input type="checkbox"/> Wood-Specific |
| <input type="checkbox"/> Electrocoat | <input type="checkbox"/> Radiation-Curable | <input type="checkbox"/> Backing | <input type="checkbox"/> Lacquer |
| <input type="checkbox"/> High Solids | <input type="checkbox"/> Solvent-borne | <input type="checkbox"/> Dye | <input type="checkbox"/> Shellac |
| <input type="checkbox"/> Multi-Component | <input type="checkbox"/> Water-Reducible | <input type="checkbox"/> Fabric Finish | <input type="checkbox"/> Stain |
| <input type="checkbox"/> Plastisol | <input type="checkbox"/> Ink/Print Paste | <input type="checkbox"/> PVA/Starch | <input type="checkbox"/> Varnish |
| <input type="checkbox"/> Other: _____ | | | |

c) Resin Type

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | |
| <input type="checkbox"/> Acrylic | <input type="checkbox"/> Epoxy-Polyester Hybrid |
| <input type="checkbox"/> Acrylic Latex | <input type="checkbox"/> Fluorocarbon |
| <input type="checkbox"/> Acrylic, Modified Alkyd | <input type="checkbox"/> Polyester |
| <input type="checkbox"/> Alkyd | <input type="checkbox"/> Polyurethane |
| <input type="checkbox"/> Asphaltic | <input type="checkbox"/> Urethane |
| <input type="checkbox"/> Epoxy | <input type="checkbox"/> Urethane Dispersions |
| <input type="checkbox"/> Epoxy Ester | <input type="checkbox"/> Other: _____ |

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Sheet of

[illegible]

FORM C
ADD-ON CONTROL DEVICE

Revised 5/20/98

Facility Tracking Number: _____
Control Device ID: CD- _____

Page 1 of 3
Sheet ____ of ____

1. General Information

a) Position in Series of Controls No. ____ of ____ Units

b) Controls Emissions from Which Emission Source ID No(s): _____

c) Describe Control System: _____

d) Pollutant(s) Collected: _____

e) Capture Method: _____

f) Capture Efficiency _____ % _____ % _____ % _____ %

g) Control Device Efficiency: _____ % _____ % _____ % _____ %

h) Inlet Flow Rate (acmm): _____ i) Pressure Drop (kPa): Min. _____ Max. _____

j) Inlet Temperature (EC): Min. _____ Max. _____

2. Basis of Capture and Control Device Efficiency

a) Capture Efficiency: _____

b) Control Device Efficiency: _____

3. Fabric Filter

a) Filter Surface Area (m²): _____

4. Electrostatic Precipitator

a) Ash Analysis: Mass Mean Diameter (μm): _____ Resistivity (ohm-cm): _____

b) Type: 9 Plate-Wire 9 Flat Plate 9 Tubular 9 Other (specify on Comments Sheet)

5. Thermal or Catalytic Incinerator

a) If Catalyst Used: Type _____ Catalyst Space Velocity (1/hr): _____

b) Inlet Oxygen Content (%): _____ c) Inlet Moisture Content (%): _____

FORM C
ADD-ON CONTROL DEVICE

Revised 5/20/98

Facility Tracking Number: _____
Control Device ID: CD- _____

Page 2 of 3
Sheet ____ of ____

d) Fuel(s) Used: _____
e) Actual Annual Fuel Use: _____ f) Combustion Temperature (EC): _____
g) Total Maximum Firing Rate (million joules/hr): _____

6. Mechanical Collector

a) Particle Density (kg/m^3): _____

7. Carbon Adsorber

a) Volatile Concentration Entering Unit (ppmv): _____ b) Breakthrough Capacity (kg vapor/kg carbon): _____
c) Number of Carbon Beds: _____
d) Describe Carbon Regeneration Procedure and How Emissions are Controlled During Regeneration: _____

8. Packed or Plate Column Absorber

a) Type of System: _____
Packed Column b) Type of Packing: _____ c) Column Length (m): _____
d) Column Diameter (m): _____
Plate Column e) Plate Spacing (cm): _____ f) Column Length (m): _____
g) Column Diameter (m): _____
h) Total Gas Pressure (kPa): _____ i) Gas Dew Point (EC): _____ j) Gas Velocity (m/sec): _____
k) Additive Liquid Scrubbing Medium: _____ l) Percent Recirculated: _____
m) Total Liquid Injection Rate (l/min): _____ n) Make Up Rate (l/min): _____ o) Additive (l/min): _____

9. Wet Scrubber

a) Additive Liquid Scrubbing Medium: _____
b) Total Liquid Injection Rate (l/min): _____ c) Make Up Rate (l/min): _____
d) Additive Rate (l/min): _____

10. Condenser

a) Temperature of Inlet Coolant (EC): _____ b) Temperature of Condensation (EC): _____
c) Refrigeration Capacity (joules/hr): _____

FORM C
ADD-ON CONTROL DEVICE

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Facility Tracking Number: _____
Control Device ID: CD-_____

Page 3 of 3
Sheet ____ of ____

11. Other Control Device

- a) Filter Media: _____ b) Collection Surface Area (m²): _____
c) Fuel Used: _____ d) Fuel Usage Rate: _____
e) Describe any auxiliary materials introduced into the control system: _____

12. Monitoring

Describe and monitoring performed on this control device (parametric or outlet). Specify whether monitoring is the result of a permit condition, as well as the averaging time: _____

FORM D
COATING APPLICATION

Revised 5/20/98

Page 1 of 4

Facility Tracking Number: _____

Coating Application ID: CA-_____ Of _____

Sheet _____ of _____

1. Description and Location

- a) Description of Coating Application Unit Operations: _____
- b) Location ID: _____ In the Plant Layout Diagram
- c) ID No.: _____ In the Flow Diagram

2. Method of Application: (Check all that apply to this specific coating application operation.)

Brush Caulking gun Dip Coating Dip-Spin Coating Flow Coating Roll Coating Trowel
 High-Volume Low-Pressure Air Atomization Conventional Air Atomization Airless Atomization Spray
 Air-assisted Airless Atomization Rotary Atomization Electrostatic Spray
 Other (Describe): _____

3. Coatings Applied in this Unit (Include Adhesives and Caulks as coatings)

Coating ID	General Type of Coating	Average Thickness Applied	Resin Type	1997 Usage (liters)
	9 Primer 9 Base Coat 9 Top Coat 9 Other (describe): _____			
	9 Primer 9 Base Coat 9 Top Coat 9 Other (describe): _____			
	9 Primer 9 Base Coat 9 Top Coat 9 Other (describe): _____			
	9 Primer 9 Base Coat 9 Top Coat 9 Other (describe): _____			
	9 Primer 9 Base Coat 9 Top Coat 9 Other (describe): _____			
	9 Primer 9 Base Coat 9 Top Coat 9 Other (describe): _____			

4. Regulation of Adhesive Usage

Are any of the adhesives currently used by your facility regulated by any other regulation; if so, list the regulatory standard? _____

FORM D

COATING APPLICATION

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Page 2 of 4

Facility Tracking Number: _____

Coating Application ID: CA-_____ **Of** _____

Sheet _____ **of** _____

5. Part(s)/Product(s) Coated by this Coating Application Unit Operation

[illegible]

FORM D
COATING APPLICATION

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Page 3 of 4

Facility Tracking Number: _____

Coating Application ID: CA-_____ Of _____

Sheet _____ of _____

6. Coating Application Unit Operation Component Equipment

Component Type/IDs (Cross Reference Flow Diagram where applicable)	Equipment		Number in Application Unit Operation	Add-on Control Device ID No.	Emissions (Mg/yr)			
	Manufacturer	Model No.			Pollutant	1997 Actual	Permit Limitation	Max. Design Capacity
Capture Devices					Total HAP			
					Total VOC			
Application Devices					Total HAP			
					Total VOC			
Flash-off Tunnels/Areas					Total HAP			
					Total VOC			
Curing/Drying Ovens					Total HAP			
					Total VOC			
Other: _____					Total HAP			
					Total VOC			

7. Waste and Wastewater Generation

Waste Type	Quantity Generated	Total HAP Concentration	Total VOC Concentration
9 Wastewater	liters/year	mg/L	mg/L
9 Sludge	Mg/year	mg/kg	mg/kg
9 Waste Solvent	liters/year	mg/L	mg/L
9 Other: _____			

FORM D
COATING APPLICATION

Facility Tracking Number: _____
Coating Application ID: CA-_____ Of _____

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Page 4 of 4
Sheet ____ of ____

Collocation Insert for Miscellaneous Plastic Parts (MMP) and Miscellaneous Metal Parts (MMP)

8.	Provide additional information for each plastic part coated in this unit:				
	Part/Product Name	Part Shape	Longest Dimension (units)	Flexible or Rigid?	Interior or Exterior?

9.	Identify your coatings (including adhesives, caulks, etc.) applied in this unit operation:			
	Coating ID	Number of Coats	Performance Specifications	Regulatory Specifications

10.	Describe how the coatings are applied in this unit operation:				
	Spray Booth Description	Conveyance	Enclosure	Vent	PM/Overspray Control

FORM E
SURFACE PREPARATION

Revised: 5/20/98
Page 1 of 2

Facility Tracking Number: _____

Surface Preparation Unit Operation ID: SP-_____

Sheet of

1. Description and Location

a) Description of Surface Preparation (unit) Operation: _____

b) Location ID: _____ In the Plant Layout Diagram

c) ID No.: _____ In the Flow Diagram

2. Surface Preparation Description

a) Identify Activities

9 Blasting 9 Bleaching 9 De-Painting 9 Sanding 9 Stripping 9 Wiping

9 Solvent Dipping (Detergent-Based Cleaning) 9 Solvent Dipping (Parts Cleaning)

9 Other: _____

b) Describe in detail the Surface Preparation Operation:

3. Equipment, Tools, and Throughput:

Tools/ Equipment Used for Surface Preparation	Description of what is being Prepared	Throughput (Indicate Units)		
		Hourly Max. Design Capacity	Actual Annual (units)	Description of Units

4. Materials Used: (Cross-reference the Product Number from Form B - Material Data.)

Tools/Equipment Used	Material ID	Material Used	HAP Content g/l	VOC Content g/l	Annual Amount Used

FORM E
SURFACE PREPARATION

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Facility Tracking Number: _____

Surface Preparation Unit Operation ID: SP-_____

Sheet **of**

5.	Solvent-based Surface Preparation Materials Containing HAP Material: a) Have alternative surface preparation methods been investigated? 9 Yes 9 No b) Have alternative to solvent-based and or HAP-containing materials been investigated? 9 Yes 9 No c) What was your assessment of these alternatives? _____ _____																																																												
Estimated Emissions and Emission Limitations:																																																													
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8. Effect of Surface Preparation on Subsequent Surface Coating Operations: Do the techniques or materials used in this surface preparation operation limit or enhance the type of surface coating technique or material that can be used? Please explain and indicate any increase or decrease in surface preparation or surface coating emissions. Use the Comments Sheet if necessary. For example, a facility may switch from using metal sheets that required cleaning before coating to metal sheets covered with a protective oil which does not need to be removed before painting. However, the coating that is required for use with the oil covered metal has a higher HAP content than the coating used previously. The change resulted in a cost reduction in the surface preparation operation and a reduction in overall emissions from the combined operations - surface preparation and coating application.

**FORM F
STORAGE**

Revised: 5/20/98

Page 1 of 1

Facility Tracking Number: _____

Storage Unit Operation ID: ST - _____

Sheet ____ of ____

1. Description and Location

a) Description of Storage Unit Operation: _____

b) Location ID: _____ In the Plant Layout Diagram

c) ID No.: _____ In the Flow Diagram

2. Method of Storage for coatings/coating components

☐ 1-gallon cans ☐ 5-gallon cans ☐ 55-gallon drums ☐ 100-gallon totes ☐ Storage Tanks (describe below)

☐ Other (describe): _____

3. Storage Tank Parameters

Tank ID(s)	Material Stored	Tank Orientation	Tank Diameter	Capacity (specify units)	Estimated Annual Through-put (specify units)	Location	Temperature	Floating Roof	Estimated Emissions (for the Reporting Year in mass units)	
									Total HAP	Total VOC
TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____EC) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External		
TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____EC) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External		
TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____EC) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External		
TK-		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical				<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Underground	<input type="checkbox"/> Controlled (____EC) <input type="checkbox"/> Ambient	<input type="checkbox"/> Internal <input type="checkbox"/> External		

4. Capture of Emissions

a) Are emissions from this storage area captured? ☐ Yes ☐ No

b) Are emissions captured FROM: ☐ Storage Tank ☐ Area/Room

c) If they are vented to a control device, which one(s): _____

FORM G

MIXING OPERATIONS

Revised: 5/20/98

Page 1 of 2

Facility Tracking Number: _____

Mixing Unit Operation ID: MS -_____

Sheet _____ **of** _____

1. **Description and Location:**
- a) Description of Mixing Unit Operation: _____ b)
- Location ID: _____ In the Plant Layout Diagram
- c) ID No.: _____ In the Flow Diagram

2. Mixing Equipment

[illegible]

FORM G
MIXING OPERATIONS

Revised: 5/20/98

Page 2 of 2

Facility Tracking Number: _____

Mixing Unit Operation ID: MS -

Sheet ____ of ____

3. Emission Capture and Add-on Control Devices

a) Is capture of emissions by mixer or for the room? ☐ Mixer ☐ Room

b) Exhaust is vented to? ☐ Atmosphere ☐ HVAC System ☐ Control Device (ID No. _____) ☐ Other _____

c) Provide the exhaust flowrate (acmh): _____

d) If emissions are vented to an add-on control device, which one(s): _____

4 Mixing/Formulation/Thinning of Components to Yield "As-Applied" Coatings

"As-Applied" Coatings		Operation Description	Components (Cross-reference Material Data Form B)								Final Yield (Specify Units)	Pot Life (Hours)	Coating Application ID(s)
			Resin		Catalyst		Solvent		Other				
ID	Description		ID	Qty. and units	ID	Qty. and units	ID	Qty. and units	ID	Qty. and units			
AC-		9 Mixing 9 Formulation 9 Thinning	MN-		MN-		MN-		MN-				
AC-		9 Mixing 9 Formulation 9 Thinning	MN-		MN-		MN-		MN-				
AC-		9 Mixing 9 Formulation 9 Thinning	MN-		MN-		MN-		MN-				
AC-		9 Mixing 9 Formulation 9 Thinning	MN-		MN-		MN-		MN-				
AC-		9 Mixing 9 Formulation 9 Thinning	MN-		MN-		MN-		MN-				

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[illegible]

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Page 2 of 3

Cleaning Unit Operation ID: EC-

Sheet ____ of ____

4. Pollution Prevention

- | | | |
|---|-------|------|
| a) Have alternatives to solvent-based cleaners been investigated? | 9 Yes | 9 No |
| b) Have alternative solvents been investigated? | 9 Yes | 9 No |
| c) Have work practice or housekeeping activities been investigated? | 9 Yes | 9 No |
| d) What was your assessment of these alternatives? _____ | | |

5. Emissions

[illegible]

FORM H
CLEANING OPERATIONS
(For Purposes Other than Surface Preparation)

Revised 5/20/98

Facility Tracking Number: _____		Page 3 of 3
Cleaning Unit Operation ID: <u>EC-</u> _____		Sheet ____ of ____
6.	Emissions Capture and Control	
	Capture Device	Control Device ID No.
	Equipment (IDs) Within Capture Device	
7.	If rags or wipes are used in conjunction with this operation, describe the handling, storage, and disposal of used rags and wipes: _____ _____ _____ _____ _____	

FORM I
WASTE AND WASTEWATER

Revised: 5/20/98
Page 1 of 1

Facility Tracking Number: _____

Sheet ____ of ____

1.	Waste Generation: Indicate whether any of the following are generated at your facility.																																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">a) Waste Type</th> <th style="width: 15%;">b) Quantity Generated</th> <th style="width: 15%;">c) Is this waste treated on-site?</th> <th style="width: 10%;">d) Are air emissions controlled?</th> <th style="width: 15%;">e) Sources of Waste (Operation IDs)</th> <th style="width: 15%;">f) Estimated Total HAP emissions for reporting year</th> <th style="width: 15%;">g) Estimated Total VOC emissions for reporting year</th> </tr> </thead> <tbody> <tr> <td>9 Wastewater</td> <td>_____ l/yr</td> <td>9 Yes 9 No</td> <td>9 Yes 9 No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Sludge</td> <td>_____ kg/yr</td> <td>9 Yes 9 No</td> <td>9 Yes 9 No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Waste Solvents</td> <td>_____ l/yr</td> <td>9 Yes 9 No</td> <td>9 Yes 9 No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Waste Coatings</td> <td>_____ l/yr</td> <td>9 Yes 9 No</td> <td>9 Yes 9 No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>9 Other (describe) _____</td> <td>_____</td> <td>9 Yes 9 No</td> <td>9 Yes 9 No</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	a) Waste Type	b) Quantity Generated	c) Is this waste treated on-site?	d) Are air emissions controlled?	e) Sources of Waste (Operation IDs)	f) Estimated Total HAP emissions for reporting year	g) Estimated Total VOC emissions for reporting year	9 Wastewater	_____ l/yr	9 Yes 9 No	9 Yes 9 No				9 Sludge	_____ kg/yr	9 Yes 9 No	9 Yes 9 No				9 Waste Solvents	_____ l/yr	9 Yes 9 No	9 Yes 9 No				9 Waste Coatings	_____ l/yr	9 Yes 9 No	9 Yes 9 No				9 Other (describe) _____	_____	9 Yes 9 No	9 Yes 9 No			
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2.	Mode of wastewater transport: 9 Open Trench 9 Open Pipe 9 Closed Pipe 9 Holding Tank 9 Other (describe): _____																																										

Comments Sheet

Revised: 5/20/98

Facility Tracking Number: _____

Form _____

Sheet _____

Comment Sheet ____ **of** ____