

APPENDIX F

BATCH VAPOR AND IN-LINE MACHINE REPORTING FORMS

[NOTE: NONE OF THESE FORMS ARE REQUIRED,
THE USE OF THESE FORMS IS OPTIONAL.]

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HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for Existing* Machines

PART ONE - General Information

Person Preparing Report: _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

*Existing cleaning machines are cleaners installed on or before November 29, 1993.

HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for New* Machines (Application for Approval of Construction or Reconstruction)

PART ONE - General Information

Person Preparing Report: _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

*New cleaning machines are cleaners installed after November 29, 1993.

HALOGENATED SOLVENT CLEANER NESHAP

Initial Notification Report for New* Machines (Application for Approval of Construction or Reconstruction)

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

1. Type of machine intended for construction/reconstruction (check one):
 Batch vapor Cold in-line Vapor in-line
2. Solvent/air interface area _____ square meters (or square inches)
3. Intended controls
 Freeboard ratio of 1.0 Carbon adsorber
 Freeboard refrigeration device Reduced room draft
 Super-heated vapor Dwell
 Working-mode cover Other _____
Control
4. Proposed construction or reconstruction commencement date _____
5. Expected construction or reconstruction completion date _____
6. Anticipated date of initial startup _____
7. Anticipated compliance approach
 Basic equipment standard Idling emission standard
 Alternative standard
8. Annual estimate of halogenated HAP solvent consumption
_____ kilograms/year (or pounds/year)

*New cleaning machines are cleaners installed after November 29, 1993.

HALOGENATED SOLVENT CLEANER NESHAP:

Initial Statement of Compliance for Machines Complying with the Equipment Standard

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Intended Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP:

Initial Statement of Compliance for Machines Complying with the Equipment Standard

PART TWO - Information Required per Cleaning Machine
(Make copies for additional machines as necessary)

1. Type of machine (check one):

Batch vapor In-line

2. Solvent/air interface area _____ square meters (or square feet)

3. Equipment Standard Compliance Method chosen

Control combination
 Idling emission limit (idling emission limit test report attached)

4. Control equipment used to comply with the rule

<input type="checkbox"/> Freeboard ratio of 1.0	<input type="checkbox"/> Carbon adsorber
<input type="checkbox"/> Freeboard refrigeration device	<input type="checkbox"/> Reduced room draft
<input type="checkbox"/> Super-heated vapor	<input type="checkbox"/> Dwell
<input type="checkbox"/> Working-mode cover	<input type="checkbox"/> Other _____ Control
<input type="checkbox"/> Other	<input type="checkbox"/> Other _____ Control

5. Monitored Parameters and Values:

Control (check all that applies)	Measured Parameter	Compliance Parameter Value
<input type="checkbox"/> Freeboard Refrigeration Device	<ul style="list-style-type: none"> Temperature at the center of the air blanket while idling 	<ul style="list-style-type: none"> ≤ 30 percent of the solvent boiling point
<input type="checkbox"/> Cover (Working mode and idling-mode)	<ul style="list-style-type: none"> Use, function and integrity 	<ul style="list-style-type: none"> Opens and closes properly
		<ul style="list-style-type: none"> Closed except during parts entry and removal
		<ul style="list-style-type: none"> Closes completely
		<ul style="list-style-type: none"> Free of cracks, holes, or other defects
<input type="checkbox"/> Dwell	<ul style="list-style-type: none"> Period of time parts are held in the solvent cleaning freeboard area above the vapor zone after being cleaned. 	<ul style="list-style-type: none"> Determined for each of your parts or parts baskets you clean, or
		<ul style="list-style-type: none"> Determined using the most complex part type or parts baskets you clean.
<input type="checkbox"/> Superheated Vapor System	<ul style="list-style-type: none"> Temperature at the center of the super-heated vapor zone while idling 	<ul style="list-style-type: none"> At least 10°F above the solvent's boiling point
<input type="checkbox"/> Reduced Room Draft	<ul style="list-style-type: none"> Windspeed - Room parameters (e.g., enclosure*) 1. _____ 2. _____ 3. _____ 4. _____	<ul style="list-style-type: none"> ≤ 15.2 meters per minute (50 feet per minute) 1. _____ 2. _____ 3. _____ 4. _____
<p>*If a full or partial enclosure is used to achieve the reduced room draft for your cleaning machine, attached the initial monitoring test.</p>		
<input type="checkbox"/> Carbon Adsorber	<ul style="list-style-type: none"> Working-mode exhaust halogenated solvent concentration (weekly measurement records of the exhaust halogenated solvent concentration attached) 	<ul style="list-style-type: none"> ≤ 100 ppm
<input type="checkbox"/> Other		

HALOGENATED SOLVENT CLEANER NESHAP:

Initial Statement of Compliance for Machines Complying with the Alternative Standard

PART ONE - General Information

Person Preparing Report _____ Date: _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP

Initial Statement of Compliance for Machines Complying with the Alternative Standard

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

Cleaner Identification Number: _____

1. Type of machine (check one):

___ Batch vapor ___ In-line

2. a) Solvent/air interface area: _____ square meters (or square feet), or

b) Cleaning capacity: _____ cubic meters (or cubic feet), if your cleaning machine does not have a solvent/air interface area (calculation method and results for this determination attached).

3. The first 3-month average emissions is _____ kilograms per month (or pounds per month) (calculation sheets are attached).

HALOGENATED SOLVENT CLEANER NESHAP:

Annual Report

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Intended Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP (Insert YEAR) Annual Report (Part Two)

- Indicate the type of degreaser (fill out a separate form for each degreaser):

- Batch Cold**
 Batch Vapor
 In-Line

- Provide the degreaser identification number: _____

- Provide the previous year's solvent consumption: _____ kg/yr

- For "**Batch Vapor**" machines, provide the Solvent/Air interface: _____ m²

- For "**Batch Vapor**" or "**In-Line**" machines indicate the "Control Combination" (see 40 CFR § 63.463):

Table Number: _____ Option Number: _____

- Certify that all operators have received training:

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 required operator test.

Signature

Date

- For "**Batch Vapor**" or "**In-Line**" machines complying with the "Alternative Standards" (see 40 CFR § 63.464) provide:

Solvent/Air Interface Area: _____ m²

OR

Solvent Cleaning Capacity: _____ m³

(note: provide the solvent cleaning capacity ONLY if machine has no solvent/air interface area)

- Provide the average monthly solvent consumption: _____ kg

- Calculate the three month rolling average monthly emissions estimate:

- | | | |
|------|------------------------------|----------------|
| 1.) | November, December, January | _____ kg/month |
| 2.) | December, January, February | _____ kg/month |
| 3.) | January, February, March | _____ kg/month |
| 4.) | February, March, April | _____ kg/month |
| 5.) | March, April, May | _____ kg/month |
| 6.) | April, May, June | _____ kg/month |
| 7.) | May, June, July | _____ kg/month |
| 8.) | June, July, August | _____ kg/month |
| 9.) | July, August, September | _____ kg/month |
| 10.) | August, September, October | _____ kg/month |
| 11.) | September, October, November | _____ kg/month |
| 12.) | October, November, December | _____ kg/month |

HALOGENATED SOLVENT CLEANER NESHAP:

Exceedance Report

PART ONE - General Information

Person Preparing Report _____ Date _____
Last Name, First Name, Middle Initial

Company Name _____

Mailing Address _____
Number, Street, City/Town, State, Zip Code

Intended Equipment
Location Address _____
Number, Street, City/Town, State, Zip Code

Cleaning Machine Summary

Identification Number

Description

HALOGENATED SOLVENT CLEANER NESHAP

Exceedance Report

PART TWO - Information Required per Machine
(Make copies for additional machines as necessary)

Cleaner Identification Number: _____

Check appropriate box and answer the requested information.

Exceedance

Exceedance that occurred: _____

Date of occurrence: _____

Actions taken:

Results of actions: _____

No exceedance occurred.