

Compliance Notification [PURSUANT TO § 63.11175(b)]

Paint Stripping and Miscellaneous Surface Coating at Area Sources National Emission Standards for Hazardous Air Pollutants (NESHAP) Subpart HHHHHH CFR §§ 63.11169-63.11180

Facility I.D. No: _____

DEADLINE: JAN 10, 2011

Facility Name:	
Facility Address:	

Check the appropriate box for the identification of the relevant standard:

1.	Are all new and existing personnel, including contract personnel trained as defined in § 63.11173(f):		
	a) Listed by name and job description.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	b) Trained within 180 days of the date of hire.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	c) Certified by an accredited instructor.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	d) Listed by date of successful classroom training.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	e) Listed by date and type of hands-on training.	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.	Are all spray-applied coatings are applied with spray gun technology as defined in § 63.11173(e)(3) and § 63.11180:		
	a) HVLP or equivalent technology.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	b) Spray gun cup capacity equal to 3.0 fluid ounces.	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.	Are all spray booths, prep stations, and mobile enclosures fitted with filter technology that will achieve at least 98% capture of overspray as defined in § 63.11173(e)(2)(i).	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.	Are all spray-applied coatings applied in a spray booth, preparation station, or mobile enclosure as defined in § 63.11173(e)(2):		
	a) Spray booth with 4-walls and a roof.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	b) Preparation station with 3-walls and a roof.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	c) Mobile enclosure with 3-walls and a roof.	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.	Is all spray gun cleaning performed in a container that prevents atomized mist outside of the container as defined in § 63.11173(e)(4).	<input type="checkbox"/> yes	<input type="checkbox"/> no
6.	Are copies of records for the status of HAPs 6H compliance maintained for a minimum of 5-years as defined in § 63.11177 and § 63.11178:		
	a) Employee classroom training certificates.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	b) Employee hands-on training certificates.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	c) Booth filter purchase records.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	d) Spray gun manufacturers' data sheets.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	e) Recurrent spray gun transfer efficiency test.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	f) EPA regional and state notifications.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	g) Spray product usage calculations.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	h) Assessments, deviations or corrective actions.	<input type="checkbox"/> yes	<input type="checkbox"/> no

Owner/ Operator Sworn Statement: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and believe the information is true, accurate, and complete. I understand that whenever there are changes in address, ownership, business name, or operations, addition of undisclosed reportable Hazardous Air Pollutants, or significant changes to usage quantities, a notification of such change must be made to the regional and/or state EPA Administrative/ Delegated Agency(s) within 60 days of the change.

Name of Owner/ Operator (<i>Print or Type</i>):	Signature of Owner/ Operator:
Title:	Date:

LEGAL NOTICE

We have examined these documents, and being familiar with the Federal, State and local regulatory provisions, attest that this notification has been prepared in accordance with requirements thereof.

LICENSED CERTIFICATION: I have reviewed the efficacy of these documents and find them to be in compliance with the requirements of NESHAP 40 CFR 63 Subpart HHHHHH and hereby certify this EPA notification pursuant to Section 63.11177(h) – assessment of records in support of compliance status.

Name of Licensee:	State Registration Number:
Signature:	<i>(Professional SEAL)</i>
Related Company:	Date:

RECORDS IN SUPPORT OF COMPLIANCE STATUS

TEL: 1-888-374-7475

COMMISSIONED BY GOVERNMENT REGULATORY COMPLIANCE LLC 01-11-2010

Facility I.D. No: _____

BUSINESS INFORMATION [PURSUANT TO § 63.11175]

EPA I.D. No:		Business License No:		Consumer Affairs License No:	
Fire Department Permit No:		Air District Permit No:		Water District Permit No:	
BUSINESS NAME:				BUSINESS OWNER:	
BUSINESS ADDRESS:					
CITY:			STATE:	ZIP CODE:	
OWNER/OPERATOR EMAIL:				NAICS or SIC Code:	
OWNER/OPERATOR TELEPHONE:			OWNER/OPERATOR CELL PHONE:		
DATE BUSINESS STARTED:	BRIEF DESCRIPTION OF THE TYPE OF OPERATION:				
	<input type="checkbox"/> Miscellaneous Surface Coating		<input type="checkbox"/> Motor Vehicle Surface Coating		<input type="checkbox"/> Mobile Equipment Surface Coating
NUMBER OF SPRAY BOOTHS:		NUMBER OF PREP STATIONS:		No. OF MOBILE SPRAY VANS:	
ANNUAL QTY OF MeCl PAINT STRIPPER:			IDENTIFY TYPES OF SURFACES STRIPPED:		
IDENTIFY METHODS OF PAINT STRIPPING:					
Total number of employees: (INCLUDING OWNER/MANAGERS)		Number of painters usually employed: (INCLUDING CONTRACT PERSONNEL)		Number of employees subject to training: (INCLUDING CONTRACT PERSONNEL)	

LIST OF EMPLOYEES [PURSUANT TO § 63.11177(a)]

(EMPLOYEES SUBJECT TO HAPs 6H TRAINING REQUIREMENTS, I.E., PAINTERS, PREP & BODY WORK, ETC.) Additional list attached: YES NO

Employee/ Contract Personnel Name (PLEASE PRINT OR TYPE LEGIBLY)	Classroom Testing Date	Hands-on Training Date	Employee/ Contract Personnel Job Description	Identification Number

DOCUMENTATION OF SPRAY BOOTH FILTERS [PURSUANT TO § 63.11177(b)]

(PLEASE LIST FILTER MANUFACTURER AND MODEL NUMBER AS APPLICABLE) Additional list attached: YES NO

Spray booth exhaust filter.	Manufacturer(s):	Model/Part Number(s):	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Exhaust filters efficiency.	Filter Material:	Filter Percent Efficiency:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

DOCUMENTATION OF SPRAY GUNS [PURSUANT TO § 63.11177(c)]

(PLEASE LIST SPRAY GUN MANUFACTURER AND MODEL NUMBER AS APPLICABLE)

Additional list attached: YES NO

High volume, low pressure (HVLP) or equivalent sprays guns.	Manufacturer(s):	Model/Part Number(s):	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Spray gun transfer efficiency.	Spray Gun Transfer Efficiency Test By: Test Date:	Percent Efficiency:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Spray gun equal to or less than 3.0 fluid ounces (89 cc).	Manufacturer(s):	Model/Part Number(s):	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

DOCUMENTATION OF SPRAY BOOTHS AND STATIONS [PURSUANT TO § 63.11173(e)(2)]

(PLEASE LIST STATIONS & BOOTHS MANUFACTURER AND MODEL NUMBER AS APPLICABLE)

Additional list attached: YES NO

Mixing Station/Prep Booth. <i>(submit separate pages for each mixing station or prep booth if different manufacturer)</i>	Mixing Station Mfg:	Model Number:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Prep Booth Mfg:	Model Number:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Spray Booth. <i>(submit separate pages for each spray booth if different manufacturer)</i>	Spray Booth Mfg:	Model Number:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Spray Booth Mfg:	Model Number:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

DOCUMENTATION OF SPRAY GUN CLEANERS & RECYCLERS [PURSUANT TO § 63.11173(e)(4)]

(PLEASE LIST SPRAY GUN CLEANER MFG AND MODEL NUMBER AS APPLICABLE)

Additional list attached: YES NO

Spray Gun Cleaner. <i>(submit separate pages for each prep station if different manufacturer)</i>	Spray Gun Cleaner Mfg:	Spray Gun Cleaner Model Number:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Recycler. <i>(submit separate pages for each prep station if different manufacturer)</i>	Recycler Mfg:	Recycler Model Number:	Data Sheet Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST OF SPRAY-APPLIED CHEMICALS [PURSUANT TO § 63.11180-Definition: *Target HAP Containing Coating*]

[OSHA defined carcinogen as specified in 29 CFR 1910.1200(d)(4)]

Additional list attached: YES NO

Category	Manufacturer/ Supplier	Mfg/ Product #	Target HAPs	MSDS Attached
Pretreatment - Wash/Primer			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Primer/Surfacer			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Primer Sealer			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Single-stage & two-stage			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Clear Coats			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Color Coats			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Multi-Colored			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Specialty Coatings/ Adhesion Promoter			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Temp Protective Coat/Filler/Stopper			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Truck Bed Liner			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Underbody Coating			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Solvents			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Paint Strippers			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Thinners			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Reducers			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Catalysts			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cleaners			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Misc. Coatings			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO