GILARIVER INDIANCOMMUNITY
DEPARTMENT OF ENVIRONMENTAL QUALITY

Return completed form to:
GRIC DEQ Air Quality Program
168 Skill Center Dr, Sacaton, AZ 85147
Phone (520) 562-2234
air@gric.nsn.us

COMPLIANCE CERTIFICATION – COLD CLEANING OPERATIONS

Use this form to document compliance with the solvent cleaner equipment requirements contained in Part VI, Section 3.0 of the GRIC Air Quality Management Plan. In lieu of using this form, the operator/owner may submit their own form or letter of certification that documents compliance with the requirements. Certifications may be emailed to air@gric.nsn.us

Permit Number:	Business Name:

Solvent Used:	
Solvent Vapor Pressure (at 100F):	☐ psi ☐ mmHg
Cleaner is equipped with a cover that prevents solvent from evaporating when not processing work?	☐ Yes ☐ No
Cover Type: ☐ Sliding ☐ Rolling ☐ Bi-parting ☐ Hinged ☐ Other _____	
Equipment cover and baskets constructed of nonporous or nonabsorbent material (e.g., steel)?	☐ Yes ☐ No
Equipment cover forms tight seal with the sides and has no gaps or holes?	☐ Yes ☐ No
Cleaner has facility for draining cleaned parts such that drained solvent is returned to container?	☐ Yes ☐ No
If solvent vapor pressure is >32mmHg or 0.6psi at 100F, cleaner is equipped with an internal drainage basket so parts are enclosed under cover while draining?	☐ Yes ☐ No ☐ N/A
If solvent vapor pressure is >32mmHg or 0.6psi at 100F or is heated above 120F, one of the following control measures is implemented: ☐ Freeboard height that gives a freeboard ratio greater than or equal to 0.7; ☐ Water cover at least 2.54 cm (1 in.) in depth; or ☐ Another system of equivalent control, such as refrigerated chiller or a carbon adsorber Describe: _____ ☐ N/A	
Does the height of the solvent exceed the manufacturer's fill-line for the machine?	☐ Yes ☐ No

Certification by the Owner/Operator:

I certify that I am familiar with the operations and equipment represented on this Compliance Certification and the information provided herein is true, accurate, and complete to the best of my knowledge.

Signature: _____   Date Signed: _____

Type or Print Name: _____   Title: _____   Company: _____