

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT  
COMPLIANCE DIVISION  
INSPECTION CHECKLIST  
FEE CODE 28A , H - VAPOR DEGREASER**

Company Name (d.b.a.): \_\_\_\_\_

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Id #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

**EQUIPMENT DESCRIPTION**

1. Equipment same as described on permit to operate? \_\_\_\_\_  Yes  No

If no, are changes i.c.w. Rule(s) 10(a) / 10(b)? \_\_\_\_\_  Yes  No

Description of changes: \_\_\_\_\_

\_\_\_\_\_

2. Are permit conditions current and enforceable? \_\_\_\_\_  Yes  No

(If no, complete permit condition change request and describe changes in the comments section)

3. Current permit posted / available per Rule 10(c)? \_\_\_\_\_  Yes  No

4. Ownership verified? \_\_\_\_\_  Yes  No

**EQUIPMENT INSPECTION**

5. Solvent Type Used: \_\_\_\_\_

6. Records Kept? \_\_\_\_\_  Yes  No  N/A

7. Solvent Amount Added: \_\_\_\_\_ Solvent Amount Removed: \_\_\_\_\_

8. Quantity Sent to Disposal: \_\_\_\_\_

9. Tank Equipped With a Cover? \_\_\_\_\_  Yes  No  N/A

10. Tank Covered When Not In Use or Processing Work? \_\_\_\_\_  Yes  No  N/A

11. Is the equipment leaking? \_\_\_\_\_  Yes  No  N/A

If yes, where? \_\_\_\_\_

12. Degreaser equipped with an automatic hoist? \_\_\_\_\_  Yes  No  N/A

If yes, Hoist Speed < 11ft./min. (3.3 meters/min) \_\_\_\_\_  Yes  No  N/A

13. Operating Instructions Posted per Rule 67.6(d)(5)? \_\_\_\_\_  Yes  No  N/A

14. Type of Solvent Flow System Used: \_\_\_\_\_

15. Type of Solvent Agitation:  Mixer  Pump Recirculation  Ultrasonics  None

16. Is degreaser equipped with any of the following:  Control System with an Efficiency of at Least 85%

An Automated Cover w/elevator system  Freeboard Ratio > 0-75 / powered cover

Refrigerated Freeboard Chiller  Carbon Adsorption System

**COMPLIANCE ACTIONS**

17. Notice to Comply Issued? \_\_\_\_\_  Yes  No Document No. \_\_\_\_\_

Rules: \_\_\_\_\_

List NTC items below:

\_\_\_\_\_  
\_\_\_\_\_

18. Notice of Violation Issued? \_\_\_\_\_  Yes  No Document No. \_\_\_\_\_

Rules: \_\_\_\_\_

List NOV items below:

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspectors signature: County of San Diego Date of Report: \_\_\_\_\_

AQIII Initials \_\_\_\_\_ Date: \_\_\_\_\_