

New York State Department of Environmental Conservation
PART 232 DRY CLEANING COMPLIANCE INSPECTION REPORT
Inspections Required Per 6 NYCRR, Part 232-2.11



Department of Environmental Conservation

DEC ID for Dry Cleaning Facility:

- -

Date of this inspection ___/___/___

Date of last inspection ___/___/___

Date DEC was notified of this inspection ___/___/___

Is this a follow-up 45 day re-inspection: YES NO

Dry cleaning facility name _____

Location address _____

_____ City County/Borough Zip

Business telephone #: () - Date facility began operation at this location ___/___/___

Facility type (check one): Stand-alone Co-located commercial Co-located residential

Location and types of other occupancies adjacent to dry cleaner _____

Dry cleaning facility owner's name _____

Dry cleaning facility owner's telephone number: () -

Certified Owner/Manager's name _____

O/M Certificate number _____ O/M Certificate expiration date ___/___/___

List all operator's names, operator certificate numbers, and certificate expiration dates:

<u>Name</u>	<u>Certified?</u>	<u>Operator Certificate #</u>	<u>Expiration date</u>
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	___/___/___
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	___/___/___
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	___/___/___

Compliance inspector's name _____

Compliance inspector's telephone number: () -

O/M Certificate number _____ O/M Certificate expiration date ___/___/___

For DEC OFFICIAL USE ONLY - Compliance Status Determination:

Compliance, or Non-compliance

Name _____ Title _____

Signature _____ Date _____

Notes: _____

(Attach additional sheet(s) if necessary)

(A) FACILITY: BADGE SAMPLING

Immediately upon entering all perc dry cleaning facilities, the inspector must place the sampling badge just outside the vapor barrier room door (if co-located), or approximately midway between the machine and the pressing station (if stand-alone), at a height of 3 to 6 feet above the floor and away from any open windows or outside doors. The sample must be collected during the inspection and for a minimum of two hours and two machine loads. Samples must be analyzed at a laboratory using NIOSH Method 1003:

Sample start time ____ : ____ am pm End time ____ : ____ am pm Number of loads run _____

Describe the location of the sampling badge below:

Distance to floor is ____ (feet); to VBR or dry cleaning machine if stand-alone ____ (feet); to the pressing station is ____ (feet); and to nearest open window, door or exhaust fan or duct ____ (feet).

Badge sample number _____

Badge sample concentration (if detected) _____ ppm Detection Limit (if undetected) _____ ppm

Name of laboratory used to analyze badge sample _____ (Attach lab report)

(B) FACILITY: GENERAL INFORMATION

Number of perc dry cleaning machines _____ Any coin operated perc machines YES NO

All perc dry cleaning machines 3rd or 4th generation YES NO

List all perc and alternative solvent dry cleaning machine(s) removed from service since the last inspection along with their removal date(s) _____

Number of alternative solvent dry cleaning machines _____ Alternative Solvent _____

Are all of these machines dry-to-dry, closed loop with a refrigerated condenser..... YES NO

If "NO", describe alterative solvent machine(s) _____

Are all perc and alternative solvent dry cleaning machines listed on DEC registration or permit YES NO

Number of "wet cleaning" machines (not standard washing machines) _____

Number of "liquid carbon dioxide" dry-to-dry, closed loop dry cleaning machines _____

(C) FACILITY: SAMPLING EQUIPMENT

Inspector must provide the following information for instruments used:

Halogen Leak Detector (Beeper) used to locate leak.

Manufacturer _____ Model Number _____

Portable Gas Analyzer used to quantify leaks. Specify Type: () PID, () FID, () Other _____

Manufacturer _____ Model Number _____

Gas Analyzer's range of detection _____ Accuracy _____

Date Manufactured ____ / ____ / ____ Date PID UV Lamp Window Last Cleaned ____ / ____ / ____

Calibration procedure: _____

_____ Calibration Date: ____ / ____ / ____

Calibration Gas _____ Response Factor _____

Colorimetric Tubes / Sampling Pump.

Pump Manufacturer _____ Pump Model Number _____

Tube Number _____ Tube Expiration Date ____ / ____ / ____

(D) FACILITY: RECORD KEEPING

The inspector must check the following items for compliance and mark the applicable boxes:

- Is the DEC Part 232 posting notice (sign) displayed in a conspicuous public location YES No
- Are equipment manuals (manufacturers or other) available YES No

Are the following records maintained, current, accurate and complete on DEC checklists and Logs:

- Weekly Leak Inspection Checklist (232-2P) YES No
- Weekly Self-monitoring Checklist for Refrigerated Condensers (232-2P) YES No
- Manufacturer’s specified pressure ranges (bar): High _____ to _____ and Low _____ to _____
- Weekly Self-monitoring Checklist for External Door Fans (232-2P) N/A YES No
- Weekly Preparedness and Prevention Checklist ... (232-3P) YES No
- Weekly Maintenance Log for the Integral Carbon Adsorber ... (232-4P) YES No
- Monthly Owner Drum Testing Checklist for Perc Dry Cleaning Machines (232-5P) YES No
- Occasional Maintenance Log for Perc Dry Cleaning Equipment (232-6P) YES No
- Most recent date refrigerated condenser coils were removed and cleaned: _____ / _____ / _____
- Six Month Operation & Maintenance Checklist ... (232-7P) YES No
- Corrective Action Log for Perc Dry Cleaning Equipment (232-8P) YES No
- Occasional Emergency Response Log ... (232-9P&A) YES No
- Occasional Hazardous Waste Shipment Log ... (232-10P&A) YES No
- Name of hazardous waste hauler _____ Licensed YES No
- Monthly Perc Usage Log ... (232-11P) YES No
- Date perc usage log was initiated _____ / _____ / _____
- Most recent monthly quantity purchased _____ gallons, Date _____ / _____ / _____
- Largest 12 month perc usage within past 12 months _____ gallons, Date _____ / _____ / _____
- Are records completed by certified operators YES No
- Are records maintained on-site for five years YES No
- Explain any “NO” answers above _____

(E) FACILITIES: CO-LOCATED LOCATIONS

Complete this section (E) for co-located commercial and residential facilities. The Vapor Barrier Room (VBR) door must be closed whenever measurements are taken within the room enclosure. The volumetric flow rate of the VBR general exhaust must be measured at the fan(s) inlet or outlet, in close proximity to the fan.

Vapor Barrier Room (VBR) installed YES No

Describe Vapor barrier materials:

- Glass 22 mil. or greater PVC Metal foil composite board Sheet metal
- 2-part epoxy Sheet vinyl flooring Fiberglass-reinforced polyester resin 100% silicon caulk
- Other (specify): _____

Is the VBR general exhaust ventilation system operating YES No

Is the VBR concentration less than 25 ppm just inside the partially opened door YES No

Are all VBR visible joints and seams sealed YES No

List all compromises to the integrity of the VBR enclosure including ceiling, floor, and pipe chases:

Is the VBR door kept closed at all times except when a person is entering or exiting..... YES NO
 Does the VBR door function properly and fully seal when closed..... YES NO
 Is the VBR exhaust system separate from other building ventilation systems YES NO
 Describe the location of the air outlet vent inside the VBR _____

Describe the location of the fresh air inlet vent inside the VBR _____

VBR dimensions: Height ____ (ft) Width ____ (ft) Length ____ (ft) & Calculated Volume _____ (ft³)
 VBR fan exhaust flow rate _____ (ft³/min) Measurement instrument _____

VBR exhaust system provides a fresh air change every _____ minutes

Where does the VBR exhaust system vent outside the building in relation to the closest opening (window, door or air intake) in a nearby occupancy: _____

(F) FACILITY: ADDITIONAL INFORMATION

Provide the following additional information:

Wastewater Management Procedures - Separator and Steam Condensate Water:

- () Collected and shipped as listed hazardous waste, or
- () Treated on-site and discharged per Part 232 by:
 - () Heat Evaporation, () "Mister," () Sewer, () Other _____
 - Manufacturer and Model # of Treatment Unit _____

Answer the following questions (write "NA" if not applicable):

How often are machine lint filters cleaned and replaced _____
 Manufacturer's recommendation for lint filter cleaning and replacement _____
 Number of loads between cleaning and replacement of carbon absorber pre-filter _____
 Manufacturer's recommendation for cleaning and replacement of carbon absorber pre-filter _____

Are all solvent and perc-contaminated waste containers kept covered and sealed YES NO
 Are all parts of dry cleaning system closed (e.g. doors, filters, stills, etc.)..... YES NO

Answer the following questions for machines installed prior to May 15, 1997:

Have floor drains and flooring in the vicinity of the equipment been sealed..... YES NO
 Have temporary dikes, berms and containment devices been placed in areas where
 spills are likely to occur..... YES NO

Mark the appropriate boxes to indicate if the Preparedness and Prevention Equipment is available:

Are vapor proof containers available for storing spill contaminated material..... YES NO
 Volume of containers available (units) _____
 List absorbent material available for spill containment _____
 Is fire control equipment available and in working order..... YES NO
 Is aisle space around dry cleaning equipment adequate and clear for inspection YES NO
 Are spare parts for equipment repair available on-site YES NO

(G) DRY CLEANING EQUIPMENT

Use additional “**DRY CLEANING EQUIPMENT**” and “**EQUIPMENT TESTING**” pages (Sections G & H) for each perc dry cleaning machine. Record available information from the machine name plates:

Machine Manufacturer _____
 Model Number _____
 Serial Number _____
 Capacity (lbs.) _____ Year Mfg. _____ Date Installed ____/____/____
 Machine Type: 3rd gen. w/external door fan 3rd to 4th conversion
 4th gen. uncertified 4th gen. DEC certified or issued Statement of Compliance
 Date dry cleaning machine last serviced ____/____/____
 Service Technician _____ Name of Company _____

Does the machine have an external door fan (232-1.2(b)(34)) YES NO
 Does the machine have an internal door fan (232-1.2(b)(42))..... YES NO
 Does the machine have a spill containment pan..... YES NO
 Volume of spill pan _____ (ft³) Volume of largest perc tank associated with machine _____ (ft³)

The compliance inspector must verify or record the following items (if applicable):

Carbon adsorber regeneration:

Carbon adsorber capacity _____ pounds Date of last regeneration: ____/____/____
 Indicate the method of carbon regeneration by marking the applicable box:
 Steam Hot Air (Steam Coils) Other (Describe) _____
 Number of loads _____ and pounds _____ (lbs) of clothes cleaned between regenerations
 Manufacturer’s recommended regeneration frequency _____
 Pounds of clothes cleaned per pound of carbon in adsorber _____
 Date carbon was last replaced _____

(H) DRY CLEANING EQUIPMENT TESTING

LIQUID AND VAPOR LEAKS: The dry cleaning machine must be inspected for perceptible liquid and vapor leaks during that portion of the machine cycle that the component is utilized. Leak and fugitive measurements must be taken approximately 1 cm from each listed source (not clothing). Check “Leaks” box if a leak is detected using a “beeper”. These detected leaks must then be quantified using a PID to measure the emission concentration. When using only a PID to perform the leak check, record all measured source concentrations. Enter BDL (Below Detection Limit) as measurement if measured concentration is the below the “range of detection” reported on page 2 of this form:

PERFORM LEAK CHECK:	Inspected	Leaks	Measurement	Tagged	Date
Front loading door.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Perc solvent tanks and containers.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Lint trap.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Button trap.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Water separator.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Refrigerated Condenser housing.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Heating Coil.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Cartridge filter.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Spin disk filter.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Solvent pump pre-filter.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____
Solvent pump.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	____/____/____

PERFORM LEAK CHECK:

	<u>Inspected</u>	<u>Leaks</u>	<u>Measurement</u>	<u>Tagged</u>	<u>Date</u>
Still.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	___/___/___
Carbon adsorber.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	___/___/___
Hoses and pipes, fittings, couplings and valves...	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	___/___/___
Perc contaminated waste storage drums.....	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	___/___/___
Six inches above clothing recently dry cleaned...	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	___/___/___
Any other area, list _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ ppm	<input type="checkbox"/>	___/___/___

MACHINE TESTING: Testing must be conducted under normal operating conditions where machine is filled to at least 80% of rated capacity.

3rd and 4th Generation Dry Cleaning Machines with External Door Fans: Measure the end-of-cycle maximum perc concentration at least 8 duct diameters downstream from the carbon adsorber and 2 duct diameters upstream from any flow disturbance such as a bend or outlet immediately after opening the machine door. Record and submit all testing results.

Load #1: Test Load _____ lbs. Final cool down condenser outlet vapor temp. _____ °F
 Load #1: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
 Load #1: Maximum Perc conc. _____ ppm Sampling device _____

Load #2: Test Load _____ lbs. Final cool down condenser outlet vapor temp. _____ °F
 Load #2: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
 Load #2: Maximum Perc conc. _____ ppm Sampling device _____

Measure the inward velocity of the door fan at the center of the door opening _____ fpm
 Identify the measuring instrument _____

4th Generation Dry Cleaning Machines: Drum testing must be conducted on all 4th generation dry cleaning machines, with or without an external door fan, at major facilities and all 4th generation dry cleaning, without an external door fan, at non-major facilities. Deactivate any fugitive emissions control system (internal and/or external door fan) prior to opening the loading door and sampling the end-of-cycle maximum perc drum concentration (Subparagraph 232-2.5(i)). Measure the concentration in the drum immediately after opening the loading door. The measurement must be taken near the rear of the drum above the articles being cleaned. Record and submit all testing results.

Load #1: Test Load _____ lbs. Duration of entire dry cleaning test cycle _____ min.
 Load #1: Refrigerated condenser outlet vapor temperature at end of final cool down cycle _____ °F
 Load #1: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
 Load #1: Maximum Perc conc. _____ ppm Sampling device _____

Load #2: Test Load _____ lbs. Duration of entire dry cleaning test cycle _____ min.
 Load #2: Refrigerated condenser outlet vapor temperature at end of final cool down cycle _____ °F
 Load #2: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
 Load #2: Maximum Perc conc. _____ ppm Sampling device _____

Was the fugitive emissions control system de-activated prior to sampling n/a YES NO
Entire dry cleaning test cycles controlled by fully automatic program YES NO

(I) INSPECTION SUMMARY

All perc dry cleaning facilities must be inspected yearly unless granted an extension by the department due to extenuating circumstances. Should such an extension be granted, the following yearly inspection must be conducted no later than one year after the date of the originally scheduled inspection. Registered inspectors must notify the department within three business days when measured perc emissions or concentrations exceed the maximum limit specified in section 232-2.4(a)(3)(iii) for external door fans or the measured end-of-cycle perc drum concentration exceeds the specified limit in section 232-2.4(a)(5) during the performance test of the dry cleaning machine (232-2.11(i)). All leaks found at the facility must be repaired immediately and re-tested. If a repair cannot be completed immediately, the leak must be repaired in accordance with the requirements in Part 232 and re-inspected within 45 days. Copies of this completed report must be submitted no later than 45 days after the completion of this inspection to the following parties:

- 1. Facility owner
2. NYSDEC Regional Air Pollution Control Engineer (in Region where source is located)
3. Permitting & Compliance Section, Attn: Part 232 Implementation Group, NYSDEC Division of Air Resources, 625 Broadway, Albany, NY 12233-3254

Write a summary of the inspection or re-inspection. Describe all problems and potential Part 232 violations. For re-inspections, re-submit pages with modified information and include the completed first and last pages of this form. Complete written inspection summary on additional pages if necessary.

Inspection Summary: _____

(J) REPORT CERTIFICATION

Compliance Inspector Certification: I certify that all inspection information gathered by me and included in this report is true, accurate, and complete. I am aware that false statements (6 NYCRR Part 200.3) made herein are punishable as a class A misdemeanor under Section 210.45 of the Penal Law.

Compliance inspector's name (print) _____
Signature _____ Date ____/____/____

Registered Compliance Inspectors Certification: I certify that I have reviewed all the gathered information presented in this report, that it was prepared by me or under my direct supervision, and believe all information is true, accurate, and complete. I am aware that false statements (6 NYCRR Part 200.3) made herein are punishable as a class A misdemeanor under Section 210.45 of the Penal Law.

Registered inspector's name (print) _____
Address (print) _____
Telephone number: () -
Signature _____ Date ____/____/____

O/M Certificate number _____ Check applicable box: [] P.E., [] R.A., or [] C.I.H