

FORM A - GENERAL FACILITY INFORMATION

Facility Tracking Number: \_\_\_\_\_

1.

Facility Name: \_\_\_\_\_

2.

Location Address  
(a) Street: \_\_\_\_\_  
(b) City : \_\_\_\_\_ (c) State: \_\_\_\_\_ (d) Zip Code: \_\_\_\_\_ (e) County: \_\_\_\_\_

3.

Corporate Owner  
(a) Name of Corporate Owner: \_\_\_\_\_  
(b) Street (Mailing Address): \_\_\_\_\_  
(c) City: \_\_\_\_\_ (d) State: \_\_\_\_\_ (e) Zip Code: \_\_\_\_\_  
(f) Annual Corporate sales: \$\_\_\_\_\_

4.

Facility Description  
(a) Provide a Brief Description of the Facility: \_\_\_\_\_  
\_\_\_\_\_  
(b) Dun & Bradstreet Number: \_\_\_\_\_ (c) SARA TRI Facility Id: \_\_\_\_\_  
(d) Number of Facility Employees: \_\_\_\_\_ (e) Number of Facility Coating Employees: \_\_\_\_\_

5.

Product Description

Product(s)	SIC(s)	NAICS(s)	End-Use Product?	Percent of Total Sales (%)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

6.

Technical Contact  
(a) Name: \_\_\_\_\_  
(b) Technical Contact Title: \_\_\_\_\_  
(c) Telephone: \_\_\_\_\_ (d) Facsimile: \_\_\_\_\_

7.

Geographic Coordinates  
(a) Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_"      b) Longitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_"

8.

Reporting Year \_\_\_\_\_ ☐ Fiscal Year ☐ Calendar Year    (If not 1997, enter reasons on a Comments Sheet)

9.

Surface Coating Category (Check all that apply. See instructions for definitions of categories.)

☐ Auto and Light Duty Truck

☐ Wood Building Products

☐ Metal Can

☐ Metal Furniture

☐ Plastic Parts

☐ Other: \_\_\_\_\_

☐ Fabric

☐ Large Appliances

☐ Metal Coil

☐ Miscellaneous Metal Parts and Products

10.

Other Regulatory Requirements  
(a) Please indicate any other MACT standards which are applicable to your Facility: \_\_\_\_\_  
\_\_\_\_\_  
(b) Has a LAER (Lowest Achievable Emission Rate) limit been placed on any coating operation in your facility?  
☐ Yes ☐ No If yes, what was the most recent date that a LAER limit was instituted: \_\_\_\_\_ (Mo./Yr)  
(Also indicate on a Comments Sheet which coating operations are affected by LAER and the dates LAER was implemented for each.)

11.

Title V Classification

☐ Major Source

☐ Minor/Area Source

☐ Synthetic Minor Source

☐ Unknown Status

Basis for determining Title V classification: \_\_\_\_\_

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12.

Facility Emissions

(List VOC emissions and individual HAP Species emitted at greater than 0.5 tons/year)

Pollutant	CAS Number	Emissions (tons/year)		
		Reporting Year Actual	Permit Limit	Max. Design Capacity
VOC	----			

13.

Facility-Wide Product Usage

Product Type	Total Used Facility-Wide in Reporting Year		Percentage of Total Reported in Detail on Form B.
	Quantity	Units	
Coatings/Coating Components			%
Thinning Solvents			%
Cleaning Solvents (used in Coating Operations only)			%
Other: _____			
Other: _____			
Other: _____			

14.

Response Summary:

☐ Plant Layout Schematic \_\_\_\_\_ pages

☐ Process Flow Diagram \_\_\_\_\_ pages

Form Name	Quantity
Form A - Facility General	1
Form B - Material Data	
Form C - Control Devices	
Form D - Coating Application	
Form E - Surface Preparation	
Form F - Storage	
Form G -Mixing Operations	
Form H - Cleaning Operations	
Form I - Waste and Wastewater	1

15.

R&D Activities:

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure, may be R&D \_\_\_\_\_