

FORM A
GENERAL FACILITY INFORMATION

Revised 10/19/98

Page 1 of 2

Facility Tracking Number: MMPP-

A-1.	Facility Name: _____				
A-2.	Location Address				
	a) Street: _____				
	b) City : _____ c) State: _____ d) Zip Code: _____ e) County: _____				
A-3.	Parent/Corporate Owner				
	a) Name of Corporate Owner: _____				
	b) Street (Mailing Address): _____				
	c) City: _____ d) State: _____ e) Zip Code: _____				
	f) Total Number of Corporate Employees: _____				
A-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: _____				
	f) Frequency of Coating Operation Modifications: _____ (years)				
	g) When was the most recent modification to coating operations (year): _____				
	h) Are research and development (R&D) activities conducted at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
A-5.	Product Description				
		Industry Classification Code			Product Life Expectancy (Years)
	Product(s)	SIC	NAICS	End-Use Product	
				<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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
A-6.	Technical Contact				
	a) Name: _____ b) Title: _____				
	c) Telephone: _____ d) Facsimile: _____				
	e) E-mail Address: _____				
A-7.	Geographic Coordinates, if known				
	a) Latitude: _____° _____', _____" b) Longitude: _____° _____', _____"				
A-8.	Reporting Year _____ <input type="checkbox"/> Fiscal Year Beginning Month: _____ <input type="checkbox"/> Calendar Year (If not 1997, enter reasons on a Comments Sheet)				
A-9.	Surface Coating Category (Check all that apply. See instructions for definitions of categories.)				
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Aerospace <input type="checkbox"/> Fabric <input type="checkbox"/> Metal Can <input type="checkbox"/> Metal Furniture <input type="checkbox"/> Paper and Other Web <input type="checkbox"/> Printing and Publishing <input type="checkbox"/> Wood Building Products <input type="checkbox"/> Other: _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Auto and Light Duty Truck <input type="checkbox"/> Large Appliances <input type="checkbox"/> Metal Coil <input type="checkbox"/> Miscellaneous Metal Parts and Products <input type="checkbox"/> Plastic Parts <input type="checkbox"/> Shipbuilding and Repair <input type="checkbox"/> Wood Furniture </div> </div>				

FORM A
GENERAL FACILITY INFORMATION

Revised 10/19/98

Page 2 of 2

Facility Tracking Number: MMPP-

A-10	Other Regulatory Requirements a) Please indicate any other air pollution regulatory programs (NSPS, MACT standards, etc.) which are applicable to your Facility: _____ b) Has a LAER (Lowest Achievable Emission Rate) limit been placed on any coating operation in your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the most recent date that a LAER Limit was instituted: _____ (mo./year) (Indicate on a Comment Sheet the coating operations affected by LAER & the LAER implementation dates for each)																		
A-11.	Title V Classification <input type="checkbox"/> Major Source <input type="checkbox"/> Synthetic Minor Source <input type="checkbox"/> Minor/Area Source <input type="checkbox"/> Unknown Status Basis for determining Title V classification: _____ What co-located activities (non-surface coating activities) influence Title V status: _____ 																		
A-12.	Facility Emissions: List total VOC emissions, and total HAP emissions from all sources (not just coating operations). Annual Emission Inventory data is acceptable. Also provide facility-wide permit limits for these pollutants, if any exist.																		
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 33%;">Pollutant</th> <th style="width: 33%;">Facility Emissions (tons per year)</th> <th style="width: 33%;">Facility-wide Permit Limit</th> </tr> <tr> <td>Total VOC</td> <td></td> <td></td> </tr> <tr> <td>Total HAP</td> <td></td> <td></td> </tr> </table>	Pollutant	Facility Emissions (tons per year)	Facility-wide Permit Limit	Total VOC			Total HAP											
Pollutant	Facility Emissions (tons per year)	Facility-wide Permit Limit																	
Total VOC																			
Total HAP																			
A-13.	Pollution Prevention (Indicate which of the following have been considered for your facility): a) Have alternatives to solvent-based cleaners been investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Have alternative solvents been investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Have alternative housekeeping or work practice activities been investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No d) What was your assessment of these alternatives? _____ 																		
A-14.	Response Summary: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 80%;">Form Name</th> <th style="width: 20%;">Quantity</th> </tr> <tr> <td>Form A - Facility General (one per response, one response per facility)</td> <td>1</td> </tr> <tr> <td>Form B - Material Data</td> <td></td> </tr> <tr> <td>Form C - Add-on Control Devices</td> <td></td> </tr> <tr> <td>Form D1 - Coating Application Equipment</td> <td></td> </tr> <tr> <td>Form D2 - Coating Systems</td> <td></td> </tr> <tr> <td>Form D3 - Coating Equipment/Coating System Cross Reference</td> <td></td> </tr> <tr> <td>Form E - Surface Preparation</td> <td></td> </tr> <tr> <td>Form F - Waste and Wastewater</td> <td>1</td> </tr> </table>	Form Name	Quantity	Form A - Facility General (one per response, one response per facility)	1	Form B - Material Data		Form C - Add-on Control Devices		Form D1 - Coating Application Equipment		Form D2 - Coating Systems		Form D3 - Coating Equipment/Coating System Cross Reference		Form E - Surface Preparation		Form F - Waste and Wastewater	1
Form Name	Quantity																		
Form A - Facility General (one per response, one response per facility)	1																		
Form B - Material Data																			
Form C - Add-on Control Devices																			
Form D1 - Coating Application Equipment																			
Form D2 - Coating Systems																			
Form D3 - Coating Equipment/Coating System Cross Reference																			
Form E - Surface Preparation																			
Form F - Waste and Wastewater	1																		
CBI Status: Is any information on this "Form A" Confidential Business Information (CBI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Which items (place a comma between items): _____ 																			