

AIR COMPLIANCE INSPECTION CHECKLIST

Pursuant to: San Diego Air Pollution Control District Rules & Regulations; MCO P5090.2A

UNIT/FACILITY:

PERMIT NO(s):

EQUIPMENT(s):

LOCATION:

DATE:

POC/PHONE:

| LINE ITEMS | | FINDINGS | | | COMMENTS |
|------------|--|----------|----|----|----------|
| 1. | General Requirements: <i>[Rules 10, 20, 21, 40, 50, 51, 67.17]</i> | Yes | No | NA | |
| | a. Is the equipment the same as described in the Permit to Operate? | | | | |
| | b. Is the current permit posted/available & within 25' of equipment? | | | | |
| | c. Are MSDS's being maintained and up to date? | | | | |
| | d. Is the equipment in good working condition and are operating procedures posted? | | | | |
| | e. Are there open container violation(s) of VOC materials (paint can, solvent tank, discarded rag, etc.)? <i>[Rule 67.17]</i> | | | | |
| | f. Are all conditions of the permit being met? <i>[Rule 21]</i> | | | | |
| | g. Equipment moved/modified without permit notification? | | | | |
| | h. Are records (usage or otherwise) being maintained for 3 years? | | | | |
| 2. | Emergency Standby Engine (Generator or Fire Pump) and/or Boilers: <i>[Rules 10, 12, 20, 40, 50, 51, 69/69.2, 69.2.1, 69.4 or 69.4.1]</i> | | | | |
| | a. Is fuel being used CARB Diesel Fuel? | | | | |
| | b. Is the non-resettable engine hour meter installed and operational? | | | | |
| | c. Is operating log present and maintained containing the following? Dates and times of engine operation, emergency or non-emergency operation and nature of emergency, total cumulative hours of operation per calendar year, and records of periodic maintenance including dates maintenance was performed? | | | | |
| 3. | Coatings Operations (Aerospace, Adhesive, Automotive & Wood): <i>[Rules 10, 20, 40, 50, 51, 66.1, 67.0, 67.11, 67.20, 67.21, 67.3, 67.9]</i> | | | | |
| | a. Are coatings applied in paint booth? (Not applicable to Hangars) | | | | |
| | b. Are booth filters in place and in good condition? | | | | |
| | c. Is exhaust fan operational? | | | | |
| | d. Is paint application compliant with the conditions of permit? | | | | |
| | e. If HVLP paint gun, is air cap pressure gauge for HVLP spray gun available and indicating a 0.1-10.0 psig reading? Or is HVLP gun manufacturer literature available correlating inlet pressure to 10 psig nozzle outlet pressure? (Check Mfg of paint gun: i.e. AirVerter or Devil Biss) | | | | |
| | f. Are coatings materials and/or solvents/materials APCD compliant? | | | | |
| | g. Are paint gun cleaning solvents and methods APCD compliant? | | | | |
| 4. | Gasoline Dispensing Operations: <i>[Rules 10, 20, 40, 50, 51, 60.1, 61.3.1, 61.4.1, 61.5, 61.8]</i> | Yes | No | NA | |
| | a. Are daily inspections conducted and documented in Attachment I? Spot check a few Vapor Recovery components. | | | | |
| | b. Inspection, ISD Alarm Response, Maintenance and Repair Log (Attachment I) available and properly maintained? Spot check a few ISD alarm events. | | | | |
| | c. Is Attachment J, Annual Inspection and Maintenance Checklist, available and properly conducted? | | | | |
| | d. Is Monthly Dispensing Flow Rate test properly conducted and documented? Check Attachment E. | | | | |
| | e. Are Annual required tests conducted and documented properly? Check Attachment A for required tests. | | | | |
| | f. Are Monthly throughput records available and maintained for 3 years? Check Attachment C or equivalent form/method. | | | | |

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|------------|--|----------|--|--|----------|
| | g. Vapor recovery hoses coaxial hoses drained weekly, volume of gas recorded on Attachment F. Fueling point removed from service if hose has > 150ml of gas drained from vapor side. | | | | |
| | h. Are the Healy 900 Nozzle Insertion Interlock Quarterly Inspections Requirement being conducted and recorded on VR-20102020XX Healy Quarterly Inspection form? | | | | |
| 5. | Solvent Cleaning Operations: <i>[Rules 10, 20, 40, 50, 51, 67.6, 67.6.1 & 67.6.2]</i> | | | | |
| | a. Are there solvent leaks from any part of the equipment? | | | | |
| | b. Is the cover closed while unit is not in use? | | | | |
| | c. Are operating instructions posted? | | | | |
| | d. Is Liquid solvent level below the marked maximum solvent level line? | | | | |
| | e. Are Solvents APCD compliant? Verify with Permit Attachment, if applicable. | | | | |
| 6. | Jet Engine Test Cells & Test Stands: <i>[Rules 10, 20, 40, 50, 51, 69.3, 69.4]</i> | | | | |
| | a. Are only the engines indicated on permit tested? | | | | |
| | b. Is daily engine number tested permit limit exceeded? | | | | |
| | c. Is Annual engine numbers tested permit limit exceeded? | | | | |
| | d. Are records of engine operation and total fuel usage per engine test maintained and available for review? | | | | |
| | e. Are usage records being maintained for 3 years? | | | | |
| 7. | Abrasive/Blasting/Grinding/Sanding Operations: <i>[Rules 10, 20, 40, 50, 51, 52, 52.1, 54, 55]</i> | | | | |
| | a. Are grinding operations being limited to the booth? | | | | |
| | b. Are maintenance records available and maintained for 3 years? | | | | |
| | c. Is a differential pressure gauge being maintained to indicate filter condition and is reading between 0.5" and 5"? | | | | |
| | d. Are filters, screens and other waste containing dust stored in sealed containers pending disposal? | | | | |
| | e. Are dust spills' being vacuumed up after the end of each work shift and is the filter system kept on while dust is vacuumed?? | | | | |
| 8. | Arresting Gear Engines: <i>[Rule 69.4.1]</i> | | | | |
| | a. Is the engine being operated more than 200 hours per year? | | | | |
| | b. Is the engine using California reformulated gasoline fuel? | | | | |
| | c. Is the engine equipped with a non-resettable fuel meter and/or time to measure fuel and/or time of operation? | | | | |
| | d. Is there a Daily Log containing dates and times of operation, total cumulative hours, and records of engine maintenance? | | | | |
| | e. Is the engine periodically maintained as recommended by approved maintenance requirement document at least once a year? | | | | |

Acknowledged by: _____

Date: _____

Inspector: _____

Date: _____

EMD

NOTES: