# RULE 1173 STATISTICS SUMMARY SHEET (FORM D)

REPORT FOR THE ____QUARTER OF ________

- **Company Name**
- **Address**
- **Contact/Phone Number**
- **SCAQMD ID #**
- **Report Date**

## Component Type: VALVES

- **Total Number Inspected:** __________
- **Total Liquid Leaks:** __________
- **Total Gas Leaks:** __________
- **Total Leak %:**
  - >500 but ≤ 10,000 ppm: __________
  - >10,000 but ≤ 25,000 ppm: __________
  - >25,000 ppm: __________

- **Number replaced under section (g) (2):** __________ (BACT/BARCT)
- **Number of Annual Inspections under section (f) (1) (C):** __________ (inaccessible components)

## Component Type: FITTINGS (Flanges, Threaded Connectors, etc.)

- **Total Number Inspected:** __________
- **Total Liquid Leaks:** __________
- **Total Gas Leaks:** __________
- **Total Leak %:**
  - >500 but ≤ 10,000 ppm: __________
  - >10,000 but ≤ 25,000 ppm: __________
  - >25,000 ppm: __________

- **Number replaced under section (g) (2):** __________ (BACT/BARCT)
- **Number of Annual Inspections under section (f) (1) (C):** __________ (inaccessible components)

## Component Type: OTHERS (Hatch, Meter, Diaphragm, Sight Glass)

- **Total Number Inspected:** __________
- **Total Liquid Leaks:** __________
- **Total Gas Leaks:** __________
- **Total Leak %:**
  - >500 but ≤ 10,000 ppm: __________
  - >10,000 but ≤ 25,000 ppm: __________
  - >25,000 ppm: __________

- **Number replaced under section (g) (2):** __________ (BACT/BARCT)
- **Number of Annual Inspections under section (f) (1) (C):** __________ (inaccessible components)

## Component Type: PUMPS (Light Liquid)

- **Total Number Inspected:** __________
- **Total Liquid Leaks:** __________
- **Total Gas Leaks:** __________
- **Total Leak %:**
  - >500 but ≤ 10,000 ppm: __________
  - >10,000 but ≤ 25,000 ppm: __________
  - >25,000 ppm: __________

- **Number replaced under section (g) (2):** __________ (BACT/BARCT)
- **Number of Annual Inspections under section (f) (1) (C):** __________ (inaccessible components)

## Component Type: PUMPS (Heavy Liquid)

- **Total Number Inspected:** __________
- **Total Liquid Leaks <500 ppm:** __________
- **Total Gas Leaks:** __________
- **Total Leak %:**
  - >100 but ≤ 500 ppm: __________
  - >500 ppm: __________

- **Number replaced under section (g) (2):** __________ (BACT/BARCT)
- **Number of Annual Inspections under section (f) (1) (C):** __________ (inaccessible components)

## Component Type: COMPRESSORS

- **Total Number Inspected:** __________
- **Total Liquid Leaks:** __________
- **Total Gas Leaks:** __________
- **Total Leak %:**
  - >500 but ≤ 10,000 ppm: __________
  - >10,000 but ≤ 25,000 ppm: __________
  - >25,000 ppm: __________

- **Number replaced under section (g) (2):** __________ (BACT/BARCT)
- **Number of Annual Inspections under section (f) (1) (C):** __________ (inaccessible components)
<table>
<thead>
<tr>
<th>Component Type: PRESSURE RELIEF DEVICES’S (PRD’S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Inspected:</td>
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<tr>
<td>Total Gas Leaks:</td>
</tr>
<tr>
<td>&gt;200 but ≤ 25,000 ppm:</td>
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<tr>
<td>Number replaced under section (g) (2):</td>
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<tr>
<td>Number of Annual Inspections under section (f) (1) (C):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quarterly Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Of Components Inspected:</td>
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<tr>
<td>Total Number Of Leaks:</td>
</tr>
<tr>
<td>Total Leak %:</td>
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</tbody>
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