RECORDKEEPING for VOC EMISSIONS - Rule 109

South Coast Air Quality Management District

DATE:_____ ID. NUMBER:_____

COMPANY NAME:_____ CONTACT PERSON (Print Name):_____

ADDRESS:_____ TITLE:_____

TELEPHONE NUMBER: (_____)_____

LIST OF EQUIPMENT (Including Non-Permitted) INVOLVED IN THE OPERATION(S) USING ADHESIVE, COATING, SOLVENT, and/or GRAPHIC ART MATERIALS

EQUIPMENT NUMBER	EQUIPMENT DESCRIPTION	PERMIT TO OPERATE/ APPLICATION NUMBER	METHOD OF APPLICATION/ TYPE OF SPRAY GUN USED	OVEN TEMPERATURE* ^{o}C or ^{o}F	APPLICABLE DISTRICT RULES

***FOR COATING OPERATIONS ONLY. IF OVEN IS NOT USED TO DRY THE COATING, WRITE "NONE" UNDER THIS COLUMN.**

NOTE: THIS RECORD MUST BE UPDATED WHENEVER THERE IS ANY CHANGE IN THE ABOVE INFORMATION.