



Weekly Leak Inspection and Operation and Weekly Maintenance Checklists For 3rd-and 4th-Generation Perc Dry-Cleaning Machines

Complete separate checklists for each machine in the facility each week. This checklist covers five weeks of weekly inspections; use one sheet per month. Completed forms must be kept on-site for at least five (5) years.

Facility Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone Number: (____) _____
 NYSDEC ID No.: _____
 Machine #: _____ Machine Type: Third-Generation Fourth Generation
 Checklist covers ____/____/____ through ____/____/____
 Operator Name: _____ Certification #: _____

Operator Signature: _____

Leak Detection device used – Halogen leak detector (“beeper”): Make: _____
Model: _____

Has halogen leak detector been properly calibrated for Perc sampling according to the manufacture’s instructions prior to performing the leak check? Yes No

Part I Weekly Leak Inspection Checklist

The dry-cleaning system must be thoroughly inspected for vapor leaks using the device indicated. The dry cleaning system includes, but is not limited to, dry cleaning equipment; filter or purification systems; waste holding, treatment, or disposal systems; Perc supply systems; dip tanks; pumps; gaskets; piping, ducting, fittings, valves, or flanges that convey Perc-contaminated air; and dry cleaning control systems. Perc fugitive emissions from any part of the dry cleaning system cannot exceed 50 ppm. Any detected leak (an answer of “Yes” below) requires completion of Part IV- Corrective Action Log.

Date:	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Any leaks detected with device?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A

The dry cleaning system also must be inspected for Perceptible liquid and vapor leaks and for proper operation while the system is operating. Any detected leak (an answer of “Yes” below) requires completion of Part IV - Corrective Action Log.

Any Perceptible leaks in:	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
hose and pipe connections, fittings, couplings and valves	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
door gaskets and seatings	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
filter gaskets and seatings	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
pumps	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
solvent (including spent solvent) tanks and containers	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
water separators	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
muck cookers	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
stills	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
exhaust dampers	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
diverter valves	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
cartridge filter housings	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
waste water collection and treatment units	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
other area, specify:	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A

Part II Weekly Operation & Maintenance Tests

Note: Any question answered "No" requires completion of Part IV - Corrective Action Log.

Date:	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Refrigerated Condensers:					
time of test: vapor stream outlet temperature: (If greater than 45°F, complete Part IV)	___ AM PM ____ °F	___ AM PM ____ °F	___ AM PM ____ °F	___ AM PM ____ °F	___ AM PM ____ °F
Secondary control system carbon adsorbers:					
Is carbon adsorber stripped or desorbed in accordance with manufacturer's instructions or at least weekly? How stripped? <input type="checkbox"/> by operator <input type="checkbox"/> automatically or continuously	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Door Fans (if so equipped):					
Is inward air velocity for loading door at least 100 fpm when door is open?	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
Indicate velocity: Instrument used: <input type="checkbox"/> portable velometer <input type="checkbox"/> other (Specify: _____)	_____ fpm	_____ fpm	_____ fpm	_____ fpm	_____ fpm
Carbon adsorber vent test results: time of test: instrument used: <input type="checkbox"/> colorimetric tube <input type="checkbox"/> other (Specify: _____)	_____ ppm ___ AM PM	_____ ppm ___ AM PM	_____ ppm ___ AM PM	_____ ppm ___ AM PM	_____ ppm ___ AM PM

Part III Weekly Emergency Preparedness Checklist

Note: Any entry of "No" requires completion of Part IV - Corrective Action Log.

Date:	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Preparedness and Prevention	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
adequate spill control equipment available	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
vapor proof containers for storing spill-contaminated material available	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
fire control equipment available and in working order	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
aisle space around dry cleaning equipment is adequate and clear	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
spare parts for equipment repair available	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A
all parts of dry cleaning system closed except during required operation and maintenance activities	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A	Yes No N/A

Failure to complete this form is a violation of 6NYCRR Part 232 and could result in enforcement action, including monetary penalties. This form must be kept on-site for at least five (5) years.