New York State Department of Environmental Conservation

PART 232 DRY CLEANING COMPLIANCE INSPECTION REPORT
Inspections Required Per 6 NYCRR, Part 232-2.11

DEC ID for Dry Cleaning Facility:

Dry cleaning facility name ________________________________
Location address _____________________________________________
City __________________ County/Borough __________________ Zip _______

Business telephone #: (___) - Date facility began operation at this location ____/____/____

Facility type (check one): □ Stand-alone  □ Co-located commercial  □ Co-located residential
Location and types of other occupancies adjacent to dry cleaner ________________________________

Dry cleaning facility owner’s name ________________________________
Dry cleaning facility owner’s telephone number: (___) -

Certified Owner/Manager’s name ________________________________
O/M Certificate number ______________________ O/M Certificate expiration date ____/____/____

List all operator’s names, operator certificate numbers, and certificate expiration dates:

<table>
<thead>
<tr>
<th>Name</th>
<th>Certified?</th>
<th>Operator Certificate #</th>
<th>Expiration date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES ☐ NO □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES ☐ NO □</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES ☐ NO □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Compliance inspector’s name ________________________________
Compliance inspector’s telephone number: (___) -
O/M Certificate number ______________________ O/M Certificate expiration date ____/____/____

For DEC OFFICIAL USE ONLY - Compliance Status Determination:
□ Compliance, or  □ Non-compliance

Name ________________________________  Title ________________________________
Signature ________________________________  Date ________________________________
Notes:  ________________________________________________________________

(Attach additional sheet(s) if necessary)

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FORM 232-15 (9-10-2018)
(A) FACILITY: BADGE SAMPLING

Immediately upon entering all perc dry cleaning facilities, the inspector must place the sampling badge just outside the vapor barrier room door (if co-located), or approximately midway between the machine and the pressing station (if stand-alone), at a height of 3 to 6 feet above the floor and away from any open windows or outside doors. The sample must be collected during the inspection and for a minimum of two hours and two machine loads. Samples must be analyzed at a laboratory using NIOSH Method 1003:

Sample start time _____ : _____ am pm   End time _____ : _____ am pm   Number of loads run ______

Describe the location of the sampling badge below:
- Distance to floor is _____ (feet); to VBR or dry cleaning machine if stand-alone _____ (feet); to the pressing station is _____ (feet); and to nearest open window, door or exhaust fan or duct _____ (feet).

Badge sample number __________________________

Badge sample concentration (if detected) ______ ppm   Detection Limit (if undetected) ______ ppm

Name of laboratory used to analyze badge sample ________________________________ (Attach lab report)

(B) FACILITY: GENERAL INFORMATION

Number of perc dry cleaning machines _______      Any coin operated perc machines ............  YES ☐   NO ☐

All perc dry cleaning machines 3rd or 4th generation .............................................................. YES ☐   NO ☐

List all perc and alternative solvent dry cleaning machine(s) removed from service since the last inspection along with their removal date(s) ________________________________________________________________

Number of alternative solvent dry cleaning machines ______   Alternative Solvent ______________________

Are all of these machines dry-to-dry, closed loop with a refrigerated condenser.............. YES ☐   NO ☐

If “NO”, describe alternative solvent machine(s) _____________________________________________

Are all perc and alternative solvent dry cleaning machines listed on DEC registration or permit  YES ☐   NO ☐

Number of “wet cleaning” machines (not standard washing machines) _________

Number of “liquid carbon dioxide” dry-to-dry, closed loop dry cleaning machines ___________

(C) FACILITY: SAMPLING EQUIPMENT

Inspector must provide the following information for instruments used:

Halogen Leak Detector (Beeper) used to locate leak.

Manufacturer _______________________________  Model Number ______________________

Portable Gas Analyzer used to quantify leaks. Specify Type: ( ) PID, ( ) FID, ( ) Other ______________

Manufacturer _______________________________  Model Number ______________________

Gas Analyzer’s range of detection __________________________________________ Accuracy ______________

Date Manufactured _____ / _____ / ____    Date PID UV Lamp Window Last Cleaned _____ / _____ / ____

Calibration procedure: ________________________________________________________________

Calibration Date: _____ / _____ / ____

Calibration Gas _____________________________   Response Factor ______________________

Colorimetric Tubes / Sampling Pump.

Pump Manufacturer _________________________   Pump Model Number _________________

Tube Number _____________________________   Tube Expiration Date _____ / _____ / ____
(D) FACILITY: RECORD KEEPING

The inspector must check the following items for compliance and mark the applicable boxes:

Is the DEC Part 232 posting notice (sign) displayed in a conspicuous public location ............ YEs □ No □
Are equipment manuals (manufacturers or other) available .................................................. YEs □ No □

Are the following records maintained, current, accurate and complete on DEC checklists and Logs:

Weekly Leak Inspection Checklist (232-2P) ................................................................. YEs □ No □
Weekly Self-monitoring Checklist for Refrigerated Condensers (232-2P) ......................... YEs □ No □
Manufacturer’s specified pressure ranges (bar): High ____ to _____ and Low ____ to _____
Weekly Self-monitoring Checklist for External Door Fans (232-2P) ......................... N/A □ YEs □ No □
Weekly Preparedness and Prevention Checklist … (232-3P) ........................................... YEs □ No □
Weekly Maintenance Log for the Integral Carbon Adsorber … (232-4P) ................................ YEs □ No □
Monthly Owner Drum Testing Checklist for Perc Dry Cleaning Machines (232-5P) ….. YEs □ No □
Occasional Maintenance Log for Perc Dry Cleaning Equipment (232-6P) ..................... YEs □ No □

Most recent date refrigerated condenser coils were removed and cleaned: _____ / _____ / _____
Six Month Operation & Maintenance Checklist … (232-7P) ............................................. YEs □ No □
Corrective Action Log for Perc Dry Cleaning Equipment (232-8P) .................................... YEs □ No □
Occasional Emergency Response Log … (232-9P&A) .................................................. YEs □ No □
Occasional Hazardous Waste Shipment Log … (232-10P&A) .......................................... YEs □ No □

Name of hazardous waste hauler _____________________________ Licensed .... YEs □ No □
Monthly Perc Usage Log … (232-11P) ................................................................. YEs □ No □

   Date perc usage log was initiated _____/____/_____
Most recent monthly quantity purchased ______________ gallons, Date _____/____/_____
Largest 12 month perc usage within past 12 months ________ gallons, Date _____/____/_____

Are records completed by certified operators ................................................................. YEs □ No □
Are records maintained on-site for five years ................................................................. YEs □ No □
Explain any “NO” answers above ______________________________________________________

(E) FACILITIES: CO-LOCATED LOCATIONS

Complete this section (E) for co-located commercial and residential facilities. The Vapor Barrier Room (VBR) door must be closed whenever measurements are taken within the room enclosure. The volumetric flow rate of the VBR general exhaust must be measured at the fan(s) inlet or outlet, in close proximity to the fan.

Vapor Barrier Room (VBR) installed ................................................................. YEs □ No □
Describe Vapor barrier materials:
□ Glass □ 22 mil. or greater PVC □ Metal foil composite board □ Sheet metal
□ 2-part epoxy □ Sheet vinyl flooring □ Fiberglass-reinforced polyester resin □ 100% silicon caulk
□ Other (specify): ___________________________

Is the VBR general exhaust ventilation system operating ............................................. YEs □ No □
Is the VBR concentration less than 25 ppm just inside the partially opened door ................ YEs □ No □
Are all VBR visible joints and seams sealed ................................................................. YEs □ No □
List all compromises to the integrity of the VBR enclosure including ceiling, floor, and pipe chases:

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

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Is the VBR door kept closed at all times except when a person is entering or exiting............. YES □ No □
Does the VBR door function properly and fully seal when closed................................. YES □ No □
Is the VBR exhaust system separate from other building ventilation systems ................. YES □ No □
Describe the location of the air outlet vent inside the VBR________________________________________________________
Describe the location of the fresh air inlet vent inside the VBR_____________________________________________________
VBR dimensions: Height ____ (ft) Width ____ (ft) Length ____ (ft) & Calculated Volume ________ (ft³)
VBR fan exhaust flow rate ________ (ft³/min) Measurement instrument ________________________________
VBR exhaust system provides a fresh air change every __________________________ minutes
Where does the VBR exhaust system vent outside the building in relation to the closest opening (window, door or air intake) in a nearby occupancy: ________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(F) FACILITY: ADDITIONAL INFORMATION

Provide the following additional information:
Wastewater Management Procedures - Separator and Steam Condensate Water:
(    ) Collected and shipped as listed hazardous waste, or
(    ) Treated on-site and discharged per Part 232 by:
    (    ) Heat Evaporation, (    ) “Mister,” (    ) Sewer, (    ) Other __________________________
    Manufacturer and Model # of Treatment Unit ____________________________________________

Answer the following questions (write “NA” if not applicable):
How often are machine lint filters cleaned and replaced ________________________________
Manufacturer’s recommendation for lint filter cleaning and replacement __________________
Number of loads between cleaning and replacement of carbon absorber pre-filter __________
Manufacturer’s recommendation for cleaning and replacement of carbon absorber pre-filter __________

Are all solvent and perc-contaminated waste containers kept covered and sealed ............ YES □ No □
Are all parts of dry cleaning system closed (e.g. doors, filters, stills, etc.) ....................... YES □ No □

Answer the following questions for machines installed prior to May 15, 1997:
Have floor drains and flooring in the vicinity of the equipment been sealed.................. YES □ No □
Have temporary dikes, berms and containment devices been placed in areas where
spills are likely to occur............................................................................................................. YES □ No □

Mark the appropriate boxes to indicate if the Preparedness and Prevention Equipment is available:
Are vapor proof containers available for storing spill contaminated material............... YES □ No □
Volume of containers available (units) ________________________________________________
List absorbent material available for spill containment ________________________________
Is fire control equipment available and in working order............................................. YES □ No □
Is aisle space around dry cleaning equipment adequate and clear for inspection .......... YES □ No □
Are spare parts for equipment repair available on-site ..................................................... YES □ No □
### (G)  DRY CLEANING EQUIPMENT

Use additional “DRY CLEANING EQUIPMENT” and “EQUIPMENT TESTING” pages (Sections G & H) for each perc dry cleaning machine. Record available information from the machine name plates:

<table>
<thead>
<tr>
<th>Machine Manufacturer</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Capacity (lbs.)</th>
<th>Year Mfg.</th>
<th>Date Installed</th>
<th>Machine Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3rd gen. w/external door fan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4th gen. uncertified</td>
</tr>
</tbody>
</table>

Date dry cleaning machine last serviced __________ / _____ / _______

Service Technician ______________________________ Name of Company ______________________________

Does the machine have an external door fan (232-1.2(b)(34)) ……………………………… YES ☐ NO ☐

Does the machine have an internal door fan (232-1.2(b)(42)) ……………………………… YES ☐ NO ☐

Does the machine have a spill containment pan……………………………………………………... YES ☐ NO ☐

Volume of spill pan __________(ft³) Volume of largest perc tank associated with machine ________ (ft³)

The compliance inspector must verify or record the following items (if applicable):

**Carbon adsorber regeneration:**

- Carbon adsorber capacity __________ pounds Date of last regeneration: _____ / _____ / _______
- Indicate the method of carbon regeneration by marking the applicable box:
  - ☐ Steam ☐ Hot Air (Steam Coils) ☐ Other (Describe) ______________________________
- Number of loads __________ and pounds __________ (lbs) of clothes cleaned between regenerations
- Manufacturer’s recommended regeneration frequency ______________________________
- Pounds of clothes cleaned per pound of carbon in adsorber ______________________________
- Date carbon was last replaced ______________________________

### (H) DRY CLEANING EQUIPMENT TESTING

**LIQUID AND VAPOR LEAKS:** The dry cleaning machine must be inspected for perceptible liquid and vapor leaks during that portion of the machine cycle that the component is utilized. Leak and fugitive measurements must be taken approximately 1 cm from each listed source (not clothing). Check “Leaks” box if a leak is detected using a “beeper”. These detected leaks must then be quantified using a PID to measure the emission concentration. When using only a PID to perform the leak check, record all measured source concentrations. Enter BDL (Below Detection Limit) as measurement if measured concentration is the below the “range of detection” reported on page 2 of this form:

**PERFORM LEAK CHECK:**

<table>
<thead>
<tr>
<th>Front loading door</th>
<th>Perc solvent tanks and containers</th>
<th>Lint trap</th>
<th>Button trap</th>
<th>Water separator</th>
<th>Refrigerated Condenser housing</th>
<th>Heating Coil</th>
<th>Cartridge filter</th>
<th>Spin disk filter</th>
<th>Solvent pump pre-filter</th>
<th>Solvent pump</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inspection</th>
<th>Leaks</th>
<th>Measurement</th>
<th>Tagged</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>______ ppm</td>
<td>□</td>
<td>_____</td>
</tr>
</tbody>
</table>

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**PERFORM LEAK CHECK:**

<table>
<thead>
<tr>
<th></th>
<th>Inspected</th>
<th>Leaks</th>
<th>Measurement</th>
<th>Tagged</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still……………………………………………..</td>
<td>☐</td>
<td>☐</td>
<td>______ ppm</td>
<td>☐</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Carbon adsorber………………..</td>
<td>☐</td>
<td>☐</td>
<td>______ ppm</td>
<td>☐</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Hoses and pipes, fittings, couplings and valves...</td>
<td>☐</td>
<td>☐</td>
<td>______ ppm</td>
<td>☐</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Perc contaminated waste storage drums….……..</td>
<td>☐</td>
<td>☐</td>
<td>______ ppm</td>
<td>☐</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Six inches above clothing recently dry cleaned…</td>
<td>☐</td>
<td></td>
<td>______ ppm</td>
<td>☐</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Any other area, list _________________________</td>
<td>☐</td>
<td></td>
<td>______ ppm</td>
<td>☐</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

**MACHINE TESTING:** Testing must be conducted under normal operating conditions where machine is filled to at least 80% of rated capacity.

**3rd and 4th Generation Dry Cleaning Machines with External Door Fans:** Measure the end-of-cycle maximum perc concentration at least 8 duct diameters downstream from the carbon adsorber and 2 duct diameters upstream from any flow disturbance such as a bend or outlet immediately after opening the machine door. Record and submit all testing results.

- Load #1: Test Load _________ lbs.  Final cool down condenser outlet vapor temp. _________ °F
- Load #1: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
- Load #1: Maximum Perc conc. ____________ ppm  Sampling device ______________________

- Load #2: Test Load _________ lbs.  Final cool down condenser outlet vapor temp. _________ °F
- Load #2: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
- Load #2: Maximum Perc conc. ____________ ppm  Sampling device ______________________

Measure the inward velocity of the door fan at the center of the door opening _________________ fpm
Identify the measuring instrument _______________________________________________

**4th Generation Dry Cleaning Machines:** Drum testing must be conducted on all 4th generation dry cleaning machines, with or without an external door fan, at major facilities and all 4th generation dry cleaning, without an external door fan, at non-major facilities. Deactivate any fugitive emissions control system (internal and/or external door fan) prior to opening the loading door and sampling the end-of-cycle maximum perc drum concentration (Subparagraph 232-2.5(i)). Measure the concentration in the drum immediately after opening the loading door. The measurement must be taken near the rear of the drum above the articles being cleaned. Record and submit all testing results.

- Load #1: Test Load _________ lbs.  Duration of entire dry cleaning test cycle _________ min.
- Load #1: Refrigerated condenser outlet vapor temperature at end of final cool down cycle _________ °F
- Load #1: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
- Load #1: Maximum Perc conc. ____________ ppm  Sampling device ______________________

- Load #2: Test Load _________ lbs.  Duration of entire dry cleaning test cycle _________ min.
- Load #2: Refrigerated condenser outlet vapor temperature at end of final cool down cycle _________ °F
- Load #2: Refrigerated Condenser High _____ and Low _____ Pressures (bar) during heated drying cycle
- Load #2: Maximum Perc conc. ____________ ppm  Sampling device ______________________

Was the fugitive emissions control system de-activated prior to sampling ...... n/a ☐ YES ☐ NO ☐

Entire dry cleaning test cycles controlled by fully automatic program ...................... YES ☐ NO ☐
All perc dry cleaning facilities must be inspected yearly unless granted an extension by the department due to extenuating circumstances. Should such an extension be granted, the following yearly inspection must be conducted no later than one year after the date of the originally scheduled inspection. Registered inspectors must notify the department within three business days when measured perc emissions or concentrations exceed the maximum limit specified in section 232-2.4(a)(3)(iii) for external door fans or the measured end-of-cycle perc drum concentration exceeds the specified limit in section 232-2.4(a)(5) during the performance test of the dry cleaning machine (232-2.11(i)). All leaks found at the facility must be repaired immediately and re-tested. If a repair cannot be completed immediately, the leak must be repaired in accordance with the requirements in Part 232 and re-inspected within 45 days. Copies of this completed report must be submitted no later than 45 days after the completion of this inspection to the following parties:

1. Facility owner  
2. NYSDEC Regional Air Pollution Control Engineer (in Region where source is located)  
3. Permitting & Compliance Section, Attn: Part 232 Implementation Group,  
   NYSDEC Division of Air Resources, 625 Broadway, Albany, NY 12233-3254

Write a summary of the inspection or re-inspection. Describe all problems and potential Part 232 violations. For re-inspections, re-submit pages with modified information and include the completed first and last pages of this form. Complete written inspection summary on additional pages if necessary.

Inspection Summary: ____________________________________________________________

Note: Additional pages may be required for a complete summary.

(J) REPORT CERTIFICATION

Compliance Inspector Certification: I certify that all inspection information gathered by me and included in this report is true, accurate, and complete. I am aware that false statements (6 NYCRR Part 200.3) made herein are punishable as a class A misdemeanor under Section 210.45 of the Penal Law.

Signature__________________________________________ Date ____/____/____

Registered Compliance Inspectors Certification: I certify that I have reviewed all the gathered information presented in this report, that it was prepared by me or under my direct supervision, and believe all information is true, accurate, and complete. I am aware that false statements (6 NYCRR Part 200.3) made herein are punishable as a class A misdemeanor under Section 210.45 of the Penal Law.

Registered inspector’s name (print)______________________________

Address (print) ________________________________________________

Telephone number: ( ______ ) -

Signature_________________________ Date ____/____/____

Note: Additional pages may be required for a complete certification.

O/M Certificate number____________________ Check applicable box: □ P.E., □ R.A., or □ C.I.H