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:

Date of this inspection ____/____/_____

Date of last inspection ____/____/_____

Date DEC was notified of this inspection ____/____/_____

Is this a follow-up 45 day re-inspection: YES □ NO □

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>
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<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)
(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: _____________________________________________________________

<table>
<thead>
<tr>
<th>Calibration Gas ____________________________  Response Factor ____________________</th>
</tr>
</thead>
</table>

Colorimetric Tubes / Sampling Pump.
- Pump Manufacturer __________________________  Pump Model Number __________________
- Tube Number ____________________________  Tube Expiration Date ____ /____ /____

Page 2 of 7  FORM 232-15 (9-10-2018)
(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:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Page 3 of 7
FORM 232-15 (9-10-2018)
Co-located Dry Cleaning Facilities continued

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: ____________________________________________________________________________

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:

Machine Manufacturer ____________________________________________
Model Number __________________________________________________
Serial Number __________________________________________________
Capacity (lbs.) _______ Year Mfg. ____ Date Installed ____ / ____ / ______
Machine Type: □ 3rd gen. w/external door fan □ 3rd to 4th conversion □ 4th gen. uncertified □ 4th gen. DEC certified or issued Statement of Compliance
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>Item</th>
<th>Inspected</th>
<th>Leaks</th>
<th>Measurement</th>
<th>Tagged</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front loading door</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Perc solvent tanks and containers</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Lint trap</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Button trap</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Water separator</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Refrigerated Condenser housing</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Heating Coil</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Cartridge filter</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Spin disk filter</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Solvent pump pre-filter</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Solvent pump</td>
<td></td>
<td>□</td>
<td>_____ ppm</td>
<td>□</td>
<td></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. ______ oF | 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. ______ oF | 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 ______ oF | 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 ______ oF | 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 □

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**Table:**

<table>
<thead>
<tr>
<th>PERFORM LEAK CHECK:</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>

Record and submit all testing results.
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:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

(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.

Compliance inspector’s name (print)_______________________________________
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 ____/____/_____

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