

EMISSION
YEAR
20__ __

HARP / CEIDARS
EMISSION INVENTORY CHECK LIST

FORM
CKL

COMPANY NO. [][][][] A1 FACILITY NO. [][][][][]

1. NAME OF COMPANY _____ NAME OF FACILITY _____
 LOCATION / PHYSICAL ADDRESS _____ CITY _____ CA _____ ST. _____ ZIP CODE _____
 NAME OF CONTACT _____ POSITION _____
 TELEPHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____

2. TYPE AND YEAR OF INVENTORY) _____
 COMPREHENSIVE _____ CRITERIA _____ TOXICS _____
 COMPREHENSIVE EMISSION INVENTORY PLAN ON FILE? YES _____ NO _____

3. USING "HARP" PRINTOUT A LIST OF TOTAL EMISSIONS FROM THIS FACILITY.
 ATTACH THE EMISSION TOTALS TO THIS "CHECK LIST"

4. IS THERE A DEVICE FOR EACH PERMITTED UNIT, EXCEPT FOR "C" PERMITS, AT THIS FACILITY? YES _____ NO _____
 IF NO, LIST PERMIT UNITS THAT WERE NOT INCLUDED IP THE EMISSION INVENTORY REPORT

5. WERE ALL FUGITIVE SOURCES OF EMISSIONS INVENTORIED? YES _____ NO _____
 IF NO, LIST FUGITIVE EMISSION SOURCE THAT WERE NOT INVENTORIED

6. GENERATE THE FOLLOWING REPORTS USING "HARP"
 A. Q/A REPORTS NUMBERED TWO THROUGH EIGHT.

NAME OF Q/A REPORT *	RUN 1	RUN 2	RUN 3	RUN 4
DATE Q/A REPORTS WERE PREPARED	_____	_____	_____	_____
2 STACKS WITHOUT EMISSIONS	_____	_____	_____	_____
3 DEVICES WITHOUT EMISSIONS	_____	_____	_____	_____
4 PROCESS WITHOUT EMISSIONS	_____	_____	_____	_____
5 STACK WITHOUT PROCESSES	_____	_____	_____	_____
6 EMISSION DATA Q/A	_____	_____	_____	_____
7 STACK DATA Q/A	_____	_____	_____	_____
8 PROCESS AND TEMPORAL DATA Q/A	_____	_____	_____	_____

* ATTACH ANY REPORT(S) THAT CONTAIN "FLAGGED" DATA TO THIS "CHECK LIST"
 B. COMPARE TWO YEARS
 COMPARE THE INVENTORY UNDER REVIEW WITH THE MOST RECENT PAST INVENTORY.
 ATTACH A COPY OF THE "COMPARE TWO YEARS" TO THIS "CHECK LIST"

7. DISTRICT ACTION _____ DATE OF ACTION _____

A. MERGE MOST RECENT CRITERIA AND TOXIC INVENTORIES _____
 B. PREPARE AND REVIEW THE ABOVE Q/A REPORTS. _____
 C. CORRECT "FLAGGED" DATA IF POSSIBLE. _____
 1. SEND A LETTER TO FACILITY OUTLINING DISTRICT CHANGES _____
 D. SEND A LETTER WITH Q/A REPORTS TO THE FACILITY. _____
 2. FACILITY TO SUBMIT A REVISED COMPREHENSIVE INVENTORY REPORT _____
 E. DISTRICT REVIEW THE REVISED DATA. _____

8. DISTRICT COMMENTS:

9. REVIEWED BY :

_____ SIGNATURE OF REVIEWER _____ DATE REVIEWED _____
 _____ SIGNATURE OF REVIEWER _____ DATE REVIEWED _____
 _____ SIGNATURE OF REVIEWER _____ DATE REVIEWED _____