



## RELEASE TEST REPORT

(Pursuant to subsection 11(1) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the “Regulations”))

### Please note the following information:

- Pursuant to subsection 11(1) of the Regulations, every person that performs a release test is required to submit a report respecting each point source and those tanks using the point source control method for each release test. This report must be submitted to the Minister within **75 days** after the last sample is taken for the release test. You must use this form for all Release Test Reports (subsection 11(4)).
- The Regulations and related information can be found at: <http://www.canada.ca/chromium>
- **Please submit this report to:**

**NATIONAL CHROMIUM COORDINATOR**

Industrial Sectors and Chemicals Directorate

351 St. Joseph Boulevard, 19<sup>th</sup> Floor

Gatineau, QC K1A 0H3

E-mail: [chrome@ec.gc.ca](mailto:chrome@ec.gc.ca)

# RELEASE TEST REPORT

(Pursuant to subsection 11(1) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the "Regulations"))

**Name of Facility:**

**Name of Owner/Operator:**

Telephone (including area code):

Fax (including area code):

E-mail address:

**Civic Address of Facility:**

Number and Street:

City:

Province/Territory:

Postal Code:

**Postal Address of Facility:** Same as Civic Address

PO Box:

City:

Province/Territory:

Postal Code:

**Name of Parent Company:** Not Applicable

**Civic Address of Parent Company:**

Number and Street:

City:

Province/Territory:

Postal Code:

Telephone (including area code):

Fax (including area code):

**Date of Last Release Test (Y-M-D):**

**Changes from last reporting period:**

**Select all that apply:**  N/A

- Change in facility name and/or address       Change in the measurement tool  
 Change in control method                       Change in tank ID  
 Addition/removal of tank(s)

If any changes have been made, please complete a Control Method Notice or a Name and Address Change Form.

**Request for confidentiality**

Pursuant to section 313 of the Canadian Environmental Protection Act, 1999, I request that the following parts of the information that I am submitting be treated as confidential.  
 (Specify the parts [e.g. sections, tables] of the information that you request be treated as confidential and include the reason for your request).

I do not request that the information I am submitting be treated as confidential, and I consent to its being released without restriction.

**Reporting Requirement Checklist**

| Reporting Requirement  | Submitted                | Reporting Requirement  | Submitted                |
|--|--------------------------|--|--------------------------|
| Date sampling performed, if applicable                                       | <input type="checkbox"/> | Duct diameters   | <input type="checkbox"/> |
| Time sampling started, if applicable   | <input type="checkbox"/> | Electrical output setting for each tank rectifier  | <input type="checkbox"/> |
| Time sampling ended, if applicable   | <input type="checkbox"/> | Stack dimensions, diameter/location of sampling ports, extension info, etc., if a stack was used at time of sampling | <input type="checkbox"/> |
| Test results   | <input type="checkbox"/> | Control device manufacturer name, dimensions, type   | <input type="checkbox"/> |
| Floor plan showing location of point source, tanks, control devices and fans | <input type="checkbox"/> | Control device fan model, manufacturer, rated capacity   | <input type="checkbox"/> |
| Test method used   | <input type="checkbox"/> | Concentration (mg/dscm) hexavalent chromium<br><b>OR</b><br>Concentration (mg/dscm) total chromium                   | <input type="checkbox"/> |
| Number of tanks in use/not in use during sampling                            | <input type="checkbox"/> |  |                          |
| Description of ventilation system for each tank connected to point source    | <input type="checkbox"/> |  |                          |

**Release Test Report Attached**

**Signature of Person Authorized to Sign on Behalf of the Facility (subsection 13(1))**

I, \_\_\_\_\_, represent and warrant that I am duly  
*(print name of person authorized to sign on behalf of facility)*

authorized to bind \_\_\_\_\_ and  
*(insert name of facility)*

declare that the information provided in this Release Test Report is accurate and complete.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date (Y-M-D): \_\_\_\_\_