



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.
- Information to include within the release test report is described in subsection 11 (1) of the Regulations. The rectifier output for each relevant tank for the 30 days of use before the release test is performed is requested to be included in the release test report pursuant to subsection 219(1) of the *Canadian Environmental Protection Act* for the assessment of representative operating conditions.
- 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, 19th Floor
Gatineau, QC K1A 0H3

E-mail: 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

- | | |
|---|---|
| <input type="checkbox"/> Change in facility name and/or address | <input type="checkbox"/> Change in the measurement tool |
| <input type="checkbox"/> Change in control method | <input type="checkbox"/> Change in tank ID |
| <input type="checkbox"/> 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	Section or Page
Date the sampling was performed	<input type="checkbox"/>	
Time at which the sampling was started	<input type="checkbox"/>	
Time at which the sampling was completed	<input type="checkbox"/>	
Test results	<input type="checkbox"/>	
Location on the floor plan of the point source, tanks, control devices and fans that were connected to the point source at the time the sampling was performed	<input type="checkbox"/>	
Test method used	<input type="checkbox"/>	
In respect of tanks connected to the point source at the time of the sampling, number of tanks in use and number of tanks that were not in use	<input type="checkbox"/>	
Description of the ventilation system for each tank in use and connected to the point source at the time sampling was performed	<input type="checkbox"/>	
Respective diameters of the ducts linking each tank in use to a control device at the time sampling was performed	<input type="checkbox"/>	
Electrical output setting for each tank's rectifier at the time sampling was performed	<input type="checkbox"/>	
If a stack was used at the time sampling was performed, stack dimensions, diameter and location of each sampling port in relation to the point of release from the stack, if an extension was required, the type of extension, extension dimensions, and location on the extension of each sampling port	<input type="checkbox"/>	
Dimensions, type, and name of manufacturer of each control device in use at the time sampling was performed	<input type="checkbox"/>	

Model and name of manufacturer of each control device fan in use at the time sampling was performed and its rated capacity as established by its manufacturer	<input type="checkbox"/>	
Concentration (mg/dscm) hexavalent chromium released during each of the three sampling runs and average concentration calculated for those runs OR Concentration (mg/dscm) total chromium released during each of the three sampling runs and average concentration calculated for those runs	<input type="checkbox"/>	
Rectifier output for each tank for the 30 days of use before the release test was performed**	<input type="checkbox"/>	
Release Test Report Attached <input type="checkbox"/>		

** This information is requested pursuant to subsection 219(1) of the *Canadian Environmental Protection Act* for the assessment of representative operating conditions.

Signature of Person Authorized to Sign on Behalf of the Facility (subsection 13(1))	
<p>I, _____, represent and warrant that I am duly <i>(print name of person authorized to sign on behalf of facility)</i></p> <p>authorized to bind _____ and <i>(insert name of facility)</i></p> <p>declare that the information provided in this Release Test Report is accurate and complete.</p> <p>Signature: _____ Title: _____</p> <p>E-mail: _____ Date (Y-M-D): _____</p>	