



ANNUAL REPORT FOR DRY CLEANERS

[see Paragraph 14(b) and Schedule 4 of *Tetrachloroethylene (Use in Dry Cleaning and Reporting Requirements) Regulations*]

(Vous pouvez obtenir ce formulaire en français)

For our reference, please indicate your preferred language:

☐ English

☐ Français

Pour nos dossiers, veuillez indiquer la langue de votre choix:

Please note the following instructions:

- Fill in this form **completely**, sign and submit it to Environment Canada by **April 30**, for the calendar year. You **must keep a copy** of the completed form (yellow paper copy) for your own records.
- ### This form is also available online at <http://www.ec.gc.ca/regs-tetra>
- ### Complete a separate Annual Report for Dry Cleaners for each dry-cleaning facility that you own or operate

STEP ①: Identification of Reporting Year

STEP ②: Identification of the dry-cleaning facility

Change of Ownership ☐ Yes

*NOTE: If the facility has **changed ownership** during the reporting year, then list all owners or operators.

Information Respecting the Owner or Operator of a Dry-cleaning Machine		
Name of Owner or Operator:		
Legal name of Company (optional):		
Business or trade name of Company:		
Civic (street) Address of Principal Place of Business:		
Postal Address of Principal Place of Business: <input type="checkbox"/> Same as Civic (street) Address		
Telephone Number:	Ext:	Fax Number (if any):
E-mail Address (if any):		
Information on Person Authorized to Act on Behalf of the Owner or Operator (to fill out if you are not the owner of the facility)		
Name:		
Title:		
Name of Company:		
Civic (street) Address of Principal Place of Business:		
Postal Address of Principal Place of Business: <input type="checkbox"/> Same as Civic (street) Address		
Telephone Number:	Ext:	Fax Number (if any):
E-mail Address (if any):		



STEP ③: Purchase of Tetrachloroethylene (PERC)

***NOTE:** Please use additional page if you have **made more than five purchases** during the reporting year.
One litre of tetrachloroethylene weighs 1.62 kilograms (kg). [1L = 1.62kg]

Total Number of PERC Purchases in : _____					
Tetrachloroethylene (PERC) Purchases	Purchase #1	Purchase #2	Purchase #3	Purchase #4	Purchase #5
Date of Purchase (yyyy-mm-dd)	-__-__ mm dd	-__-__ mm dd	-__-__ mm dd	-__-__ mm dd	-__-__ mm dd
Quantity of PERC Purchased (kilograms)	kg	kg	kg	kg	kg
Company Name of PERC Supplier (Optional):					

STEP ④: Identification of dry-cleaning machine(s)

***NOTE:**

- Use additional page(s) for Step ④ if you have more than three dry-cleaning machines;
- Refer to paragraph 8(1)(b) of the Regulations for details regarding waste water treatment systems.

	Dry Cleaning Machine #1	Dry Cleaning Machine #2 (if applicable)	Dry Cleaning Machine #3 (if applicable)
Machine Make			
Machine Model			
Machine Serial Number			
Machine Cleaning Capacity	_____ <input type="checkbox"/> kg or <input type="checkbox"/> lb	_____ <input type="checkbox"/> kg or <input type="checkbox"/> lb	_____ <input type="checkbox"/> kg or <input type="checkbox"/> lb
Is the Machine Equipped with an integral Refrigerated Condenser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the Machine Installed or In Use before August 1, 2003?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Waste Water from the Machine treated by an On-site Waste Water Treatment System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



STEP ⑤: Waste Management

***NOTE: Make and complete copies of this page if:**

- You have **more than five transports** (Part A); or
- You have used a **different transport company** (Part B) for each transport; or
- You have used a **different waste management facility** (Part C) for each transport.

PART A - Information Respecting Transport of Waste Water and Residue*				
<i>How many times during the year was your waste transported to a waste management facility?</i> _____ (Please don't send any invoice)				
Transport(s)	Date (yyyy-mm-dd)	Type and Quantity of Waste Transported (fill out at least one of the three categories below)		
		Waste Water Only	Residue* Only	Mix of Waste Water and Residue*
#1	- ____ - ____ mm dd	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L
#2	- ____ - ____ mm dd	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L
#3	- ____ - ____ mm dd	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L
#4	- ____ - ____ mm dd	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L
#5	- ____ - ____ mm dd	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L	_____ <input type="checkbox"/> kg or <input type="checkbox"/> L
*Residue means any solid, liquid or sludge waste containing PERC. Examples may include lint, muck/sludge, solvent filters (cartridge and spin disk), still bottoms, etc.				
PART B - Information on the company that made the transport				
Name of Company that made the Transport:				
Civic (street) Address of Principal Place of Business of Company that made the Transport:				
Postal Address of Principal Place of Business (if different from civic address):				
Telephone Number:		Ext:		
PART C - Information on Waste Management Facility				
<input type="checkbox"/> Same as Part B				
Name of Waste Management Facility:				
Civic (street) Address of Principal Place of Business of Waste Management Facility:				
Postal Address of Principal Place of Business (if different from civic address):				
Telephone Number:		Ext:		



STEP ⑥: Request for Confidentiality

Indicate if you are requesting confidentiality under Section 313 of the *Canadian Environmental Protection Act* (CEPA).

- ☐ Pursuant to section 313 of the CEPA, 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.)

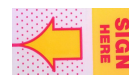
- ☐ I do not request that the information I am submitting be treated as confidential, and I consent to its being released without restriction.

STEP ⑦: Additional comments or information

STEP ⑧: Signature

- You must sign and date this section.
- *It is an offence under CEPA and the Regulations to submit an incomplete form.*

I, _____, declare that the information provided in this annual report is accurate and complete. (**Please Print Name** of owner or operator, or the person who is authorized to act on behalf of the owner or corporation.)



Signature of owner or operator, or of person who is authorized to act on behalf of the owner or corporation

Date (yyyy/mm/dd): _____ Place: _____

**This annual report must be submitted no later than April 30, _____ for the _____ reporting year.
Submit the completed and signed annual report to the regional Environment and Climate Change Canada Office:**

Environment and Climate Change Canada office addresses and contact information can be found at:
<http://www.ec.gc.ca/regs-tetra/> or call 1-800-668-6767