



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

Chemical Production Division
351 St. Joseph Boulevard, 19th Floor
Gatineau, QC K1A 0H3
E-mail: EC.Chrome@ec.gc.ca
Fax: 819-938-4218

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	<input type="checkbox"/>
Number of tanks in use/not in use during sampling	<input type="checkbox"/>	OR	
Description of ventilation system for each tank connected to point source	<input type="checkbox"/>	Concentration (mg/dscm) total chromium	

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): _____