



## 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, 19<sup>th</sup> Floor  
Gatineau, QC K1A 0H3  
E-mail: [EC.Chrome@ec.gc.ca](mailto:EC.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	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 <b>OR</b> 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): \_\_\_\_\_