



SURFACE TENSION REPORT

(Pursuant to subsection 11(2) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the "Regulations"))

Please note the following information:

- Pursuant to subsections 7(1) and 11(2) of the Regulations, a report setting out the surface tension recorded must be submitted to the Minister by every person that controls the release of hexavalent chromium compounds from a tank. You must use this form for all Surface Tension Reports (subsection 11(4)).
- The completed report, for the period January 1 to June 30 of a calendar year, must be submitted no later than **July 31** of the year in question (subsection 11(2)).
- The completed report, for the period July 1 to December 31 of a calendar year, must be submitted no later than **January 31** of the following calendar year (subsection 11(2)).
- 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

SURFACE TENSION MONTHLY REPORT

Please note the following information:

- You are required to submit a different sheet for each month the facility is operational.
- Only one surface tension measurement is required for each day a tank in use. Tanks must be specified with unique identifiers matching the ID submitted in your Control Method Notice. If more than three tanks are in use at the facility, please submit an additional report.
- Surface tension readings on consecutive days must be obtained at least 16 hours apart (subsection 7(3)).
- If a tank is not used for more than 24 consecutive hours, a surface tension measurement must be taken prior to resuming operation (subsection 7(5)).

SURFACE TENSION REPORT

(Pursuant to subsection 11(2) of the *Chromium Electroplating, Chromium Anodizing and Reverse Etching Regulations* (the "Regulations"))

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

SPECIFY REPORTING PERIOD:

JANUARY 1 TO JUNE 30, 20 JULY 1 TO DECEMBER 31, 20

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):

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.

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 declare that the information
(insert name of facility)

provided in this Surface Tension Report is accurate and complete.

Signature: _____ Title: _____

E-mail: _____ Date (Y-M-D): _____

SURFACE TENSION MONTHLY REPORT

, 20
 (month) (year)

DATE	TANK ID:		TANK ID:		TANK ID:	
	Measurement Instrument: Tensiometer <input type="checkbox"/> or Stalagmometer <input type="checkbox"/>		Measurement Instrument: Tensiometer <input type="checkbox"/> or Stalagmometer <input type="checkbox"/>		Measurement Instrument: Tensiometer <input type="checkbox"/> or Stalagmometer <input type="checkbox"/>	
	Surface Tension (dyn/cm)	Time of day* (hr:min) AM/PM	Surface Tension (dyn/cm)	Time of day (hr:min) AM/PM	Surface Tension (dyn/cm)	Time of day (hr:min) AM/PM
1						
2						
3						
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The surface tension in each tank must be maintained at less than 35 dyn/cm if measured with a tensiometer and less than 45 dyn/cm if measured with a stalagmometer (paragraphs 7(1)(a) and 7(1)(b)).

Surface tension readings on consecutive days must be obtained at least 16 hours apart (subsection 7(3)).

*Time of day must specify AM or PM or use a 24-hr clock.