



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)).
- Pursuant to paragraph 5(2)(c), if a release test was done within **24 months** before the day the Regulations come into force, a report of those results as well as the information required under paragraphs 11(1)(b) to (k) must be submitted to the Minister within **60 days** after, i.e. **September 2nd, 2009**.
- More information on these Regulations can be found at: <http://www.ec.gc.ca/lcpe-cepa/eng/regulations/>
- A copy of the Regulations can be found at: <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2009-162>
- **Please submit this report to:**
NATIONAL CHROMIUM COORDINATOR
Chemical Production Division
351 St. Joseph Boulevard, 11th Floor
Gatineau, QC K1A 0H3
Fax: 819-938-4218
E-mail: EC.Chrome-Chromium.EC@Canada.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:

Civic Address of Facility:

Number and Street:

City:

Province/Territory:

Postal Code:

Postal Address of Facility (if different from civic address):

PO Box:

City:

Province/Territory:

Postal Code:

Telephone (including area code):

Fax (including area code):

E-mail address:

Name of Parent Company (if applicable):

Civic Address of Parent Company (if applicable):

Number and Street:

City:

Province/Territory:

Postal Code:

Telephone (including area code):

Fax (including area code):

Date of Last Release Test (Y-M-D):

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 OR 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): _____