

ASSOCIATED EQUIPMENT COMPLIANCE CHECKLIST

INSPECTION DATE

TYPE OF ASSOCIATED EQUIPMENT: _____

____ - ____ - ____

POWER PROVIDED BY: _____

COMPANY INFORMATION

Name (dba): _____ Phone #: _____

Mailing Address: _____ FAX #: _____

Representative or Renter: _____ Title: _____

Site Address: _____ Site Phone #: _____

EQUIPMENT IDENTIFICATION

State Registration Number _____ Renewal Date _____

U.S. EPA Certification Number _____ CARB Certification Number _____

Manufacturer & Model Number _____ Serial Number _____

REQUIRED INFORMATION WITH EQUIPMENT (TSE exempted): (Sec. 2453 (g))

Yes No Is the registration certificate and operating conditions accessible on the premises?

Yes No Is the registration identification label affixed on the equipment?

OPERATIONAL REQUIREMENTS:

GENERAL:

Yes No Did you observe the equipment in actual operation?

Yes No The equipment meets the definition of portable pursuant to Sec. 2452 (w)?

Not portable if: Attached to foundation, resides at same location > 12 consecutive months, regularly operates as part of a seasonal source, serves as a replacement for a stationary unit)

Yes No Visible Emissions Evaluation? Yes No Opacity: _____ %

Yes No Is the equipment description on the certificate consistent with the operation?

If no, please specify: _____

RECORDKEEPING: (Sec. 2458 (a) & (b) - Exempted: Engines that meet state/federal emissions standards or Section 2456 (f))

(Note: Recordkeeping requirements for rental units are in Sec. 2458 (c). TSE only provides annual report to ARB per Sec. 2458 (e))

Yes No Maintained at a central business location for two years and accessible to the inspector?

Yes No Estimated or actual hours of operation, locations operated, and process weight/throughput ?

RENTAL UNITS - RECORDKEEPING: (Sec. 2458 (c))

Yes No Documentation-copy of certificate and conditions given to renters?

Yes No Hours operated each rental period and estimation of hours operated per day

Non-resettable time meter Alternative method: _____

NOTIFICATION: (Sec. 2459 - Not applicable to TSE, rental engines <200 bhp, or equipment operating in a designated "home district")

____ - ____ - ____ On what date did the equipment commence operation in the district?

____ (# of days) How many days has the equipment operated in the district?

Yes No District notified within 2 days of equipment commencing operation?

UNCONFINED ABRASIVE BLASTING: (Sec. 2457 (b)(4))

Yes No Use CARB-certified abrasive blasting material?

OVERALL EVALUATION:

Yes No Are all conditions being complied with? If no, please specify: _____

COMPLIANCE ACTIONS:

Yes No Notice to Comply Issued? Section(s) _____ NTC # _____

Yes No Notice of Violation Issued? Sections(s) _____ NOV # _____

REMARKS: _____ (continue on back of page)

INSPECTOR INFORMATION

NAME: _____ DISTRICT: _____ PHONE#: _____

SIGNATURE: _____ DATE: ____ - ____ - ____