

EMISSION  
YEAR  
**20**\_\_ \_\_

HARP / CEIDARS  
EMISSION INVENTORY CHECK LIST

FORM  
**CKL**

COMPANY NO. [ ][ ][ ][ ] A1 FACILITY NO. [ ][ ][ ][ ][ ]

1. NAME OF COMPANY \_\_\_\_\_ NAME OF FACILITY \_\_\_\_\_  
 LOCATION / PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ CA \_\_\_\_\_ ST. \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 NAME OF CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

2. TYPE AND YEAR OF INVENTORY) \_\_\_\_\_  
 COMPREHENSIVE \_\_\_\_\_ CRITERIA \_\_\_\_\_ TOXICS \_\_\_\_\_  
 COMPREHENSIVE EMISSION INVENTORY PLAN ON FILE? YES \_\_\_\_\_ NO \_\_\_\_\_

3. USING "HARP" PRINTOUT A LIST OF TOTAL EMISSIONS FROM THIS FACILITY.  
 ATTACH THE EMISSION TOTALS TO THIS "CHECK LIST"

4. IS THERE A DEVICE FOR EACH PERMITTED UNIT, EXCEPT FOR "C" PERMITS, AT THIS FACILITY? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF NO, LIST PERMIT UNITS THAT WERE NOT INCLUDED IP THE EMISSION INVENTORY REPORT


5. WERE ALL FUGITIVE SOURCES OF EMISSIONS INVENTORIED? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF NO, LIST FUGITIVE EMISSION SOURCE THAT WERE NOT INVENTORIED


6. GENERATE THE FOLLOWING REPORTS USING "HARP"

A. Q/A REPORTS NUMBERED TWO THROUGH EIGHT.

NAME OF Q/A REPORT *	RUN 1	RUN 2	RUN 3	RUN 4
DATE Q/A REPORTS WERE PREPARED	_____	_____	_____	_____
2 STACKS WITHOUT EMISSIONS	_____	_____	_____	_____
3 DEVICES WITHOUT EMISSIONS	_____	_____	_____	_____
4 PROCESS WITHOUT EMISSIONS	_____	_____	_____	_____
5 STACK WITHOUT PROCESSES	_____	_____	_____	_____
6 EMISSION DATA Q/A	_____	_____	_____	_____
7 STACK DATA Q/A	_____	_____	_____	_____
8 PROCESS AND TEMPORAL DATA Q/A	_____	_____	_____	_____

\* ATTACH ANY REPORT(S) THAT CONTAIN "FLAGGED" DATA TO THIS "CHECK LIST"

B. COMPARE TWO YEARS  
 COMPARE THE INVENTORY UNDER REVIEW WITH THE MOST RECENT PAST INVENTORY.  
 ATTACH A COPY OF THE "COMPARE TWO YEARS" TO THIS "CHECK LIST"

7. DISTRICT ACTION \_\_\_\_\_ DATE OF ACTION \_\_\_\_\_

A. MERGE MOST RECENT CRITERIA AND TOXIC INVENTORIES \_\_\_\_\_  
 B. PREPARE AND REVIEW THE ABOVE Q/A REPORTS. \_\_\_\_\_  
 C. CORRECT "FLAGGED" DATA IF POSSIBLE. \_\_\_\_\_  
 1. SEND A LETTER TO FACILITY OUTLINING DISTRICT CHANGES \_\_\_\_\_  
 D. SEND A LETTER WITH Q/A REPORTS TO THE FACILITY. \_\_\_\_\_  
 2. FACILITY TO SUBMIT A REVISED COMPREHENSIVE INVENTORY REPORT \_\_\_\_\_  
 E. DISTRICT REVIEW THE REVISED DATA. \_\_\_\_\_

8. DISTRICT COMMENTS:

9. REVIEWED BY :

\_\_\_\_\_ SIGNATURE OF REVIEWER \_\_\_\_\_ DATE REVIEWED \_\_\_\_\_  
 \_\_\_\_\_ SIGNATURE OF REVIEWER \_\_\_\_\_ DATE REVIEWED \_\_\_\_\_  
 \_\_\_\_\_ SIGNATURE OF REVIEWER \_\_\_\_\_ DATE REVIEWED \_\_\_\_\_