

SURFACE COATING OPERATIONS



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI) ARMS COMPLAINT NO:
AIRS ID#: 0112687 DATE: <u>12/19/2007</u> ARRIVE: <u>1130</u> DEPART: <u>1145</u>
FACILITY NAME: USA SIGNS, INC.
FACILITY LOCATION: 4950 W. PROSPECT ROAD
FORT LAUDERDALE 33309-3050
OWNER/AUTHORIZED REPRESENTATIVE: LAWRENCE MAY PHONE: (954)739-0991
CONTACT NAME: OOB PHONE:
ENTITLEMENT PERIOD: 3/10/2007 / 3/10/2012 (effective date) (end date)
PART I: <u>INSPECTION</u> <u>COMPLIANCE</u> <u>STATUS</u> (check ☑ only one box)
☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE
PART II: RECORDKEEPING REQUIREMENTS – Rule 62-210.300, F.A.C. (check ☑ appropriate box(es))
1. Does the facility operate any emissions units other than the surface coating operations and emissions units which are exempt from permitting pursuant to the criteria of paragraph 62-210.300(3)(a) or (b), F.A.C., or have been exempted from permitting under Rule 62-4.040, F.A.C.? (Rule 62-210.300(3)(c)4.a., F.A.C.) Yes No 2. Does the owner/operator of the facility maintain records to document the VOC content of the coatings
and the quantity of the coatings used?
of at least five years?
for cleanups?
PART III: CONTROL/OPERATING/MAINTANANCE REQUIREMENTS – Rule 62-210.300, F.A.C. (check ☑ appropriate box(es))
 Is/Are the surface coating operation(s) subject to a VOC Reasonably Available Control Technology (RACT) emission limiting standard of Chapter 62-296.500, F.A.C.? (Rule 62-210.300(3)(c)4.b., F.A.C.)

PART III: CONTROL/OPERATING/MAINTENANCE REQUIREMENTS – Rule 62-210.300, F.A.C. – (continued) (check ☑ appropriate box(es))	
cycles?2) recycling cleaning solvents?	reducing VOC emissions by: Sective application with a minimum of overspray? Yes No ve coating?
PART IV: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-210.300, F.A.C. A. New or Modified Process Equipment 1. Since the last inspection has there been a) installation of any new process equipment?————————————————————————————————————	
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection
COMMENTS: This facility is OOB. Request made to permit	tting to deactivate.