

# METAL FINISHING MODEL SHOP PROGRAM

## GENERAL BUSINESS INFORMATION FORM

### BUSINESS INFORMATION

PLEASE PRINT CLEARLY ON ALL FORMS

1. Business Name:
2. Business Owner Name:

#### **3. Business Location**

Street Address:

City:

Zip Code:

County:

Telephone Number:

Fax Number:

#### **4. Business Contact Information**

Name:

Title:

Telephone Number:

E-mail Address:

#### **5. Mailing Address (if different from above)**

Street Address:

City:

Zip Code:

County:

#### **6. Type of Metal Finishing Operation**

Describe the type(s) of metal finishing operations that the business currently engages in (i.e. anodizing, chromium plating, etc.).

### **7. Hazardous Waste Streams**

List two to three of the largest hazardous wastestreams generated by the business. Include information on how these wastestreams are currently being handled by the business (i.e. recycled, treated, sent for disposal, etc.).

### **8. Business Participation**

What does the business hope to achieve by participating in the Metal Finishing Model Shop Program? (Check all that apply)

- Reduce hazardous waste generation
- Improve upon existing Pollution Prevention Strategies
- Compliance
- Receive Recognition for your efforts
- Increase your knowledge in Pollution Prevention/Hazardous Waste Management.
- Other (please list)

Of those listed above, what **TWO** items does the business consider most important?

Please list the two.

1)

2)

## REGULATORY INFORMATION

9. EPA Identification Number:

10. Check all agencies which have inspected and/or issued a permit/authorization to the business:

Department of Toxic Substances Control (DTSC)

Have you entered into a consent Decree with DTSC?

No                      Date:

                                    Docket Number

Certified Unified Program Agency (CUPA) Permit #

Local Air Pollution: Agency Name:

Unit (if applicable):

Permit #

Permit #

Permit #

Permit #

Industrial Wastewater: Agency Name:                      Permit #

Stormwater: Agency Name:                      Permit #

Fire: Agency Name:                      Permit #

Other: Agency Name:                      Permit #

## POLLUTION PREVENTION INFORMATION

11. Does your business currently have a Pollution Prevention Program? (Yes/No)

Yes

12. If yes, please describe the program and/or the pollution prevention activities you currently have in place (i.e. Stormwater, SB 14, EMS, etc.). Specifically identify any hazardous waste reduction efforts you are making:

(Use additional pages to describe these activities if needed.)

Are you currently implementing any kind of resource conservation? Check all that apply.

Energy

Water

Solid Waste

Natural Gas

Other (Please list)

13. What are your reasons for not implementing more pollution prevention activities within the business?

14. By joining this program, is there specific pollution prevention information you wish to obtain (i.e. alternative material or technology information, cost savings information, etc.)? Yes

Please describe or identify the pollution prevention information you are seeking:

15. What day and time is most convenient for you to meet with a DTSC representative to discuss your participation in the Metal Finishing Model Shop Program?

### COMPLETED FORM

16. Please submit this completed form to the following:

#### **Northern California**

**Natalie Marcanio**  
**Department of Toxic Substances Control**  
**P.O. Box 806**  
**Sacramento, CA 95812-0806**

#### **Southern California**

**Evelina Rayas**  
**Southern CA Pollution Prevention Coordinator**  
**Department of Toxic Substances Control**  
**9211 Oakdale Ave.**  
**Chatsworth, CA 91311-6505**

If you have questions about this form or require more information on the Metal Finishing Model Shop Program, please contact Natalie Marcanio at (916) 324-2659, e-mail [nmarcani@dtsc.ca.gov](mailto:nmarcani@dtsc.ca.gov) or Evelina Rayas at (818) 717-6674, e-mail [erayas@dtsc.ca.gov](mailto:erayas@dtsc.ca.gov).