

Environmental/Occupational Health Compliance Certification Program

Self-Certification Checklist

For

Auto Body Repair Facilities



August 2017

Rhode Island Department of Environmental Management
Office of Customer and Technical Assistance
235 Promenade Street
Providence, RI 02908-5767
(401) 222-4700

<http://www.dem.ri.gov>

Checklist Table of Contents



Section 1.0 2017 Compliance Certification Instructions	3
1.1 What is Compliance Certification?.....	3
1.2 Submission Timeline.....	4
1.3 Do I have to certify?	5
1.4 How Do I Fill Out the Compliance Certification Forms?.....	5
1.5 How do I submit a Compliance Certification?.....	6
1.6 What is not covered by the Compliance Certification?	6
1.7 What Does Participation in the Self-Certification Program Entitle Your Shop To?.....	7
1.8 Step-by-step instructions for filling out the Compliance Certification Checklist.....	8
Section A: Facility Information	11
Section B: Hazardous Waste Compliance Checklist	12
Section C: Air Pollution Compliance Checklist	16
Section D: Water Pollution Compliance Checklist	19
Section E: Worker Health and Safety Checklist	23
Section F: Certification Statement	26
2017 Return-to-Compliance Plan Form	27
2017 Facility Non-Applicability Statement	29
2017 Return-to-Compliance Final Report	31

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Section 1.0 2017 Compliance Certification Instructions

1.1 What is Compliance Certification?

In order to improve environmental protection at less cost to both government and business, auto body repair facilities can self-certify to the Department of Environmental Management (DEM) that they are complying with the environmental and occupational health protection requirements that apply to their business. This common sense approach to regulation holds great promise for making it easier for the auto body repair industry to meet - and surpass - Rhode Island's environmental and occupational health regulations. This package, developed in conjunction with a group of industry representatives, contains the materials needed to complete and submit the self-certification checklist. The accompanying workbook provides the information needed to help you understand and comply with state and federal environmental and occupational health and safety regulations. The entire program package has two parts:

1. Environmental and Occupational Health Compliance Certification Workbook for Auto Body Repair Facilities: The workbook explains the environmental protection standards that apply to your facility and how to make sure you are complying with them. The workbook is designed to be used in conjunction with the accompanying self-certification checklist and can also be used as reference for your facility. The workbook also provides information regarding best management practices and pollution prevention techniques that can help your facility minimize human health risks and environmental impacts while saving money.

2. Self-Certification Checklist and Accompanying Forms Booklet (This Booklet): The checklist requires facility information (facility name, address, owner, etc.), and contains a series of compliance questions, which generally require "yes" or "no" answers about whether or not your facility is following the applicable environmental and occupational health and safety requirements. The checklist ends with a certification statement, which must be signed by the facility owner. The checklist begins on page 11 of this booklet. Also, three additional forms are provided as follows:

- **2017 Non-Applicability Statement:** This statement is to be submitted only if you are not required to self-certify. See Section 1.1 of the workbook to determine if you are eligible to file a Non-Applicability Statement (you may file this statement only if there are no refinishing operations at your facility.) If there are no refinishing operations at your facility, then complete this form and submit it to DEM. It can be found on page 29 or [click here](#).
- **Return-to-Compliance Plan (RTC):** Complete the Return-to-Compliance Plan if your facility is not in compliance with a particular checklist item at the time of certification. The facility must detail its plans to address the particular items to bring it back into conformance with environmental, health and safety regulations within a specified period of time. A copy of this form can be found on page 27 of this booklet or [click here](#).
- **Return-to-Compliance Final Report:** Complete the **Return-to-Compliance Final Report Form** for each non-compliance issue listed in the RTC that has been corrected. The form must list what corrective action was taken to return to compliance and the date the facility RTC. A copy of this form can be found on page 31 of this booklet or [click here](#).

1.2 Submission Timeline

Certification Checklists must be returned and postmarked or submitted on-line by October 31, 2017. For any questions where corrective action was required, **Return-to-Compliance Plan Forms** must also be submitted with the checklists on or before October 31, 2017. Facilities that submit **Return-to-Compliance Plans** will receive an additional 60-day grace period in which to bring their operations into compliance and at the end of which a **Return-to-Compliance Final Report** must be submitted. Certification will take place every three years.

Questions and/or Comments can be directed to:

**Michele McCaughey, Program Coordinator
 RI DEM - Office of Customer and Technical Assistance
 Auto Body Repair Facilities Certification Program
 235 Promenade Street
 Providence, RI 02908-5767
 (401) 222-4700, x7269**

1.3 Do I have to certify?

Participation in the program is voluntary. However, any facility with operations involving collision repair; vehicle painting, paint stripping or sanding; body work; antique restoration; and/or student training in any of the aforementioned areas should consider participating in this Self-Certification Program to take advantage of the incentives detailed in Section 1.2 of the workbook. If a painting operation is included as part of a new or used car dealership or general auto repair shop, it is also considered a refinishing operation in the Self-Certification Program. All facilities that are licensed by the Department of Business Regulation as an auto body or collision repair facility are eligible to participate in the Self-Certification Program. [Note: facilities involved in auto body or collision repair **must** be licensed by the Rhode Island Department of Business Regulation.]

All auto body or collision repair facilities operating in the State of Rhode Island must comply with the standards outlined in the "Certification Workbook", whether or not they self-certify. If you intend to participate in the program, complete and return the certification checklist as instructed.

If your facility does not meet the description of an auto body or collision repair facility, or if this package has been sent to you in error, please complete, and sign the **2017 Non-Applicability Statement** found on page 29 of this booklet, and return to DEM. If you have any questions regarding the status of your shop, please call us at 222-4700.

1.4 How Do I Fill Out the Compliance Certification Forms?

1. **Read the accompanying Certification Workbook** to understand your environmental, worker health and safety responsibilities.
2. **Make a copy of the Certification Checklist** to use as a working draft.
3. Read the checklist and identify all the questions that apply to your facility. You may not have to answer all of the questions on the form. The form itself will direct you to skip certain questions. Do not answer questions that you are directed to skip. Additional step-by-step instructions, for the **Certification Checklist**, are included in Section 1.8.
4. Walk through your facility with the checklist copy and identify all the questions where you are already in compliance, and those where you will need to make

changes to come into compliance. This step should be done *well* in advance of October 31, 2017.

5. If your facility will be out of compliance after October 31, 2017, be sure to submit a **Return-to-Compliance Plan** for each checklist item that you are not in compliance with.
6. Review your **Certification Checklist** for completeness. Once complete, copy your answers from the draft, make a copy of the completed certification checklist for your files, and mail the original signed copy or submit on-line to DEM.
7. When checklist items that require a **Return-to-Compliance Plan** to be submitted have been corrected, submit a **Return-to-Compliance Final Report** to RIDEM for each item when it has been completed. Do not submit this form with the Compliance Certification Checklist.

1.5 How do I submit a Compliance Certification?

If you intend to participate in the program, you are required to complete the certification checklist and mail it or submit on-line to DEM on or before October 31, 2017. Mail completed certification checklist forms to:

RI Department of Environmental Management
Office of Customer and Technical Assistance
Auto Body Repair Facilities Certification Program
235 Promenade Street
Providence, RI 02908-5767

1.6 What is not covered by the Compliance Certification?

This Compliance Certification is intended to review many environmental and worker health and safety requirements. There may be other Federal or Local requirements or permits that apply to your facility such as building codes, fire codes, etc. that are not covered. Certifying under this program does not exempt you from these, and you must still comply with these requirements.

1.7 What Does Participation in the Self-Certification Program Entitle Your Shop To?

DEM: Compliance with environmental regulations is a requirement of all automotive refinishing facilities. Participation in the Self-Certification Program is voluntary, but entitles your shop to the following incentives:

- reduced inspection priority by DEM,
- the ability to correct environmental violations without gravity-based penalties,
- making you better prepared for a random inspection,
- free technical assistance from DEM's Office of Technical and Customer Assistance
- being placed on a public list of certified auto body repair facilities

OSHA: Compliance with occupational health and safety laws is a requirement of all automotive refinishing facilities. Participation in the Self-Certification Program is voluntary, but entitles your shop to the following incentives:

- a comprehensive evaluation of your shop's compliance status,
- free technical assistance from RI Department of Health's OSHA Consultation Program.

Note: Participation in the Self-Certification Program does not guarantee that your shop will not be subject to a random inspection, or an inspection prompted by an employee or neighbor complaint. Both state and federal environmental and occupational health and safety agencies have the authority to perform such inspections. These inspections can result in enforcement actions against your facility. Participation in this program will identify deficiencies and prepare your facility in the event of an inspection. Keep copies of your checklists to assist you in demonstrating compliance with applicable state and federal regulations.

1.8 Step-by-step instructions for filling out the Compliance Certification Checklist.

Facility Information

In this section, list the name and address of your business, the individual that DEM should contact if there are questions about your Certification, and your Federal Employer Identification number (FEIN) from your state and federal income tax forms.

Non-Applicability Statement

If your facility does not meet the description of an auto body or collision repair facility (see Section 1.1 of the Workbook), or if this package has been sent to you in error, please complete, sign and return to DEM the **2017 Non-Applicability Statement** found on page 29 of this booklet or [click here](#). If you have any questions regarding the status of your shop, please call us at 222-4700.

Compliance Certification Checklist

These questions provide DEM with some background information about your facility and information about whether or not your facility is following the environmental protection standards and requirements that apply to it. The workbook contains the information you will need to determine how to answer the questions. The checklist tells you where in the workbook you can find information about the environmental requirements referred to in each question. DEM strongly advises you to consult the *Certification Workbook* before answering any questions. Most of the questions are "yes" or "no" questions about compliance with particular standards. If you are not in compliance with the requirements on the date you certify, you must complete a *Return-to-Compliance Plan* (described below) and submit it with the *Compliance Certification Checklist*.

Please note that it is your responsibility to keep your facility in compliance with environmental protection requirements at all times. You may be subject to enforcement action if you do not comply with the standards. There are some questions that ask whether you have been doing a routine activity for the past year, such as properly maintaining your equipment. Be sure to comply with the requirements throughout the year. The *Certification Statement* includes a pledge

that you have systems in place to keep your business in compliance with environmental protection standards over the coming years.

Certification Statement

The *Certification Statement* is a preprinted statement, which says that the person signing the form:

- has reviewed it,
- believes the information being submitted is true,
- will make sure that management systems are in place that will keep the facility in compliance with environmental protection requirements throughout the coming year, and understands that there may be serious consequences for submitting false information to DEM.

The statement may only be signed by the facility owner or certain other types of senior managers. The types of managers that are allowed to sign the statement are listed below the space for the signature. The person who signs the form must also print or type his or her name and title on the appropriate lines, date the form, and check the space next to the type of manager he or she is. Note that you must hold one of the titles listed on the form to sign it.

Return-to-Compliance Plan (RTC)

If your facility submits **Return-to-Compliance (RTC) Plan Forms** with your completed **Compliance Certification Checklist**, you must submit a **Return-to-Compliance Final Report** for each RTC that is submitted (multiple items can be entered on each form). This form is not submitted with your **Compliance Certification Checklist**, but is completed and submitted to RIDEM, for each RTC, when the compliance issue has been corrected, and it states what corrective action that you have taken.

A copy of the *Return- to- Compliance Plan Form* can be found on page 27 of this booklet or [click here](#). A copy of the *Return- to- Compliance Final Report Form* can be found on page 31 or [click here](#). If you need more forms, make the necessary number of copies, call RIDEM at (401) 222-4700 or visit our website for additional copies. Program documents are also found on the Auto Body Repair Certification Program webpage at: <http://www.dem.ri.gov/programs/benviron/assist/abdycert/cheklist.pdf>.

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Rhode Island Department of Environmental Management
Auto Body Repair Facilities Certification Program

2017 Compliance Certification Checklist

Section A: Facility Information



Facility Name: _____

Facility Street Address: _____ Phone #: _____

_____ Fax #: _____

City/Town: _____ Federal Employer ID # (FEIN) _____

Zip Code: _____ # Employees: _____

Mailing address (if different): _____

Email: _____

Contact Person: _____ Owner: _____

Cars processed per week: _____ RI DBR License #: _____

Has your shop ever received any environmental or OSHA assistance through a consultant or state technical assistance program?

Yes No

This document is a fillable PDF.

For best results, download this file and open with Adobe Reader.

Don't have Adobe Reader? Get the free version by [clicking here!](#)

Other technical questions? [Click here!](#)

Section B: Hazardous Waste Compliance Checklist

Please answer all questions, unless you are directed to skip a question. *Do not* answer questions that you are directed to skip. For answers marked "RTC", these questions require corrective action and a Return to Compliance form found on page 27.

B. Hazardous and Universal Waste, and Pollution Prevention. See Section 4 in the Workbook	Yes No
<p>B.1 Does your shop generate hazardous wastes? [See Section 4.1] If "No", Answer B.2-B.8, then skip to B.26</p> <p>i. What is your Generator Status [See explanation on <pg. 20>]</p> <p>a. Large Quantity Generator (LQG) [produces >2,200lb/month]</p> <p>b. Small Quantity Generator (SQG) [produces ≥220 lb./month]</p> <p>c. Conditionally-Exempt Small Quantity Generator (CESQG) [produces <220 lb./month]</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>B.2 Regarding all your waste streams, do you have appropriate documentation or process knowledge which supports your hazardous waste determination? [See Section 4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>B.3. Do you comply with the requirements of the Rhode Island Universal Waste Rule? [See Figure 4-1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>B.4. Do you store used oil? If "No", skip to B.7</p> <p>i. Is used oil stored in tanks or containers that are in good condition, with proper spill control measures and secondary containment? [See Section 4.2]</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>B.5. Do you label containers of used oil as "Used Oil"? [See Section 4.2]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>B.6. Do you mix used oil with other non-oil wastes? [See Section 4.2]</p> <p>i. If so, with what: _____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>B.7 If used oil filters are removed, are they properly managed by draining, and proper recycling with documentation? [See Section 4.2]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>RTC N/A</p>
<p>B.8. Do you burn used oil to heat your building? If, "No", skip to B.9</p> <p>i. Is the burner capacity less than 500,000 BTU's?</p> <p>ii. Have you complied with the regulatory requirements outlined in RIDEM Hazardous Waste Rule 15.3(B) or (D), as appropriate for the burner capacity? [See Section 4.2]</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>

B. Hazardous and Universal Waste, and Pollution Prevention. See Section 4 in the Workbook	Yes No
B.9 What is your facility's hazardous waste EPA identification number? [If you do not currently have one, refer to Section 4.1.]	# _____
B.10 How much hazardous waste did you ship from your facility in the last full year (2016)?	_____ Gals/Lbs. (circle measure used)
B.11 Do you have appropriate documentation which shows where hazardous waste is being shipped? [See Section 4.7 and 4.10.]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC
B.12 Where is your hazardous waste being accumulated or stored? [See Section 4.3.] <ul style="list-style-type: none"> i. Only Satellite Accumulation Area(s) (SAA) Answer B.13, then skip to B.26 ii. A 90/180/365 Day Storage Area Skip B.13, answer the remainder of questions iii. Both Satellite Accumulation Area(s) and a 90/180/365 Day Storage Area Answer all questions 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B.13 Regarding the satellite accumulation area. [See Section 4.3] If "Not applicable", skip to B.14 <ul style="list-style-type: none"> i. Is the container properly labeled with the words "Hazardous Waste" <u>and</u> the contents of the container? ii. Is the container under control of the operator and at or near the point of generation? iii. Is the container closed, <i>at all times</i>, except when adding or removing waste? iv. Is the volume of hazardous waste \leq 55 gallons at each SAA? 	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC
B.14 Regarding the hazardous waste storage area: [See Section 4.4-4.6] <ul style="list-style-type: none"> i. Are all containers in good condition? ii. Are containers labeled with the words "Hazardous Waste"? iii. Are containers labeled with the Generator's name, address and EPA Identification Number? iv. Is the container closed, at all times, except when adding or removing waste? v. Are containers labeled with chemical or common name of the waste? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC

B. Hazardous and Universal Waste, and Pollution Prevention. See Section 4 in the Workbook	Yes No
B.14 [Continued from previous page. See Section 4.4-4.6] vi. Are containers marked with the date that they were placed in the storage area? vii. If outdoors, is the area itself secure and protected from stormwater?	<input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC
B.15 Does your hazardous waste storage area meet the criteria for secondary containment for containers (LQG requirement) (i.e. spill/leak containment capability)? [See Section 4.5.]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC N/A <small>SQG or CESQG</small>
B.16 Is the area inspected weekly for signs of spills or container deterioration? [See Section 4.4.]	<input type="checkbox"/> <input type="checkbox"/> RTC
B.17 Is this inspection documented (i.e., do you keep written records)? [See Section 4.4.]	<input type="checkbox"/> <input type="checkbox"/> RTC
B.18 Are you shipping your hazardous waste off site according to the 90/180/365-day storage time limit? [See Section 4.3.]	<input type="checkbox"/> <input type="checkbox"/> RTC
B.19 If the storage area contains ignitables: [See Section 4.4.] i. Is the area separated from sources of ignition? ii. Are "No Smoking" signs posted in the area? iii. Is the area located at least 50 feet from the property line? iv. Are drums of ignitable waste electrically grounded?	<input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC
B.20 Does your shop contain and maintain emergency equipment designed to help your shop reduce the possibility of an explosion, fire, or unplanned/accidental release of hazardous materials? [Full provisions are contained in Section 4.8.]	<input type="checkbox"/> <input type="checkbox"/> RTC
B.21 Are you a Large Quantity Generator (LQG) of hazardous waste? If "No", skip to B.24 i. Does your shop have a written contingency plan designed to help your shop reduce hazards associated with the possibility of an explosion, fire, or unplanned/accidental release of hazardous materials? [General provisions are contained in Section 4.8 and Appendix A.] If "No", submit a RTC form and skip to B.24	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC
B.22 Does your written contingency plan: [General provisions are contained in Section 4.8 and Appendix A] i. Describe arrangements agreed to by local police departments, fire departments, etc.? ii. List names, addresses, and telephone numbers of emergency coordinators?	<input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC

B. Hazardous and Universal Waste, and Pollution Prevention. See Section 4 in the Workbook	Yes No
B.23 Has this plan been submitted to local emergency response providers (i.e., local police department, fire department, hospital, and state/local emergency response teams)?	<input type="checkbox"/> <input type="checkbox"/> RTC
B.24 Does your shop have an employee training program that teaches them proper hazardous waste management procedures? [Full provisions are contained in Section 4.9] [CESQGs or SQGs who manage HW in satellite containers only, in accordance with Rule 5.9, are not required to provide hazardous waste training to their personnel.]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC N/A For N/A: CESQG or SQG with Satellite storage only
B.25 Does your shop have records indicating that an employee-training program is occurring? [See Section 4.9 and 4.10] [See note above about SQG satellite accumulation exemption]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC N/A
B.26 Does your shop use waterborne paints/coatings? i. If yes, what percentage of your work is performed using waterborne paint systems?	<input type="checkbox"/> <input type="checkbox"/> _____%
B.27 Please check any of the following actions you have taken to reduce emissions: i. Recycle solvents with an on-site distillation unit (See note below*) ii. Keep ALL solvent containers closed to limit evaporation iii. Use Paintless dent repair techniques iv. Use water-based hand cleaners v. Have an inventory system (first-in, first-out) in place to prevent products from going out of date vi. Use a computerized paint mixing system vii. Use environmentally friendly products where possible viii. Adopted energy efficiency practices ix. Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

* Using a still to recycle spent paint thinner will result in the generation of still bottoms (solids). This material may be a hazardous waste and so the Generator must complete a waste determination on the still bottoms prior to disposal.

Section C: Air Pollution Compliance Checklist

Please answer all questions, unless you are directed to skip a question. Do *not* answer questions that you are directed to skip. For answers marked "RTC", these questions require corrective action and a Return to Compliance form found on page 27.

Section C. Air Pollution, Methylene Chloride, Spray Coatings, and EPA "6H" Regulation. See Section 5 in the Workbook	Yes No
<p>C.1 Does your shop generate sanding dust? [See Section 5.1] If "No", skip to C.2</p> <p>i. Do you control dust emissions from your facility using a specific device? If yes, please describe the dust control device: _____ _____</p> <p>ii. Does your shop use a ventilated sander (dustless vacuum) system?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>C.2 Does your facility use a methylene chloride based paint stripper? [See Section 3.2 and Section 5.2] If "No", skip to C.13</p> <p>i. If "Yes", how many gallons does your shop use annually?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>_____ Gallons</p>
<p>C.3 Have you evaluated each application to ensure that there is a need for paint stripping? [See Section 5.4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.4 Have you considered alternatives (e.g., non- or low-MeCl-containing chemical strippers, mechanical stripping, blasting including dry or wet media, or thermal or cryogenic decomposition) to MeCl-based paint strippers? [See Section 5.4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.5 Have you reduced all exposures of MeCl to the air? [See Section 5.4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.6 Have you optimized application conditions to reduce MeCl evaporation? [See Section 5.4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.7 Do you practice proper storage and disposal of MeCl paint strippers? [See Section 5.4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.8 Do you maintain copies of the annual usage of paint strippers containing MeCl on site at all times?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.9 Do you use more than 150 gallons of MeCl a year? If "No", skip to C.13</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>C.10 Have you implemented a MeCl minimization plan to minimize the use and emissions of MeCl? [See Section 5.4.1]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.11 Have you posted a sign outlining the MeCl minimization plan in paint stripping in each area?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.12 Do you maintain a copy of your current MeCl minimization plan on site at all times?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>

Section C. Air Pollution, Methylene Chloride, Spray Coatings, and EPA "6H" Regulation. See Section 5 in the Workbook	Yes No
C.13 Do you use coatings that comply with the emission limitations listed in Rhode Island Air Pollution Control Regulation No. 30, Control of Volatile Organic Compounds from Automobile Refinishing Operations? [See Section 5.2.1]	<input type="checkbox"/> <input type="checkbox"/> RTC
C.14 Are automotive coatings applied with high volume low pressure (HVLP) spray guns, electrostatic application equipment, or another application method that achieves a coating transfer efficiency of at least 65% and has received a written approval from the RIDEM?	<input type="checkbox"/> <input type="checkbox"/> RTC
C.15 Do you use a spray gun cleaner or a similar device to clean spray guns that recirculates the cleaning solvent and collects the solvent for proper disposal? [See Section 5.2.2] If "No", skip to C.16 i. Is your cleaning device totally enclosed during cleaning, rinsing, and draining operations?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC
C.16 Do you store solvents, waste paint, sludge, and shop rags/towels saturated with solvent in closed containers? i. Do you dispose of such materials in a way that follows proper state and federal Hazardous waste and solid waste disposal regulations? [See Section 4.0]	<input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC
C.17 Have you made a petition for exemption from the Federal Rule 6H and received approval from EPA? If "yes", skip to D.1 [Informational materials and/or questions regarding applicability on 40 CFR Part 63, Subpart HHHHHH ("6H") can be found at the following EPA Internet address: http://www.epa.gov/ttn/atw/area/arearules.html or by contacting EPA Region 1, Susan Lancey, at 617-918-1656.]	<input type="checkbox"/> <input type="checkbox"/>
C.18 Does the filter technology on all spray booths/stations/enclosures achieve at least 98% capture efficiency? [See Section 5.4.2]	<input type="checkbox"/> <input type="checkbox"/> RTC
C.19 Are your spray booths/stations used to refinish complete motor vehicles fully enclosed with four walls, a roof, and are they ventilated at negative pressure or up to 0.05 inches water gauge positive pressure for booths that have seals on all doors and other openings and an automatic pressure balancing system? [See Section 5.4.2]	<input type="checkbox"/> <input type="checkbox"/> RTC
C.20 Do your spray booths/stations, used to paint parts of motor vehicles, have at least three complete walls or side curtains, a full roof, and are they ventilated so that air is drawn into the booth? [See Section 5.4.2]	<input type="checkbox"/> <input type="checkbox"/> RTC
C.21 Do you certify that all new and existing personnel, including contract personnel, who spray apply surface coatings, have received the required training by January 10, 2011 for existing sources or no later than 180 days after hiring for new sources? [See Section 5.4.3] i. Do you have a list of all current personnel by name and job description who are required to be trained?	<input type="checkbox"/> <input type="checkbox"/> RTC <input type="checkbox"/> <input type="checkbox"/> RTC

Section C. Air Pollution, Methylene Chloride, Spray Coatings, and EPA "6H" Regulation. See Section 5 in the Workbook	Yes No
<p>C.21 [Continued from previous page. See Section 5.4.3]</p> <p>ii. Does the training program include <u>both</u> hands-on and classroom instruction that addresses initial and refresher training on the following topics:</p> <p>a. Spray gun equipment selection, set up, and operation.</p> <p>b. Spray techniques that improve transfer efficiency and minimize coating usage and overspray.</p> <p>c. Routine spray booth and filter maintenance, including filter selection and installation.</p> <p>d. Environmental compliance with the requirements of the Federal Regulation.</p> <p>iii. Does the training program include a description of the methods to be used at the completion of initial or refresher training to demonstrate, document, and provide certification of successful completion of the required training?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>C.22 Do you keep compliance records for a minimum of five years? [See Section 5.4.4]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>

Section D: Water Pollution Compliance Checklist

Please answer all questions, unless you are directed to skip a question. Do *not* answer questions that you are directed to skip. For answers marked "RTC", these questions require corrective action and a Return to Compliance form found on page 27.

Section D. Process Wastewater, Floor Drains, and Water Pollution. See Section 6 in the Workbook	Yes No
<p>D.1 Does your shop have open <u>floor drains</u> or <u>floor trenches</u>? If "No", skip to D.2</p> <p>i. Do you know where these drains discharge?</p> <p>ii. Where do the floor drains or floor trenches discharge to: (Mark all appropriate boxes, then proceed to the following subsection and answer those questions to determine your level of compliance. Answer questions only in the section(s) indicated):</p> <p>a. A sewer system - Answer all questions in D.1.A [See Section 6.2.3]</p> <p>b. A OWTS (septic system) - Answer all questions in D.1.B [See Section 6.2.2]</p> <p>c. A drywell or other subsurface leaching system - Answer all questions in D.1.B [See Section 6.2.1]</p> <p>d. Direct discharge to a waterway - Answer all questions in D.1.C [See Section 6.2.4]</p> <p>e. A holding tank - Answer all questions in D.1.D [See Section 6.2.5]</p> <p>f. Other (Please Specify) _____ Skip to D.2</p> <p>g. Unknown - You must find where your wastewater goes (Submit a RTC form and skip to D.2)</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p>Check all that apply</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> RTC</p>
<p>D.1.A If your shop has the potential to discharge wastewater to your local sewer authority (such as the Narragansett Bay Commission, or a city/town wastewater treatment authority), do you have a process wastewater discharge permit or other proper documentation allowing this discharge? [See Section 6.2.3]</p> <p>i. Does your shop, in accordance with the provisions of your wastewater discharge permit, perform:</p> <p>a. Periodic sampling</p> <p>b. Monitoring and inspection</p> <p>c. Recordkeeping</p> <p>ii. Does your shop meet the wastewater discharge limits set by your local wastewater treatment authority</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> Not Required</p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>

Section D. Process Wastewater, Floor Drains, and Water Pollution. See Section 6 in the Workbook	Yes No
<p>D.1.A [Continued from previous page. See Section 6.2.3]</p> <p>iii. Wastewater permits may contain requirements for development of a Toxic Organic/Solvent Management Plan to ensure proper use, storage and disposal of organic chemicals. Has your shop developed and implemented this plan? [See Section 6.4]</p> <p>iv. Wastewater permits may contain requirements for development of a Spill and Slug Control and Countermeasures Plan to ensure that accidental spills do not impact the sewer system. Has your shop developed and implemented this plan? [See Section 6.4]</p> <p>v. Does your shop have a process wastewater pretreatment system, including an oil and solids/grit separator? (If "No", submit RTC form and skip to viii. If "Not required" skip to viii)</p> <p>vi. If your shop has a pretreatment system, does it prevent materials such as solvents, antifreeze, sludge, waste oils and heavy metals (such as lead, copper, nickel etc.), from discharging to the sewer system?</p> <p>vii. Has your shop obtained a laboratory analysis (from an authorized laboratory) of any waste material (sludge) that collects in your pretreatment system? (If "No", skip to viii)</p> <p>a. If you answered "Yes", did the laboratory results indicate that the sludge should be classified as hazardous waste? [See Section 4.1] (If "No", skip to viii)</p> <p>b. If you answered "Yes", is your shop handling the sludge as a hazardous waste under DEM's Rules and Regulations for Hazardous Waste Management? [See Section 4.0]</p> <p>viii. Does your shop have secondary containment for all chemicals, including paints, thinners, strippers, cleaners and automotive fluids, so as to prevent potential spills from entering open floor drains or other access ways to water sources?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC Not Required</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC Not Required</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC Not Required</p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RTC No Pretreat</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.1.B Does your shop discharge wastewater to the subsurface (underground) by way of a dry well, septic system, or other means? [See Section 6.2.1, 6.2.2] (If "No" skip to D.1.C)</p> <p>Does your shop have DEM approval to discharge wastewater in this manner?</p> <p>i. Does your shop have a process wastewater pretreatment system, including an oil and solids/grit separator?</p> <p>ii. Does your shop have secondary containment for all chemicals, including paints, thinners, strippers, cleaners and automotive fluids, so as to prevent potential spills from entering open floor drains or other access ways to water sources?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>

Section D. Process Wastewater, Floor Drains, and Water Pollution. See Section 6 in the Workbook	Yes No
<p>D.1.C Does your shop discharge wastewater directly to the waters of the state (for example, is the wastewater piped directly to wetlands, streams, rivers, ponds, lakes, or other surface bodies of water)? [See Section 6.2.4] (If "No" skip to D.1.D)</p> <p>i. Does your shop have a DEM permit to discharge wastewater in this manner?</p> <p>ii. Does your shop have a process wastewater pretreatment system, including an oil and solids/grit separator? (If "No", submit a RTC form and skip to v)</p> <p>iii. Does your shop's pretreatment system prevent materials, such as solvents, antifreeze, sludge and waste oils from discharging to the surface water?</p> <p>iv. Has your shop obtained a laboratory analysis (from an authorized laboratory) of any waste material (sludge) that collects in your pretreatment system? (If "No", submit a RTC form and skip to v)</p> <p>a. If you answered "Yes", did the laboratory results indicate that the sludge should be classified as hazardous waste? [See Section 4.1] (If "No" skip to v)</p> <p>b. If you answered "Yes", is your shop handling the sludge as a hazardous waste under DEM's Rules and Regulations for Hazardous Waste Management? [See Section 4.0]</p> <p>v. Does your shop have secondary containment for all chemicals, including paints, thinners, strippers, cleaners and automotive fluids, so as to prevent potential spills from entering open floor drains or other access ways to water sources?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.1.D Does your shop discharge wastewater to an underground holding tank? [See Section 6.2.5] (If "No", skip to D.2)</p> <p>i. Has your shop obtained a laboratory analysis (from an authorized laboratory) of the components of the waste material (including any sludge) from this tank? (If "No", submit a RTC form and skip to D.2)</p> <p>ii. If you answered "Yes", did the laboratory results indicate that the sludge should be classified as a hazardous waste? (If "No" skip to D.2)</p> <p>iii. If you answered "Yes", is your shop handling the sludge as a hazardous waste under DEM's Rules and Regulations for Hazardous Waste Management? [See Section 4.0]</p> <p>iv. Is this tank registered with DEM's Underground Storage Tank Program?</p> <p>v. Is the underground holding tank part of a wastewater recycling system?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>

Section D. Process Wastewater, Floor Drains, and Water Pollution. See Section 6 in the Workbook	Yes No
<p>D.2 Does your shop contain floor drains or floor trenches that have been previously closed or sealed? (If "No", skip to D.3)</p> <p>i. Were these drains closed under the supervision of a representative from your local sewer authority or DEM's Groundwater Discharge Program? (If "No", submit a RTC form and contact your local sewer authority or DEM's Groundwater Discharge Program to find out how to properly close these drains)</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.3 Does your shop prevent ANY and ALL process wastewater (e.g., from wet sanding, car washing, work area washing) from running off your site to storm drains or other areas (e.g., water runs down the street, water runs off to soil or sand area, water just puddles up and evaporates)? [See Section 6.2]</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.4 Does your shop prevent ANY and ALL discharge of industrial chemicals and/or wastewater (other than sanitary wastewater) to bathroom/kitchen sinks, toilets, showers, shop wash basins, emergency showers, eyewash stations, or other non-industrial drainage outlets?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.5 Does your shop post signs prohibiting the discharge of industrial chemicals and/or wastewater to bathroom/kitchen sinks, toilets, showers, shop wash basins, emergency showers, eyewash stations, or other non-industrial drainage outlets?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.6 Does your shop prevent ANY and ALL discharge of materials such as concentrated paints, fuels, oils and other vehicle fluids, solvents, thinners, strippers, cleaners (including concentrated soaps), and solid materials generated from sanding operations and other autobody repair preparation materials from underground or surface waters of the state?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.7 Does your shop prevent ANY and ALL sweeping, blowing, or washing of floor dirt, dust, and/or other debris (sweepings) down open floor drains?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.8 Does your shop perform wet sanding? (If "No" skip to D.9)</p> <p>i. If "Yes", does your shop have a system in place for recycling or for proper disposal of the wastewater created during wet sanding?</p> <p>a. Explain how is it recycled/disposed:</p> <p>_____</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.9 Does your shop hand wash or hose down autobody tools and equipment as a way of removing excess paint and/or solvents? [See Section 6.1] (If "No" skip to D.10)</p> <p>i. If "Yes", does your shop have a system in place for recycling or for proper disposal of the wastewater created during this activity?</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>D.10 Does your shop use a laundry service to wash employees' work clothes?</p> <p>i. Employees take some/all clothes home</p> <p>ii. Yes, a laundry service is used for some/all of the employees' clothes</p> <p>iii. No, the shop does not use a laundry service for some/all of the employees' clothes</p>	<p>Check all that apply</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Section E. Hazard Communication, Safety Data Sheets, and Personal Protective Equipment. See Section 7 in the Workbook	Yes No
<p>xii. Has your shop trained employees in the use of proper work practices, personal protective equipment and clothing, and other controls to reduce or eliminate their exposure to the chemicals in their work areas?</p> <p>xiii. Does your shop explain how to read and use an SDS?</p> <p>xiv. Has your shop developed a system to ensure that all incoming hazardous chemicals are checked for proper labels and data sheets?</p> <p>xv. Has your shop developed a way to identify and inform employees of new hazardous chemicals before they are introduced into a work area?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>E.4 Has the employer established a Personal Protective Equipment Program (PPE) [See Section 7.5] (If "No", submit RTC and skip to E.5)</p> <p>i. Has your shop performed an initial hazard assessment to determine if the use of PPE (e.g. goggles, gloves, glasses) is required?</p> <p>ii. Has your shop performed annual hazard assessments to determine if the use of PPE is required?</p> <p>iii. Does your shop have documentation that the initial and annual PPE assessments have occurred?</p> <p>iv. Has your shop provided PPE that protects employees from the assessed hazards?</p> <p>v. Have employees been informed how the PPE is to be utilized, including how to wear PPE, its useful life, and how to maintain, clean and dispose of it?</p> <p>vi. Does your shop enforce the use of PPE?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>
<p>E.5 Has the employer established a Respiratory Protection Program? [See Section 7.6] (If "No", submit RTC and skip to E.6)</p> <p>i. Has your shop selected the proper respirator based on the hazard?</p> <p>ii. Have all employees who wear respirators had a medical examination specific for respirator use? (Note: your company should keep physician letters on file.)</p> <p>iii. Has your shop fit tested employees?</p> <p>iv. Has your shop trained employees in the proper use, care, and sanitation of respirators?</p> <p>v. Does your shop have a written program (i.e., one that includes selection, use, fit test, maintenance, etc.) on respirator usage?</p> <p>vi. Does your shop provide a cartridge change schedule (as part of a written program, see "v" above) for chemical/solvent respirators?</p>	<p><input type="checkbox"/> <input type="checkbox"/> RTC</p>

Section E. Hazard Communication, Safety Data Sheets, and Personal Protective Equipment. See Section 7 in the Workbook	Yes No
vii. Does your shop allow the use of common "dusk masks", and if so have employees been trained on the limitations of those items? (Documentation should be in file) (See Appendix D)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC
E.6 Has your company developed a Lockout/Tagout Program? [See Section 7.7] <ul style="list-style-type: none"> i. If yes, does the shop conduct an inspection of the energy control procedure at least annually to determine if these requirements are followed (including documentation)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC
E.7 Has your shop developed an Emergency Action Plan? [See Section 7.8] <ul style="list-style-type: none"> i. Is this plan written? (If your shop has 9 or fewer employees, select N/A <10) ii. Are shop evacuation routes, emergency phone numbers, and physical hazards posted? iii. Are employees trained in proper procedures during an emergency? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <10 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTC

Section F: Certification Statement

Note: Complete all required Return-to-Compliance Plans (RTC) before signing this statement!

I _____, attest under the pains and penalties of perjury:

- I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete:
- III. That systems to maintain compliance are in place at the facility and will be maintained for the next three years even if processes or operating procedures are changed over the course of this time; and
- IV. That I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Source of Signatory Authority: Owner

(Other, Please indicate) _____

If a Corporation: President Secretary Treasurer
 Vice President (If authorized by corporate vote)
 Representative of the above (If authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership: General Partner

If a Sole Proprietorship: Proprietor

Submit this form electronically through the "submit form" link at the top of the page or mail to: RI DEM/Office of Customer & Technical Assistance
Auto Body Repair Facilities Certification Program
235 Promenade Street
Providence, RI 02908-5767
Return the checklist by October 31, 2017

Rhode Island Department of Environmental Management
 Auto Body Repair Facility Certification Program
2017 Return-to-Compliance Plan Form



- Please answer all questions in the table for each non-compliance issue.
- Only submit a Return-to-Compliance Plan for violations that you were unable to correct BEFORE certifying.
- Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions, which may include fines or penalties.

Facility Name: _____

Please note that submittal of this **RTC Form** gives your facility an additional 60 days to come into compliance.

Checklist Compliance Question # for which you are reporting non-compliance?	Brief description of requirement and the workbook section #.	What corrective action will you take to return to compliance?	Date you expect (must be within 60 days) to be in compliance with issue?

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Congratulations! You have reached the end of the self-certification checklist and have completed your review of your autobody shop operations. Please submit the completed checklist and any applicable Return-to-Compliance forms by October 31, 2017, keep a copy for your files, and take the actions needed to bring your shop into compliance. Remember, if you were required to take corrective action, you must also submit a Return to Compliance Final Report form (found on page 31) within the 60-day time frame for each action item that required a Return to Compliance Plan.

On the following pages you will find the Facility Non-Applicability Statement form and the Return-to-Compliance Final Report form. These forms are not submitted as part of the Certification Checklist.

The Facility Non-Applicability Statement is to be completed and submitted **only** if your facility does not meet the description of an auto body or collision repair facility (see Section 1.1 of the Workbook), or if this package has been sent to you in error. If your facility does meet the definition, submitting this form does not exempt your facility from complying with all regulations and standards required.

Rhode Island Department of Environmental Management
Auto Body Repair Facilities Certification Program
2017 Facility Non-Applicability Statement



Note: Participation in the program is voluntary. However, any facility with operations involving collision repair; vehicle painting, paint stripping or sanding; body work; antique restoration; and student training in any of the aforementioned areas should consider participating in the Self-Certification Program to take advantage of the incentives detailed in Section 1.7. If a painting operation is included as part of a new or used car dealership or general auto repair shop, it is also considered a refinishing operation in the Self-Certification Program. All facilities that are licensed by the Department of Business Regulation as an autobody or collision repair facility are eligible to participate in the Self-Certification Program. [Note: facilities involved in autobody or collision repair must be licensed by the Department of Business Regulation.] If your facility does not meet the description of an autobody or collision repair facility (see description above), or if this package has been sent to you in error, please complete, sign and return the **2017 Non-Applicability Statement** to DEM. If you have any questions regarding the status of your shop, please call us at 222-4700.

Facility Information:

Facility Name: _____

Facility Street Address: _____ Phone # _____

Fax #: _____

City/Town: _____ Federal Employer ID # (FEIN) _____

Zip Code: _____

Contact Person: _____ Owner: _____

This Facility is not participating in the Auto Body Repair Facilities Certification Program for the following reason(s):

- No automotive-refinishing operations occur at this address.
- The facility only performs mechanical auto repair.

Please submit this form by October 31, 2017

Returning this statement does not relieve you of your responsibility to comply with other environmental requirements.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Submit this form electronically through the "submit form" link at the top of the page or mail to: RI DEM/Office of Customer & Technical Assistance
Auto Body Repair Facilities Certification Program
235 Promenade Street
Providence, RI 02908-5767

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Rhode Island Department of Environmental Management
 Auto Body Repair Facility Certification Program
2017 Return-to-Compliance Final Report



- Before you complete this form, make as many copies of this form as needed. Please list the date and what action will be taken for EACH non-compliance issue listed in the RTC form that was originally submitted with the checklist. Return the completed form to:
 RI DEM/Office of Customer & Technical Assistance
 Auto Body Repair Facility Certification Program
 235 Promenade Street
 Providence, RI 02908-5767
- Completing this form does not relieve the facility of its affirmative responsibility to operate in compliance with applicable regulations. Failure to operate in full compliance with the applicable regulations may result in enforcement actions, which may include fines or penalties. Please answer all questions in the table for each non-compliance issue.

Facility Name: _____

Checklist Compliance Question # for which you reported non-compliance?	Brief description of requirement and the workbook section #.	What corrective action did you take to return to compliance?	Date that facility returned to compliance with this issue?

Signature: _____ Date: _____

Printed Name: _____ Title: _____