

## Liquid-cooled Electrical Equipment Survey General Instructions

1. The information requested in the enclosed form is required for all permitted Industrial Users to document the potential for releases devices at their facility that may contain Polychlorinated Biphenyls (PCBs).
2. Please complete the attached form and return it to the Industrial Waste & Backflow Compliance Unit at the following address:

PWD-IWBC  
1101 Market Street, 6th Fl  
Philadelphia, PA 19107

*Please contact Industrial Waste & Backflow Compliance Unit at 215-685-6236 if you have any questions.*

### SPECIFIC INSTRUCTIONS

Item 1. A.-B. Provide all requested information about the facility location.

Item 2. This form must be signed by an authorized representative.

Item 3. A.-C. Provide all requested information about facility equipment.

Item 4. Provide all requested information regarding on-site PCB storage.

Item 5. A. Briefly discuss the known history of activities at the location of your facility. If known, please describe any operations on-site prior to the current manufacturing operation.

B.-C. Provide all requested information regarding past PCB disposal.

Please attach as many of the included factsheets for potentially PCB-containing devices and PCB storage areas as required by the information provided



## Liquid-cooled Electrical Equipment Survey



### 1) Facility Information

A. Facility Name: \_\_\_\_\_

B. Address: \_\_\_\_\_

### 2) Certification Statement

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### 3) Facility Equipment Information

A. Does the facility contain any transformers, or capacitors?

YES                  NO

Number: \_\_\_\_\_

B. If yes, are any of these liquid-cooled?

YES                  NO

Number: \_\_\_\_\_

C. Complete one of the attached “Liquid-cool Electrical Equipment Factsheets” for each piece of liquid-cooled electrical equipment. Print and attach as many sheets as required for complete documentation.

4) On-Site PCB Storage

A. Does your facility store PCBs or PCBs containing equipment?

YES NO

Number of Storage Areas: \_\_\_\_\_

B. Complete one of the attached "PCB Storage Area Factsheet" for each separate storage location at your facility.

5) Site History

A. Describe the history of operations at the facility location:

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B. Has the facility disposed of any transformers, capacitors, or heat transfer units?

YES NO

C. If yes, how were they disposed and are there any records?

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Information for Device # _____				
Type of Equipment:	Transformer		Capacitor	
Manufacturer: _____			Serial Number: _____	
Date of Manufacture: _____			In Service?	YES NO
Oil Filled?	YES NO	Oil Type: _____		
Quantity of oil: _____		Retro-filled? YES NO		
gallons _____		Date of Retro-fill: _____		
pounds _____				
Classification:	PCB (• 500 ppm PCB)	PCB Contaminated PCB • 50ppm (<50ppm PCB)	Non-PCB (500ppm > 500ppm PCB)	
If transformer oil has been sampled and tested for PCB levels, attach results and number as above				
Location:	INDOOR OUTDOOR	Secondary Containment?	YES NO	
Specific Location (Please describe the location of this equipment at your facility):				

Information for Device # _____				
Type of Equipment:	Transformer		Capacitor	
Manufacturer: _____			Serial Number: _____	
Date of Manufacture: _____			In Service?	YES NO
Oil Filled?	YES NO	Oil Type: _____		
Quantity of oil: _____		Retro-filled? YES NO		
gallons _____		Date of Retro-fill: _____		
pounds _____				

Classification:	PCB (• 500 ppm PCB)	PCB Contaminated PCB • 50ppm) (<50ppm PCB)	Non-PCB (500ppm >
If transformer oil has been sampled and tested for PCB levels, attach results and number as above			
Location:	INDOOR	OUTDOOR	Secondary Containment? YES NO
Specific Location (Please describe the location of this equipment at your facility):			

PCB Storage Area Factsheet Page \_\_\_\_\_ of \_\_\_\_\_

Information for Storage Area # _____			
Location of Storage Area within Facility			
Materials in Storage:	Transformer	Capacitor	
	Hydraulic	PCB Oils	
Storage situation (e.g. open air, locked enclosure, etc.)			
Are PCB items located in or near drainage systems?			YES NO
Does storage area have secondary containment?			YES NO
Is the place of storage clearly marked to show the presence of PCBs?			YES NO
Have soil or building been contaminated by leaking PCBs?			YES NO