AIR EMISSION CHECKLIST
Laboratory Emission Sources

1) Submitted By
Name: ____________________________ Date: ____________
Title: ____________________________ Phone: (_____)___________

2) Facility Name and Project #: ____________________________
Address: ______________________________________________

3) Building Number: ______________________________________

4) Project Description (describe renovation project or new facility’s mission and purpose):

5) Number of Fume Hoods to be installed: ____________
   Number of Fume Hoods to be removed: ____________

6) Installation Date: ____________ Construction Start Date: ____________
   [Removal Date for Existing Sources: ____________]

Please Return To:
Environmental Compliance Specialist
Department of Environmental Health and Safety
W-135 Boynton Health Service
410 Church Street
University of Minnesota
Minneapolis, MN 55455
Phone: (612) 626-7095
Fax: (612) 624-1949

End of Appendix HH - Part 5 - New Processes and Equipment that may Require Air Permits
University of Minnesota Facilities Management and
Department of Environmental Health & Safety
March 2006