

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
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