

OSHPD Questionnaire

May 2003

Instructions:

1. Please complete the questionnaire for *each* facility for which a California OSHPD plan was submitted (you can make additional copies of this form, or electronic versions are available on our website at <http://www.arb.ca.gov/diesel/documents/oshpdsurvey.htm>).
2. If there are multiple engines at one location, please complete one line for each engine (please copy and attach additional pages if necessary).
3. If you do not have specific engine information (i.e., permit number or horsepower), please leave those fields blank.
4. When completed, please submit this questionnaire by May 16, 2003, by fax to **(916) 327-6251**, or mail it to the address on the back of this form. If completing electronically, please save the file and e-mail to lwilliam@arb.ca.gov.

Contact Name: _____

Title: _____

Company: _____

Address: _____

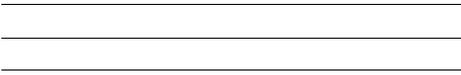
City: _____ State: _____ Zip: _____

Phone: () - x _____

Name of Health Care Facility	Address	City	Zip	Information on existing emergency/standby diesel-fueled engine(s)		Does the OSHPD plan you submitted contain specific language addressing the need to remove from service or replace the existing emergency standby diesel-fueled engine(s) currently operating at the hospital by 2009?				
				Permit # (if known)	Horsepower	Yes	No, but we plan to replace anyway	No, and we do not plan to replace	Other (please explain)	Comments
<i>General Hospital</i>	<i>12345 Main St.</i>	<i>Sacramento</i>	<i>95814</i>	<i>S-123-45</i>	<i>1200</i>		x			

Thank you for your response!

Please fold along dotted lines and tape closed for mailing



Please affix
postage
here.

California Air Resources Board
Attn: SSD/EAB
PO Box 2815
Sacramento, CA 95812-2815



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