



**California Air Resources Board Survey:
Mobile Cargo Handling Equipment at Intermodal Facilities**

Survey Instructions

Before you begin filling out the Mobile Cargo Handling Equipment Survey (Survey) form, please read the instructions carefully. A sample Survey has been included in this packet for your assistance.

THE SURVEY FORM

Explanations for each Survey data field are provided below. If you have more than one terminal, please complete a separate survey for each terminal. Please complete all pages of the survey. If you need additional forms for any of the sections, you may either photocopy each page needed or download blank survey pages from the following website address:

<http://www.arb.ca.gov/ports/cargo/documents/survey.htm>.

Please return the completed Surveys by **January 15, 2005**, to the following:

California Air Resources Board
Attn: Lisa Williams
Stationary Source Division
P.O. Box 2815
Sacramento, CA 95812-2815
CONFIDENTIAL MATERIALS ENCLOSED (if that's the case)

In an effort to simplify and streamline the data gathering process, we have made the Survey forms available electronically. If you prefer to submit the Survey forms electronically, please see the Electronic Submittal Form in Part II for the information about how to obtain a diskette (or download the Survey from the Internet). To access the Survey on our website, please go to:

<http://www.arb.ca.gov/ports/cargo/documents/survey.htm>.

If you have any questions, please contact Lisa Williams at (916) 327-1498 or via e-mail at lwilliam@arb.ca.gov.

Survey Data Fields

Section I: Terminal Information

Terminal/Facility Name: Please enter the terminal or facility that owns or operates the cargo handling equipment.

Port/Rail Yard: Port or rail yard where the terminal operates.

Address, City, Zip: Mailing address, city, and zip code for the terminal/facility.



California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

Contact Name, Phone, E-mail: Please enter the name and title of the person to be contacted by ARB if we have questions about the information provided.

Small Business: If your terminal/facility is a California Small Business as defined by California Gov. Code Sec. 14837(d)(1), please check the "Yes" box.

Confidential: Please indicate as to whether or not you would like ARB to treat your information as confidential information. If you designate information as confidential, you also need to fill out the confidential information submittal form and return that to ARB with your Survey.

Section II: Forecasted Growth

Avg # New Replacement Equipment Purchased Annually: Please enter the average number of new pieces of equipment purchased to replace previously existing equipment over a 12-month period for each equipment type.

Expected Average Useful Life in # Years: Please enter the average # of years each equipment type is expected to last.

Forecasted Growth for 2010

Expected % Increase in # of Equipment: Please indicate the percentage of increase in the number of each equipment type that you expect to see by 2010.

Expected % Increase in # of Hours: Please indicate the expected percentage of increase by 2010 in the number of hours each equipment type will be operated.

Forecasted Growth for 2020

Expected % Increase in # of Equipment: Please indicate the percentage of increase in the number of each equipment type that you expect to see between now and 2020.

Expected % Increase in # of Hours: Please indicate the expected percentage of increase between now and 2020 in the number of hours each equipment type will be operated.

Comments: Please provide any additional comments you may have.

Section III: In-Use Equipment and Engine Information

Equipment Type: Please enter the type of equipment (i.e., forklift, yard truck, RTG crane, etc.).



California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

of Equipment: If you have multiple equipment with identical information (same make, model, engines, fuel, horsepower, rebuild/repower info, and average hours), please enter the number of equipment here. If any of the equipment information differs (i.e., one was repowered but one was not), please enter each one individually on its own line.

Equipment Make and Model Year: The manufacturer and model year of the equipment (not the engine).

Engine Make, Model, and Model Year: Please enter the manufacturer, model number, and model year for the engine (not the equipment).

Fuel Type: Please enter one of the following fuel type codes for the equipment:

- A = EPA Off-Road Diesel
- B = CARB Diesel #2
- C = Ultra-low Sulfur (15 ppm) Diesel
- D = Emulsified Diesel (i.e., PuriNOx)
- E = Biodiesel 20% (B20)
- F = Biodiesel 100% (B100)
- G = Natural Gas (CNG, LNG)
- H = Liquefied Petroleum Gas (LPG)
- I = Electricity

Rated HP: The rated horsepower of the engine.

Repowered?: Please indicate if the engine were repowered, and if so, what year(s) the repower occurred.

Rebuilt?: Please indicate if the engine were rebuilt, and if so, what year(s).

Avg. Annual Hours: The average number of hours the equipment operates each 12-month year.

Section IV: Emission Controls

Please only complete this section for the equipment that have emission controls installed.

from Section III: Please enter the corresponding # from Section III column 1.

Control Equipment: Please check the appropriate box(es) for the emission control(s) installed (DOC for diesel oxidation catalyst, DPF for diesel particulate filter, SCR for selective catalytic reduction, or Other). If Other is checked, please indicate the emission control system.

Year Installed: The year the emission control equipment was installed on the engine.

Installed cost: The cost of the equipment including installation.

Avg. Annual Maintenance Cost: The average cost of maintenance over each 12-month period.



California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

Purchased with new equipment or engine?: Please indicate if the emission controls came with a new piece of equipment or with a new engine.

Grants Received: Please indicate if either a port grant or Carl Moyer Program funding was provided for the emission controls.

Notes or Comments: Please provide any additional information you feel might be valuable (i.e., your experience with the emission control equipment failures or successes).

Section V: Confidentiality Statement

Please complete this section if you have indicated in Section I that the information you have provided on this Survey is confidential.

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California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

Section I: Terminal/Facility Information

Terminal/Facility Name: _____ Port/Rail Yard: _____ Page ____ of ____
 Address: _____ City: _____ Zip: _____
 Contact Name: _____ Small Business*: Yes No
 Contact Phone: _____ * Small business as defined by California Gov. Code Sec. 14837(d)(1)
 Contact E-Mail: _____ (i.e., 100 employees or less and annual gross receipts of \$10,000,000 or less).
 Confidential? Yes No If "Yes", please complete Confidentiality Statement (Section V)

Section II: Forecasted Growth

	Equipment Type											
	Yard Trucks	RTG Cranes	Cranes (not RTG)	Top Picks	Side Picks	Reach Stackers	Rubber-Tired Loaders	Forklifts	Skid Steer Loaders	Excavators	Dozers	Other (Explain)
Avg # New Replacement Equipment Purchased Annually												
Expected Useful Life in # Years												
Forecasted Growth for 2010												
Expected % Increase in # of Equipment												
Expected % Increase in # of Hours												
Forecasted Growth for 2020												
Expected % Increase in # of Equipment												
Expected % Increase in # of Hours												

Comments:



California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

Terminal/Facility Name: _____ Port/Rail Yard: _____ Page ____ of ____

Section III: In-Use Equipment and Engine Information

#	Equipment Type	# of Equipment	Equipment Make	Equipment Model Year	Engine Make	Engine Model	Engine Model Year	Fuel Type*	Rated HP	Repowered?		Rebuilt?		Avg. Annual Hours
										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	
1										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	
2										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	
3										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	
4										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	
5										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	
6										No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Years:	

*** Fuel Type Codes:**

- A = EPA Off-Road Diesel
- B = CARB Diesel #2
- C = Ultra-low Sulfur (15 ppm) Diesel
- D = Emulsified Diesel (i.e., PuriNOx)
- E = Biodiesel 20% (B20)
- F = Biodiesel 100% (B100)
- G = Natural Gas (CNG, LNG)
- H = Liquefied Petroleum Gas (LPG)
- I = Electricity

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California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

Terminal/Facility Name: _____ Port/Rail Yard: _____ Page ____ of ____

Section IV: Emission Controls

# from Section II	Control Equipment*				Year Installed	Installed Cost	Avg. Annual Maintenance Cost	Purchased with new equipment or engine?		Grants Received		Notes or Comments
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	
	DOC <input type="checkbox"/>	DPF <input type="checkbox"/>	SCR <input type="checkbox"/>	Other <input type="checkbox"/> _____				No <input type="checkbox"/>	Yes <input type="checkbox"/>	Port Grant <input type="checkbox"/>	Carl Moyer <input type="checkbox"/>	

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California Air Resources Board Survey: Mobile Cargo Handling Equipment at Intermodal Facilities

Section V: Confidentiality Statement

If you wish to designate any information contained in your survey data as **CONFIDENTIAL INFORMATION**, please provide the information requested below and return it with your completed Survey form.

In accordance with Title 17, California Code of Regulations (CCR), Sections 91000 to 91022, and the California Public Records Act (Government Code Section 6250 et seq.), the information that a company provides to the Air Resources Board (ARB) may be released (1) to the public upon request, except trade secrets which are not emissions data or other information which is exempt from disclosure or the disclosure of which is prohibited by law, and 2) to the Federal Environmental Protection Agency, which protects trade secrets as provided in Section 114(c) of the Clean Air Act and amendments thereto (42 USC 7401 et seq.) and in federal regulation, and 3) to other public agencies provided that those agencies preserve the protections afforded information which is identified as a trade secret, or otherwise exempt from disclosure by law (Section 39660(e)).

Trade secrets, as defined in Government Code 6254.7, are not public records and therefore will not be released to the public. However, the California Public Records Act states that air pollution emission data are always public records, even if the data comes within the definition of trade secrets. Even so, the information used to calculate air pollution data is not "emission data," and will not be released to the public if it is a trade secret.

If any company believes that any of the information it may provide is a trade secret or otherwise exempt from disclosure under any provision of law, **it must identify the confidential information as such at the time of submission to the ARB and must provide the name, address, and telephone number of the individual to be consulted.** If the ARB receives a request for disclosure or seeks to disclose the data claimed to be confidential, the ARB may ask the company to provide documentation of its claim of trade secret or exemption at a later date. Data identified as confidential will not be disclosed unless the ARB determines, in accordance with the above referenced regulations, that the data do not qualify for a legal exemption from disclosure. The regulations establish substantial safeguards before any such disclosure.

In accordance with the provisions of Title 17, California Code of Regulations, Sections 91000 to 91022, and the California Public Records Act (Government Code Sections 6250 et seq.)

Company Name: _____

declares that all the information submitted in response to the California Air Resources Board's information request on the Survey is confidential "trade secret" information, and request that it be protected as such from public disclosure. All inquiries pertaining to the confidentiality of this information should be directed to the following person:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Mailing Address: _____

City/State: _____ Zip/Country: _____

Telephone: _____ E-Mail Address: _____