DEPARTMENT OF ENVIRONMENTAL QUALITY AIR QUALITY DIVISION

ACTIVITY REPORT: Scheduled Inspection

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FACILITY: FISHER CORPORATION		SRN / ID: N7446
LOCATION: 1625 W MAPLE RD, TROY		DISTRICT: Southeast Michigan
CITY: TROY		COUNTY: OAKLAND
CONTACT: Lenard Farr , Plant Manager		ACTIVITY DATE: 10/06/2015
STAFF: Rem Pinga	COMPLIANCE STATUS: Compliance	SOURCE CLASS: MINOR
SUBJECT: Unannounced Lev		
RESOLVED COMPLAINTS:		

On 10/06/2015, I conducted an unannounced level 2 target inspection at Fisher Dynamics located at 1625 West Maple Road, Troy, Michigan 48084. The purpose of the inspection was to determine the facility's compliance with the requirements of the federal Clean Air Act; Part 55, Air Pollution Control, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451), and the administrative rules. During the inspection, I was accompanied by Mr. Steve Novak, Maintenance Manager. At the pre-inspection conference, I showed my ID Badge, stated the purpose of my visit, and gave a copy of the pamphlet, "Environmental Inspections: Rights and Responsibilities", to Mr. Lenard Farr, Plant Manager. Mr. Farr introduced me to Mr. Novak who accompanied me during the walk through inspection.

Mr. Novak mentioned that the facility was shutdown for several years and was recently reopened under the new company name, Fisher Dynamics. The facility manufactures metal components for seats including the metal framing. During the walk through inspection, I observed 10 stamping presses, 2 electric compressors, 2 spot welders, 4 mig welders, 5 assembly units, 3 additional presses with 4 heated washers, and 4 wet sanders. Mr. Novak showed me a 60"x120"x60" hot water detergent parts washer in another area in the building and the location of the heat treat process equipment that was removed before the new company reopened. I observed 3 natural gas fired boilers each rated at 2 MMBTU per hour. I did not observe visible emissions while at the facility.

Overall, I did not observe any noncompliance issues while at the facility.

NAME /

DATE 10/13 / SUPERVISOR_