Mail Application To: P.O. Box 4944 Diamond Bar, CA 91765

Tel: (909) 396-3385

www.aqmd.gov

## Deviations, Emergencies & Breakdowns

\*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Section I – Facility Information								
1.	Perm	it to be issued to (Business name of operator to	appear on permit):	Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD):				
				issueu	Dy AQIND).			
3.	Addr	ess (where incident occurred):						
	С	ity:		CA	Zip	Code:		
4.	4. Mailing Address (If different from Item 2):							
	C	ty:	State:		7in	Code:		
				'				
5.	Prov	ide the name, title, and phone number of the pe	rson to contact for further information:					
		Name		Title		Phone		
S	ection	II - Reporting of Breakdowns, Deviation	ons, and Emergencies					
1.	This	written notification is to report a(n):						
		Type of Incident	Verbal Report Due*			Report Due		
	a.	Emergency under Rule 3002 (g)	Within 1 hour of discovery.	Within 2 working	days from when	the emission limit was	exceeded.	
	b.	Breakdown under:						
		Rule 430 (Non-RECLAIM)	For Rules 430 & 2004 - Within 1	For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.				
		Rule 2004 (RECLAIM)	hour of discovery.					
		Rule 218 (Non-RECLAIM)	For Rule 218 – Within 24 hours or	For Dulo 210 M	With required comi appual reports			
		[See Rule 218 (f)(3)]	next business day for failure/ shutdown exceeding 24 hours	For Rule 218 - With required semi-annual reports.				
		Deviation with excess emissions [See Title V Permi	Within 72 hours of discovery of the deviation or shorter reporting	Within 14 days of discovery of the deviation.				
		Section K, Condition No. 22B]	period if required by an applicable State or Federal Regulation.					
	d. Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]		None	With required semi-annual monitoring reports.				
2.	The incident was first <u>discovered</u> by:			on?			AM	
			Name		Date	Time	PM	
3.	The ir	cident was first <u>reported</u> to:		on?			AM	
	a.	Via Phone	Name of AQMD Staff person		Date	Time	PM	
	b.	In Person						
			Notification Number (Required):					
4.	When	did the incident actually occur?	D. 1	AM	PM			
Date Time								
		Received By:	Assigned By:		Inspector:			
		Date/Time Received:	Date/Time Assigned:			eived Assignment:		
	AQMD		· ·			•		

	Received By:		Assigned By:		Inspector:
	Date/Time Received:		Date/Time Assigned:		Date/Time Received Assignment:
AQMD	Date Delivered To Team: Team: Sector:  Recommended Action: Cancel Notification Final Action: Cancel Notification		Date Reviewed Inspector Report:  Breakdown/Deviation Notification No.		Date Inspected Facility:
USE					Date Completed Report:
ONLY			Grant Relief	Issue NOV No.	Other:
			Grant Relief	Issue NOV No.	Other:

5.	Has the incident stopp	oed?	Yes, on:			AM	b. No	
				Date	Time	PM		
6.	What was the total du	ration of the inc	cident?					
				Days	Hours			
7.	For equipment with ar operating cycle during			e 430 (b)(3)(A), when wa	s the end of the			AM
	oporuming oyoro uuriin	yooo	idoni occurrou i			Date	Time	PM
8.	Describe the incident a equipment and attach			nt (by permit, application	n, or device number) af	fected. Attach phot	os (when available)	of the affected
9.	The incident may have a. Violation of Perr							
	<b>b.</b> Violation of AQN	MD Rule(s):						
10.	What was the probable	cause of the i	ncident? Attach add	ditional pages as necess	ary.			
11.	Did the incident result		ssions? No NOx	Yes (Complete the follows)	wing and attach calcul	,	H2S	lho
		lbs	_	lbs		lbs		lbs
	CO	lbs	PM	lbs	Other:	lbs		pollutant
14. 15.	<ol> <li>For RECLAIM facilities Subject to Rule 2004 (i)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations?         <ol> <li>Yes, for: NOx SOx b. No, for: NOx SOx</li> <li>If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.</li> </ol> </li> <li>Describe the steps taken to correct the problem (i.e., steps taken to mittigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary.</li> <li>Was the facility operating properly prior to the incident?         <ol> <li>Yes</li> <li>No, because:</li> </ol> </li> <li>Did the incident result from operator error, neglect or improper operation or maintenance procedures?         <ol> <li>No</li> <li>Yes, because:</li> </ol> </li> <li>Has the facility returned to compliance?         <ol> <li>No, because:</li> <li>Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)</li> </ol> </li> </ol>							
Se	ction III – Certificat	tion Stateme	ent ————————————————————————————————————					
	rtify under penalty of law erials are true, accurate,	and complete.		formed after reasonable in				ttachments and other
For	Title V Facilities ONLY:	I also certify	y under penalty of law	that that I am the respons	sible official for this facility	y as defined in AQMD	Regulation XXX.	
	Signature of Responsible Official				Title			Date
Type or Print Name of Responsible Official  Address					Phone			Fax
					City		State	Zip Code