FINAL REPORTING FORM FOR BREAKDOWNS

APCD Phone No. (805) 961-8802 (option #2)      APCD Breakdown Tracking #__________
                                                 (Issued upon notification call to APCD)

I. BREAKDOWN EVENT INFORMATION:

Company Name/Operator: _______________________________  PTO or ATC No. ______________
Rule Violation/Permit Condition: __________________________

II. BREAKDOWN EVENT CHRONOLOGY:

Facility Location of Breakdown Event: __________________________
Start date & time: ___________  End date & time: ___________  Duration: (HRS) ___________ (MIN) ___________
Date & time of notification call to APCD: __________________________

III. ELEMENTS OF BREAKDOWN EVENT:

1. Affected equipment: ________________________________
                        ________________________________
                        ________________________________

2. Breakdown event description: ________________________________
                                ________________________________
                                ________________________________
                                ________________________________
                                ________________________________
                                ________________________________

3. Cause: ________________________________
           ________________________________
           ________________________________
           ________________________________

4. Estimated excess emissions (use of APCD-approved emission factors is an acceptable method to estimate emissions):

   Sulfur Oxides ___________ (lbs)  Nitrous Oxides ___________ (lbs)
   Hydrogen Sulfide ___________ (lbs)  Carbon Monoxide ___________ (lbs)
   Particulate Matter ___________ (lbs)  Total Organic Compounds (ROC) ___________ (lbs)
IV. CORRECTIVE ACTIONS:

1. What measures have been taken to prevent an identical reoccurrence of this breakdown?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. List any steps taken during breakdown event to reduce emissions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Was the breakdown caused by any of the following? (circle "yes" or "no")

A. improperly designed equipment (Yes / No)
B. lack of preventive maintenance (Yes / No)
C. careless or improper operation (Yes / No)
D. operator error/willful misconduct (Yes / No)

NOTE: The APCD may request documentation for the above statements.

V. BREAKDOWN REPORT LOG INFORMATION:

1. Report filed by (print name): __________________________ Signature: __________________________

Job title or position of the person filing: __________________________ [must indicate a "designated contact person"]

Telephone number of the person filing: __________________________

Date of report: __________________________

2. Internal Tracking Event No. (supplied by permitted source, if any) __________________________

3. Date APCD received report: __________________________ By: __________________________