



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)
Hydrogen Sulfide _____ (lbs)
Particulate Matter _____ (lbs)

Nitrous Oxides _____ (lbs)
Carbon Monoxide _____ (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: _____