

UPSET/BREAKDOWN & EMISSION EXCEEDANCE PART II: CORRECTIVE ACTION REPORT

(Report submittal to AQMD required within one week after event correction)

COMPANY:

NOx:	EDANCE EMISS #/hr SOx: #/day #/total	#/hr #/day #/total	PM/PM ₁₀ :	#/hr		#/hr	CO:	#/hr #/day #/total
EXCE	Other: EDANCE, UPSE Yes, Emission Yes, Upset/B Yes, Non-cor * Actions results Total Duration of Commencement	T/BREAKDOV n Exceedance C reakdown Corre nplying Equipm ult in complianc f Non-Complian	VN CORREC eased cted ent Shutdown ² e ce Event:	TED:	Date: Date: Date: Date: Days, Hrs, M Date:		Time: Time:	
PROO		Exceedance No eakdown Not Co NCE: (use attac	orrected	essary)	Variance #:_ Variance #:_			
CORR	RECTIVE MEASU	URE TAKEN: (to avoid reocc	urrence of	exceedance o	r upset/	/breakdown	1)
NOTII	FICATION: By: Telephone #:	□ By Fax	□ By Tele Date:	phone Title:_			□ Emai	
Receive By:	ed		FOR AQMI	USE ON Date: Time:				