

EASTERN KERN AIR POLLUTION CONTROL DISTRICT

2700 "M" STREET SUITE 302, BAKERSFIELD, CA 93301-2370 PHONE: (661) 862-5250 • FAX: (661) 862-5251 • www.kernair.org

INITIAL EQUIPMENT BREAKDOWN REPORT (Rule 111)

Please call District within 1 hour of Breakdown to notify: (661) 862-5250 If unable to contact by phone, FAX this form to the District within 1 hour of Breakdown: (661) 862-5251.

A follow-up written report must be received by EKAPCD within 10 calendar days or a Notice of Violation will be issued.

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|---|-------------------------------|----------------------|--------------------------|----|
| Initial Verbal / Electronic Notification | | | | |
| Reporting Date: | Time Reported: | | AM | PM |
| Discovery Date: | Time Discovered: | | AM | PM |
| Company: | | Phone: | | |
| Reporting Person: | | Email: | | |
| Permit #: | | Is this a CEM? | Yes | No |
| Equipment: | | | | |
| Equipment Location: | | | | |
| Cause of Breakdown: Equipment Failu | re Operations Anomaly | | System / Process Anomaly | |
| Detailed Breakdown Explanation: | | | | |
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| Information taken by: | | | | |

INITIAL EQUIPMENT BREAKDOWN REPORT

This page is for EKAPCD Use Only

| Deficiencies | (Check all items that apply) | | | | |
|--|---|---------------------------------|--|--|--|
| No initial notification was submitted. | Initial notification not made within specified time period. | | | | |
| No written report was submitted. | Written report not received within specified time period. | | | | |
| Deficiencies in notification made on recorder: | | | | | |
| No date given No time given | Name of reporting person not given | Equipment not specified | | | |
| Phone number of reporting person not given | Equipment permit numbers not given | Equipment location not given | | | |
| Deficiencies in written report: | | | | | |
| Insufficient detail on breakdown condition | Preventative action not specified | Corrective action not specified | | | |

| Written Report | | | | |
|------------------------|-------------------------------------|------------------|-----|----|
| Date Received: | Was report received within 10 Days: | | Yes | No |
| Reviewed By: | Has written report been approved: | | Yes | No |
| Inspected By: | | Inspection Date: | | |
| Deficiencies: | | | | |
| Comments/Observations: | | | | |
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