



South Coast Air Quality Management District

Rule 1110.2 - Quarterly Report for Stationary Engines

Due 15 days after the end of each calendar quarter (January 15, April 15, July 15, October 15)

Fax to 909-396-3343, or Mail to SCAQMD, Attention: Enforcement, P.O. Box 4941, Diamond Bar, CA 91765-0941

Quarter Ended (mm/dd/yyyy) _____ Report Date _____ Page Number ___ of ___

If there were no reportable incidents, enter "None" in box to right, complete Sections I and IV and submit form.

Empty box for "None" entry

Section I - Facility Information

Permit Issued to (business name of operator that appears on permit): _____ Valid AQMD Facility ID (available on permit or invoice issued by AQMD): _____

Facility Address: _____

City: _____ State: CA Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Name, title and phone number of the person to contact for further information:

Name _____ Title _____ Phone _____

Section II - Previously Reported Engine Breakdowns and Title V Deviations During the Quarter(Attach additional pages if needed.)

Table with 4 columns: Engine Application No., Type of Incident*, Date of Incident, Date of Written Report

*Enter one of the following: "Breakdown", "Title V Deviation", or "Title V Emergency".

Section III - Other Reportable Incidents During the Quarter (Summarize here, attach additional pages if needed, and complete Section V.)

Table with 3 columns: Engine Application No., Type of Incident**, Date Operator Learned of Incident

**Enter one of the following: "Air-to-Fuel Ratio Controller Fault or Alarm", "Parameter Out of Range", "Excess Emission Check" or "Other".

Section IV - Certification Statement

I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate and complete.

For Title V Facilities Only: [] I also certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX.

Signature _____ Title _____ Date _____
Type or Print Name _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip Code _____

Rule 1110.2 Quarterly Report for Stationary Engines

Facility ID: _____ Quarter Ended (mm/dd/yyyy): _____

Page Number ___ of ___

Section V - Information Regarding Incidents Reported in Section III:

Engine Application No. _____ Engine Description _____

Type of Incident* _____

Incident Description _____

Cause (to extent known) _____

Corrective Action Taken _____

Dates and Times of Events

Incident Began (to extent known) _____ Operator Discovered _____

Corrective Action Started _____ Compliance Achieved _____

Engine Shutdown _____ Engine Restarted _____

	O2, % (dry)	NOx, ppmvd @ 15% O2	CO, ppmvd @ 15% O2
Portable Analyzer Data before Corrective Action (if any)	_____	_____	_____
Portable Analyzer Data after Corrective Action	_____	_____	_____

Engine Application No. _____ Engine Description _____

Type of Incident* _____

Incident Description _____

Cause (to extent known) _____

Corrective Action Taken _____

Dates and Times of Events

Incident Began (to extent known) _____ Operator Discovered _____

Corrective Action Started _____ Compliance Achieved _____

Engine Shutdown _____ Engine Restarted _____

	O2, % (dry)	NOx, ppmvd @ 15% O2	CO, ppmvd @ 15% O2
Portable Analyzer Data before Corrective Action (if any)	_____	_____	_____
Portable Analyzer Data after Corrective Action	_____	_____	_____

**Enter one of the following: "Air-to-Fuel Ratio Controller Fault or Alarm", "Parameter Out of Range", "Excess Emission Check" or "Other".

(Attach additional pages if needed.)