



Form 500-N

Title V - Deviations, Emergencies & Breakdowns

*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Mail To: SCAQMD P.O. Box 4941 Diamond Bar, CA 91765-0941 Tel: (909) 396-3385 www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit):
2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):
3. Address: (where incident occurred) Street Address City State Zip
4. Mailing Address: (if different from Item 3) Street Address City State Zip
5. Provide the name, title, and phone number of the person to contact for further information: Name Title Phone #

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):
Table with 3 columns: Type of Incident, Verbal Report Due*, Written Report Due
a. Emergency under Rule 3002(g)
b. Breakdown under: Rule 430 (Non-RECLAIM), Rule 2004 (RECLAIM), Rule 218 (Non-RECLAIM) [See Rule 218(f)(3)]
c. Deviation with excess emissions [See Title V Permit, Section K, Condition No. 22B]
d. Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]

2. The incident was first discovered by: Name on Date Time AM PM
3. The incident was first reported by: Name of AQMD Staff Person on Date Time AM PM
a. Via Phone
b. In Person Notification Number (Required):
4. When did the incident actually occur? Date Time AM PM

AQMD USE ONLY
Table with 4 columns: Received By, Assigned By, Inspector, and various action items like Date/Time Received, Date Delivered To Team, Team, Sector, Breakdown/Deviation Notification No., Date Completed Report, Recommended Action, Final Action.

5. Has the incident stopped? a. Yes, on: _____ Date _____ Time _____ AM PM b. No
6. What was the total duration of the incident? _____ Days _____ Hours
7. For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), when was the end of the operating cycle during which the incident occurred? _____ Date _____ Time _____ AM PM
8. Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary.
9. The incident may have resulted in a:
 a. Violation of Permit Condition(s): _____
 b. Violation of AQMD Rule(s): _____
10. What was the probable cause of the incident? Attach additional pages as necessary.
11. Did the incident result in excess emissions? No Yes (Complete the following and attach calculations.)
 VOC _____ lbs NOx _____ lbs SOx _____ lbs H2S _____ lbs
 CO _____ lbs PM _____ lbs Other: _____ lbs _____ pollutant
12. For RECLAIM facilities Subject to Rule 2004 (i)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations?
 a. Yes, for: NOx SOx b. No, for: NOx SOx
 If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.
13. Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary.
14. Was the facility operating properly prior to the incident?
 a. Yes b. No, because: _____
15. Did the incident result from operator error, neglect or improper operation or maintenance procedures?
 a. Yes b. No, because: _____
16. Has the facility returned to compliance?
 a. No, because: _____
 b. Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)

Section III - 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 that I am the responsible official for this facility as defined in AQMD Regulation XXX.

1. Signature of Responsible Official:	2. Title of Responsible Official:
3. Print Name:	4. Date:
5. Phone #:	6. Fax #:
7. Address of Responsible Official:	
Street # _____	City _____ State _____ Zip _____