



Breakdown Notification

This form may be used to notify the District of breakdown or CEMS event in lieu of a verbal notification to **760-493-3538**. All written reports should be emailed to breakdowns@mdaqmd.ca.gov. **Faxes will no longer be accepted.**

PLEASE TYPE OR PRINT

Section I: Operator information

Facility name:		Facility ID No.:	
Contact name (first and last):		Contact title:	
Contact phone:		Contact email:	
WHERE THE INCIDENT OCCURRED ↓			
Permit No.:		Equipment description (name/process):	
List the equipment/process failure:			

Section II: Reporting of Breakdowns and CEMS events

1. THIS WRITTEN NOTIFICATION IS TO REPORT A:			
Type of incident	Initial report due	Written report due	
a. General notification/ Non-Breakdown Deviation	By permit condition(s) to: reporting@mdaqmd.ca.gov OR breakdowns@mdaqmd.ca.gov	Per permit requirements if applicable	
b. CEMS Emission Exceedance- Rule 218(d)	Must notify within 96 hours to breakdowns@mdaqmd.ca.gov OR 760-493-3538		
c. CEMS Offline > 1Hr - Rule 218(f)	Must notify within 48 hours to breakdowns@mdaqmd.ca.gov OR 760-493-3538		
d. Breakdown - Rule 430	Must notify within 1 hour to breakdowns@mdaqmd.ca.gov OR 760-493-3538	Reporting within sixty (60) days of the date of breakdown AND per permit requirements if applicable	
2. THE INCIDENT WAS FIRST DISCOVERED BY:			
Name:		Date:	Time:
3. WAS THE INCIDENT REPORTED TO THE BREAKDOWN HOTLINE? No Yes, on: Date: Time:			
4. WHEN DID THE INCIDENT ACTUALLY OCCUR?		5. HAS THE INCIDENT STOPPED:	
Date:	Time:	Yes, on: Date:	Time: No
6. WHAT WAS THE TOTAL DURATION OF THE INCIDENT?		7. FOR EQUIPMENT WITH AN OPERATING CYCLE, when was the end of the operating cycle during which the incident occurred?	
Dates:	to Hours:	Date:	Time:
8. DESCRIBE THE INCIDENT AND IDENTIFY EACH PIECE OF EQUIPMENT AFFECTED (BY PERMIT, APPLICATION, OR DEVICE NUMBER). Attach photos (when available) of the affected equipment and attach additional pages as necessary.			

9. THE INCIDENT MAY HAVE RESULTED IN A:		Permit condition violation:
		MDAQMD rule violation:
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. DESCRIBE THE STEPS TAKEN TO CORRECT THE PROBLEM. (i.e. steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventive measures employed to avoid future incidents. Attach photos of the failed equipment if available; attach additional pages as necessary.		
13. WAS THE FACILITY OPERATING PROPERLY PRIOR TO THE INCIDENT?		14. DID THE INCIDENT RESULT FROM OPERATOR ERROR, NEGLIGENCE OR IMPROPER OPERATION OR MAINTENANCE PROCEDURES?
Yes	No, because:	Yes Because:
		No >
15. HAS THE FACILITY RETURNED TO COMPLIANCE?		
Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)	No, because:	

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 (check one):			
<input type="checkbox"/> Initial notification report		<input type="checkbox"/> Follow-up report	
Signature of responsible official:		Title of responsible official:	
Printed name of responsible official:			Date:
Phone:		Email:	
Address of responsible official:		City:	State:
		Zip:	
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 MDAQMD Regulation XII.	

-For District use only-

Received by:	Date/time received:	Breakdown/deviation No.:
Date issued:	Issued to section:	Assigned by:
Inspector:	Date of review:	Date of inspection:
Enforcement action: No violation Variance Yes violation		Notes/comments:
Warning / NTC / NOV /		Case No.: