

**NMED AIR QUALITY BUREAU – ENFORCEMENT SECTION**  
**P.O. BOX 26110 - SANTA FE, NM – 87502-0110**  
**AFFIRMATIVE DEFENSE DEMONSTRATION FORM**

*TO BE USED FOR MALFUNCTION 20.2.7.111 NMAC – FAX NUMBER 505-827-1523*

**The information requested below should be submitted to the address above within 10 days after submittal of the initial notification of the event.**

AI Number:	Tracking Number:	Company Name:	Facility Name:	
Permit No.:	Emission Unit No.:	Emission Unit Description:	Person Reporting:	Phone Number:

\*\*\*The owner or operator must explain in detail below how each of the following items has been addressed in order for the Department to evaluate the Affirmative Defense claim. Additional pages may be attached if extra space is required. Additional information and supporting documentation is to be attached to this report (i.e. contemporaneous logs, charts, maintenance records, etc). \*\*\*

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(1) Explain in detail the cause and all contributing causes of the excess emissions.

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(2) Could this event have been foreseen and avoided or planned for? Why or why not (explain in detail)?

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(3) Why were your operation and maintenance practices unable to prevent this event? Please explain in detail. Include documentation of the facility maintenance program and the manufacturer's recommended maintenance for the emissions units involved in this event.

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(4) For the duration of the event, explain how the air pollution control equipment or processes were maintained and operated in a manner consistent with good practice for minimizing emissions.

(5) When were repairs made? When did the owner or operator know that applicable emission limitations were being exceeded?

(6) Was off-shift labor and overtime utilized during this event? Why or why not?

(7) How were the amount and duration of the excess emissions (including any bypass) minimized during this event?

(8) Explain why the excess emissions were not of a nature or quantity which would cause or contribute to an exceedence of ambient air quality standards. Please provide documentation.

(9) Were emission monitoring systems (if applicable) kept in operation during this event? Why or why not?

(10) Was the owner or operator's actions during this event documented by properly signed, contemporaneous operating logs, or other relevant evidence? Please provide documentation.

(11) Please list all excess emissions events in the past year that involved the same emissions units. If there has been at least one event in the past year involving the same emissions units, why was this issue not resolved previously?

(12) When did the event commence? When was notification submitted to the Air Quality Bureau?

**I certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate and complete.**

SIGNATURE OF PERSON RESPONSIBLE FOR TITLE V:

SIGNATURE OF REPORTING PERSON:

TITLE:

TITLE: