

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

TO BE USED FOR MALFUNCTION, START UP, SHUT DOWN, EMERGENCY AND DEVIATION – FAX NUMBER 505-827-1523

This form with original signature must be submitted to the address above within 24 hours and within 10 days of the 1st business day following start of the event.

GENERAL INFORMATION: (Note 1)								
AI Number:	Tracking Number:	Company Name:			Facility Name:			
Stationary Source <input type="checkbox"/>	Portable Source <input type="checkbox"/>	If portable source, location of source (UTM Coordinates to nearest 0.1 km or lat, long):						
Permit No.:	Emission Unit No.:	Emission Unit Description:			Initial Report: <input type="checkbox"/>	Update Report: <input type="checkbox"/>	Final Report: <input type="checkbox"/>	
Submitted Date:	Submitted Time:	Failure Date:	Failure Time:	Corrected Date:	Corrected Time:	Duration of Event:		
1 st Bus. Day After Start:	Person Reporting:			Phone Number:	Affirmative Defense Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REGULATORY REQUIREMENT FOR REPORT (check all that apply): (Note 2)								
<input type="checkbox"/> 20.2.7 NMAC	<input type="checkbox"/> 20.2.70.302.E NMAC	<input type="checkbox"/> 20.2.70.304.B NMAC	<input type="checkbox"/> NSPS	<input type="checkbox"/> MACT	<input type="checkbox"/> Other			
If other, explain:								
EVENT TYPE: (Note 3)								
<input type="checkbox"/> Malfunction	<input type="checkbox"/> Startup	<input type="checkbox"/> Shutdown	<input type="checkbox"/> Emergency	<input type="checkbox"/> Deviation	<input type="checkbox"/> Other			
If other, explain:								
EVENT IS A DEVIATION FROM OR IS INCONSISTENT WITH THE FOLLOWING REQUIREMENT: (Note 4)								
NATURE OF EVENT (Detailed Description): (Note 5)								
CORRECTIVE MEASURES (Detailed Description): (Note 6)								
ESTIMATED EMISSIONS FOR EVENT (if applicable), indicate units: (Note 7)								
NOx:	SO2:	CO:	PM:	VOC:	H2S:	Opacity (%):	Visible Emissions:	Other (specify):
BASIS OF ESTIMATE (attach supporting data): (Note 8)								
<input type="checkbox"/> Compliance Testing	<input type="checkbox"/> Continuous Emission Monitor	<input type="checkbox"/> Calculation	<input type="checkbox"/> Operating Log(s)	<input type="checkbox"/> Other				
If other, explain:								
PERMIT OR REGULATION ALLOWABLES (if applicable), indicate units: (Note 9)								
NOx:	SO2:	CO:	PM:	VOC:	H2S:	Opacity (%):	Visible Emissions:	Other (specify):
EXCESS EMISSIONS FOR EVENT (if applicable), indicate units: (Note 10)								
NOx:	SO2:	CO:	PM:	VOC:	H2S:	Opacity (%):	Visible Emissions:	Other (specify):
After reasonable inquiry, I certify this report as true, accurate and complete. SIGNATURE OF PERSON RESPONSIBLE FOR TITLE V:				SIGNATURE OF REPORTING PERSON:				
TITLE:				TITLE:				