

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

*TO BE USED FOR MALFUNCTION PURSUANT TO 20.2.7.111 NMAC AND STARTUP OR SHUTDOWN PURSUANT TO 20.2.7.112 NMAC
FAX NUMBER 505-476-4375*

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:		
TV Permit No.:	NSR Permit No.:	Startup: <input type="checkbox"/>	Shutdown: <input type="checkbox"/>	Malfunction: <input type="checkbox"/>	
Failure Pt. No.:	Failure Pt. Description:		Release Pt. No.:	Release Pt. Description:	
Person Reporting:		Office Phone Number:	Cell Phone Number:	Email Address:	

The owner or operator must explain each of the following applicable criteria to claim the affirmative defense. Additional pages should be attached if more space is required. Attach all supporting documentation (i.e. contemporaneous logs, charts, maintenance records, etc).

PLEASE NOTE – Fields below are designated for Malfunction only, Startup or Shutdown only, or all. Please provide information in all required fields for the type of affirmative defense you are claiming.

(1) Explain the cause and all contributing causes of the excess emission. **(MALFUNCTION ONLY)**

(2) Could this event have been foreseen and avoided or planned for? Why or why not? **(ALL)**

(3) Why were your operation and maintenance practices unable to prevent this event? Include documentation of the facility maintenance program and the manufacturer’s recommended maintenance for each emissions unit involved in this event (if applicable). **(ALL)**

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

(5) When were repairs made? When did the owner or operator know that the air quality regulation or permit condition was being exceeded? **(MALFUNCTION ONLY)**

(6) Was off-shift labor and overtime required during this event? Why or why not? **(MALFUNCTION ONLY)**

(7) Were these excess emissions caused by an intentional bypass of pollution control equipment? If so, please explain why. **(STARTUP OR SHUTDOWN ONLY)**

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

(9) Explain all steps taken to minimize the impact of the excess emissions on ambient air quality. Please provide documentation. **(ALL)**

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

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

(12) Identify 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, explain why this issue was not resolved previously? **(MALFUNCTION ONLY)**

(13) Identify all non-permitted startup or shutdown events that were not due to malfunction 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, explain why this issue was not resolved previously. **(STARTUP OR SHUTDOWN ONLY)**

(14) 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: