## **MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT**

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## **Breakdown Notification**

**Initial Report** 

Email completed reports to **breakdowns@mdaqmd.ca.gov**. *Faxes not accepted*.

PLEASE TYPE OR PRINT

## **Section I: Operator/equipment information**



| Reported by (name and title):   |                                       |        |            |                |                       |  |
|---|---------------------------------------|--------|------------|----------------|-----------------------|--|
| Incident was first discovered by:   |                                       |        |            |                |                       |  |
| Name:   |                                       |        |            | Date:          | Time:                 |  |
| Was an initial report submitted by phone? No  | Yes, on:                              | Date:  |            | Time:          |                       |  |
| Facility name:  |                                       |        | Company/Fa | cility No.:    |                       |  |
| Facility address (incl. City & ZIP):  |                                       |        |            |                |                       |  |
| Contact name (first and last):  |                                       |        |            | Contact title: |                       |  |
| Contact phone:  |                                       | Contac | ct email:  |                |                       |  |
| Permit Nos. (if available):   | Equipment description (name/process): |        |            |                |                       |  |
|   |                                       |        |            |                |                       |  |
| <b>DESCRIBE THE INCIDENT AND IDENTIFY EACH PIECE</b> Attach photos (when available) of the affected equipme |                                       |        |            |                | n, or device number). |  |

## **Section II: Event information**

| 1. THIS WRITTEN NOTIFICATION IS TO REPORT A:               |   |
|--|---|
| Type of incident   | Initial report due  |
| a. General notification/ Non-Breakdown Deviation           | By permit condition(s).   |
| b. CEMS Emission Exceedance- Rule 218(d)                   | Must notify within <b>96 hours</b> .                                      |
| c. CEMS Offline >1Hr - Rule 218(f)                         | Must notify within 48 hours.  |
| d. Breakdown - Rule 430                                    | Must notify within 1 hour.  |
| Date: Time:  | 3. HAS THE INCIDENT STOPPED:  Yes, on: Date: Time: No                     |
| Date:  | he end of the operating cycle during which the incident occurred?*  Time: |
| 5. ESTIMATED TIME TO REPAIR (must be provided as soon as p | oossible):  |
| CV(  | er/nour   |

<sup>\*</sup>The equipment is operated only until the end of a cycle or twenty-four (24) hours, whichever is sooner, at which time it shall be shut down for repairs unless a petition for an emergency variance has been filed with the clerk of the Hearing Board in accordance with Regulation V.