

SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT BREAKDOWN CONDITION REPORTING FORM (Rule 602)

Notice: Complete and return this report to the SMAQMD within 7 days after your breakdown has been corrected.

| LOCATION OF BREAKDOWN (PLEASE PRINT OR TYPE) |
|--|
| Name of business: _____ |
| Address: _____ <small style="display: inline-block; width: 20%; text-align: center;">Street Address</small> <small style="display: inline-block; width: 25%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 35%; text-align: center;">Zip Code</small> |
| Equipment involved: _____ SMAQMD Permit Number: _____ |
| Name of person providing information: _____ Title: _____ |
| Date of breakdown: ____/____/____ Time of breakdown: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Date reported to SMAQMD: ____/____/____ Time reported to SMAQMD: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| CAUSE OF BREAKDOWN |
| _____ _____ |
| CORRECTIVE MEASURES TAKEN |
| _____ _____ _____ _____ |
| ESTIMATED EMISSIONS DURING BREAKDOWN CONDITION (not required for Phase-II vapor recovery systems) |
| _____ _____ |

Please print or type

I, _____ hereby certify that the breakdown condition described above

was corrected at _____:____ AM PM on ____/____/____ and that the facility is now in

compliance with SMAQMD Rules.

X _____ Date: ____/____/____
Signature

_____ Telephone number: () _____ - _____
Title