SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT

PORTABLE EQUIPMENT RECORDKEEPING/REPORTING FORM

Company Name: ____________________ Registration #: ___________________

Equipment Description: ____

Complete Sections 1 through 5 below

1	2	3		4 (complete A or B)			5 (complete A or B)		
DATE	EQUIPMENT LOCATION	FUEL TYPE/ MATERIAL PROCESSED		A	B		A	B	
		FUEL	MATERIAL	Qty Fuel	Daily Oper Hrs	Hourly HP or BTU Rating	Qty Material Processed	Daily Oper Hrs	Throughput Rate