



Directions: Answer all applicable questions. If a question is not applicable, please indicate as such. Use additional sheets, if necessary. This form should be signed by a corporate officer or business owner. If this is not possible, the plant manager or other senior plant manager may sign the form.

As to scheduled maintenance: The occurrence shall be reported **in advance** to the Division Monday through Friday 8:00 a.m. to 5:00 p.m. and such work is performed during periods of non operation and when the Air Pollution Potential Index is under 50.

As to breakdown of equipment or abnormal operating conditions: The occurrence shall be reported to the Division as soon as practicable, but no later than two (2) hours after the occurrence. Please call the Notification line at (505) 224-6977 and leave a recorded message.

You must also fax this form to (505)768-1977 within **twenty-four (24) hours** of the occurrence. To speak with a staff member, call (505)768-1930 Monday through Friday 8:00 a.m. to 5:00 p.m.

DATE/TIME OF OCCURRENCE:	DATE/TIME OF SUBMISSION:		DATE/TIME OF CONDITION CORRECTED:	
REPORTING INDIVIDUAL NAME/TITLE:			TELEPHONE NUMBER:	
Company Name:		PLANT NAME/UNIT:		
DESCRIPTION OF EQUIPMENT INVOLVED:				
NATURE AND CAUSE OF MALFUNCTION:				
Corrective Actions Taken to Reduce Emissions:				
ESTIMATED AIR CONTAMINANT EMISSIONS (LBS/HR, LBS/MBTU, TONS, ETC) PARTICULATE:CO:NOx:SOx:		Basis of Estim	ING	ESTIMATED METHOD 9 VALUE%
OTHER:(INCLUDE ALL HAZARDOUS AIR POLLUTANTS EMITTED AND VOCS)			CULATION RATING LOGS	(Opacity)

I certify the above information to be true to the best of my knowledge and fully understand that pursuant to the Air Quality Control Act, Section 74-2-14(E) NMSA 1992 Replacement Pamphlet, any false statement, representation or certification by me may result in criminal prosecution, and upon conviction, be punished by a fine of not more than \$15,000 or by imprisonment for not more than six months, or both.