



YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT

1947 Galileo Court, Suite 103; Davis, CA 95618

Phone - (530)757-3650 Fax - (530)757-3670

BREAKDOWN FOLLOW-UP REPORT

This Breakdown Follow-up Report must be submitted subsequent to submitting an Initial Breakdown Report (Form 1015) and after corrections/repairs are completed.

See District Rule 5.2 for additional information/requirements

BREAKDOWN INFORMATION
Company: _____ Address: _____ City _____ Name or person submitting this report: _____ Phone: _____ Equipment involved: _____ Permit to Operate #: _____
CAUSE OF BREAKDOWN CONDITION
_____ _____ _____
CORRECTIVE MEASURES TAKEN
_____ _____ _____
ESTIMATED EMISSIONS DURING BREAKDOWN CONDITION (not required for Phase II Vapor Recovery Systems)
_____ _____ _____
Date Received: _____ Time: _____ [] AM [] PM Rec'd by _____ Ref'd to _____ <i>District Use Only</i>

I, _____ hereby certify that the breakdown condition described above was corrected at
(Print Name)

_____ : _____ [] AM [] PM on ___ / ___ / ___ and that the facility is now in compliance with Y-SAQMD Rules.

_____ Date: _____
(Signature)