

**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**

**EMERGENCY ENGINE INSTRUCTIONS  
THROUGHPUT / PRODUCTION REPORT  
-Calendar Year 2018 Reports are due by March 31, 2019-**

Need Assistance? Contact the District at (530) 757-3650 or email [throughput@ysaqmd.org](mailto:throughput@ysaqmd.org) for general questions. Ensure you email the completed form to [throughput@ysaqmd.org](mailto:throughput@ysaqmd.org) to receive a confirmation of receipt. We also accept faxes (530) 757-3670, mail or hand delivery.

A separate Throughput Report is required for each permit to operate. You may photocopy or download ([www.ysaqmd.org](http://www.ysaqmd.org)) a blank form for each permit. Make sure to specify the permit number on each report.

Ensure that the reported usage corresponds to the correct permit number. It is very important to report your actual usage, not your Permitted Process Limits listed on the permit.

1. **COMPANY NAME** - Print the complete name of the company. The company name placed on the Throughput Report must match the company name listed on the permit.
2. **SITE ADDRESS** - Print the street address where the equipment is located.
3. **PERMIT TO OPERATE #** - You can find this number located on the first page of the permit. The number will look like P-XX-XX.
4. **PROCESS DESCRIPTION** - This is a standard process, therefore this section has been completed.
5. **RESPONSIBLE PERSON** - Print the name of the person responsible for the permitted operation.
6. **TITLE** - Print the title of the responsible person listed.
7. **PHONE NUMBER** - Print the area code and phone number of the responsible person listed.
8. **ACTUAL PERMIT PROCESS USAGE** - Print the hours of operation for the engine in the appropriate row (e.g. testing/maintenance).

# 2018

**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**  
1947 Galileo Court, Suite 103; Davis, CA 95618 • (530) 757-3650  
**CALENDAR YEAR THROUGHPUT/PRODUCTION REPORT**  
**EMERGENCY ENGINE**

1. COMPANY NAME LISTED ON PERMIT:	2. SITE ADDRESS:	3. PERMIT # (one form per permit):  P-
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4. PROCESS DESCRIPTION:	5. RESPONSIBLE PERSON'S NAME: (print)	(Signature)
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6. TITLE:	7. PHONE NUMBER:
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8. **Actual** Permitted Process Usage:

Type	1st Qtr (Jan-Mar)	Units	2nd Qtr (Apr-Jun)	Units	3rd Qtr (Jul-Sep)	Units	4th Qtr (Oct-Dec)	Units	Total Annual Product*	Units
Testing/maintenance use		Hours		Hours		Hours		Hours		Hours
Emergency use		Hours		Hours		Hours		Hours		Hours
Total use		Hours		Hours		Hours		Hours		Hours

*\*Review your calculations before submitting*

**THIS FORM IS DUE BY MARCH 31, 2019**

**Email: [Throughput@ysaqmd.org](mailto:Throughput@ysaqmd.org) (Preferred)** • **Fax:** (530) 757-3670 • **Mail:** 1947 Galileo Court, Suite 103; Davis, CA 95618