



EMERGENCY CONDITIONS REPORT

SECTION 1: TYPE OF REPORT

- Initial Emergency Conditions Report (complete Section 2, items 1-3 of Section 3 and Section 5)
- Final Emergency Conditions Report (complete all Sections)

SECTION 2: SOURCE IDENTIFICATION

1) ERMS Account Number	2) BOA Source ID Number	
3) Source Name		
4) Address		
5) City	6) State	7) ZIP

SECTION 3: EMERGENCY INFORMATION

1) Date of Emergency	2) Duration of Emergency
3) Describe the nature and cause of the emergency (attach additional sheets if necessary)	
4) Demonstrate that the source took all reasonable steps to minimize excess VOM emissions during the emergency period (attach additional sheets if necessary)	

SECTION 3: EMERGENCY INFORMATION (continued)

5) Demonstrate that appropriate corrective action(s) were taken promptly (attach additional sheets if necessary)

6) Was the source being operated properly at the time of the emergency?

Yes

No (please describe - attach additional sheets if necessary)

7) Demonstrate that the affected emission units were being carefully and properly operated at the time of the emergency, were properly designed and were properly maintained with appropriate maintenance (attach additional sheets and appropriate records and other relevant evidence as necessary)

SECTION 4: EMISSION INFORMATION

1) Provide an estimate of the amount of VOM emissions that occurred during the emergency in excess of the technology-based emission factor achieved during normal operating conditions, including supporting data, the relevant emissions factor and calculations.

_____ pounds of VOM

SECTION 5: SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

_____/_____/_____
Date

Printed or Typed Name and Title

Phone number