

EXCEEDANCE REPORT

FOR BATCH VAPOR OR IN-LINE HALOGENATED SOLVENT CLEANING MACHINES

Machines Complying With Either the **Equipment Standard** or the **Alternative Standard**

(Applicable Rule: 40 CFR Part 63, Subpart T)

Owner/Operator/ Title							
Mailing Address							
City		State		Zip			
Facility Name							
Street Address (i.e., Physical Location)							
City		State		Zip			
Contact Person		Title		Phone			
List All Applicable Air Quality Permit/Authorization Number(s)							
Reporting Period	Semiannual Reporting	January – June (Due July 30)		July – December (Due January 30)			
	Quarterly Reporting	Jan – Mar		Apr – Jun		Jul – Sep	
	Other Reporting Period	Beginning Date:		Ending Date:			
Machine ID#	Machine Type ¹				Has an Exceedance Occurred During the Reporting Period? ²		
¹ For each machine, indicate <u>Machine Type</u> as Batch Vapor or In-Line. ² For each machine, indicate either “Yes,” followed by the number of exceedances, or “No Exceedances” or “Machine Inoperative.”							
NOTE: List additional machines on Page 2 of this form. Add additional copies of Page 2 as necessary.							
<input type="checkbox"/> No exceedance of a parameter occurred during the reporting period, and no piece of equipment was inoperative, out of control, repaired, or adjusted during the reporting period. (Mark the box if this statement is true.)							
Description of Exceedance(s), (Including Regulatory Citation ¹), Actions Taken ² , and Results of Actions							
Machine ID#:				Date of Occurrence:			
Exceedance:					Cite:		
Reason for the Exceedance:							
Actions Taken:							
Machine ID#:				Date of Occurrence:			
Exceedance:					Cite:		
Reason for the Exceedance:							
Actions Taken:							
¹ Under “Cite,” list the section (and subsection, paragraph, subparagraph, etc. as applicable) of the requirement in 40 CFR Subpart T that was not met. ² Information should include description of actions taken to comply with 40 CFR § 63.463(e) and (f), including records of written or verbal orders for replacement parts, a description of the repairs made, and additional monitoring conducted to demonstrate that monitored parameters have returned to accepted levels. If an exceedance has occurred, include actions taken in response to the exceedance.							
NOTE: Attach supplementary information as necessary. Report additional occurrences on Page 2 of this form. Add additional copies of Page 2 as necessary.							
Certification: This notification has been submitted as required by 40 CFR § 63.468(h). Based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this notification are true, accurate, and complete.							
Responsible Official (signature)							
Responsible Official (typed)					Date		
Responsible Official Title					Phone		

Machine ID#	Machine Type ¹	Has an Exceedance Occurred During the Reporting Period? ²

¹For each machine, indicate Machine Type as Batch Vapor or In-Line.
²For each machine, indicate either "Yes," followed by the number of exceedances, or "No Exceedances."

Description of Exceedance, Actions Taken and Results of Actions (Continued)

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			

Machine ID#:		Date of Occurrence:	
Exceedance:		Cite:	
Reason for the Exceedance:			
Actions Taken:			