

RAPCA Malfunction Reporting Form

Facility:

Address:

Premise No:

County:

Reported By:
Telephone No.:
Fax No.:

Title:

Date Reported:

Time Reported:

Source Name:

Source No.:

Air Pollution Control Equipment:

Date of Malfunction:

Time Malf. Began:

Time Malf. Ended:

Was the source shut down:

Was the Malf. > 72 hrs:

Comments:

Where did the malfunction occur?

How did the malfunction occur and what are the estimated emissions?

What steps are being taken to correct the malfunction and prevent the malfunction from reoccurring?