



City of St. Louis
DEPARTMENT OF HEALTH
AIR POLLUTION CONTROL



1415 N. Thirteenth St.
St. Louis, MO 63106-4424

Phone: (314) 613-7300
Fax: (314) 613-7275

**MALFUNCTION, BREAKDOWN AND/OR PROCESS UPSET
REPORTING SHEET**

DATE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

PERSON FILLING OUT FORM: _____

TITLE: _____

1. Identification of Process or Control Equipment causing Excessive Emissions.

2. Cause of Excessive Emissions (exact nature of problem).

3. Process Description.

4. Time and Duration of Excessive Emissions (give both the time that the Excessive Emissions started and the time at which the problem was corrected).

5. Type of Pollutants Emitted.

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6. Estimated quantity of Pollutants emitted to Atmosphere.

7. Steps taken to correct the problem.

8. What could have been done to avoid the Excessive Emissions?

9. What will be done to prevent future malfunctions of this type and eliminate the recurrence of Excessive Emissions?

CALL THE CITY OF ST. LOUIS, AIR POLLUTION CONTROL DIVISION,
IMMEDIATELY WHEN YOU HAVE A MALFUNCTION AND/OR EXCESSIVE
EMMISSIONS AT **613-7300** DURING REGULAR BUSINESS HOURS. PLEASE
COMPLETE THIS FORM AND MAIL IT TO THE FOLLOWING ADDRESS WITHIN
ONE WEEK OR WHEN THE PROBLEM IS CORRECTED.

SEND COMPLETED FORM TO:

City of St. Louis
Department of Health
Air Pollution Control Division
1415 N. 13th Street
St. Louis, MO 63106
(314)613-7300
FAX: (314)613-7275