**Bureau of Air Pollution Control**

**Notification of Deviation**

(rev. 12/21)

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| **NOTE:** Use this form to email a deviation notification within 15 days of an occurrence in accordance with NAC 445B.3405(1)(e)(2). Please provide all possible information as known or available at the time the report is submitted. If insufficient information is provided at the time of the 15-day notification, the Nevada Division of Environmental Protection – Bureau of Air Pollution Control may require that more information be submitted. If there is a chance that an excess emission occurred, please fill out an Excess Emission Notification form instead of this form.  **SEND (e-mail) COMPLETED FORM TO: aircompliance@ndep.nv.gov**  IS THIS NOTIFICATION BEING SUBMITTED WITHIN 15 DAYS OF DEVIATION?  Yes  No | | |
| **Date of Report:** Enter date | **Time of Report (Military Time):** Enter time | |
| **Company Name and Facility Name (COLA Number if Applicable):**  Enter company and facility name | | **Facility ID Number (FIN):**  Enter FIN |
| **Address or Location:**  Enter address | | **Permit Number:**  Enter permit number |
| **Permit Class:**  Class I  Class II  COLA  NMCP  NPSS  SAD | | |
| **Name of Individual Reporting:**  Enter name | **Title:**  Enter position title | |
| **Email Address:** Enter email address | **Phone 1:** Enter number | **Phone 2:** Enter number |
| **Emission Unit(s) and System(s) Involved (Include Location in UTM Coordinates):**  Enter system number(s) and emission unit number(s) | | |
| **Deviation was Result of or Associated With (Check all, if any, that apply):**  ***Process Equipment:***  Startup  Shutdown  Malfunction  Upset  Scheduled Maintenance/Repair  Testing  ***Pollution Control Equipment:***  Startup  Shutdown  Malfunction  Upset  Scheduled Maintenance/Repair  Testing  **Explain:** Explain details of deviation event  **NOTE**: If deviation was result of scheduled maintenance, testing, or repair, you were required to obtain prior Director’s approval (NAC 445B.232(2)). Specify date of Director’s approval (if applicable): Enter date | | |
| **If Cause of Deviation is Currently Unknown, Please Explain:** Enter initial observations of deviation  **NOTE**: If cause of deviation is not known at this time, a detailed description of the cause of the deviation is required no later than 15 days from the start of the deviation according to NAC 445B.3405(1)(e)(2). | | |
| **Was human error a cause or factor?**  Yes  No  If yes, explain: Explain human error details | | |
| **Start Date of Deviation:**  Enter date | **Start Time of Deviation (Military Time):**  Enter time | |
| **End Date of Deviation:**  Enter date | **End Time of Deviation (Military Time):**  Enter time | |
|  | **Duration of Event (Hours: Minutes):**  Enter duration | |
| **Steps Taken to Prevent Reoccurrence:** Explain how the deviation will be prevented in the future | | |
| **How Many Times has this Deviation Occurred for the Same Emission Unit(s) and System(s) in the Past 12 Months?** Enter number of similar deviations | | |
| **Was Deviation a result of routine start-up or shut down for purposes of controlling production?**  Yes  No If yes, explain: Explain event | | |
| **Provide applicable documentation with this report. Acceptable document formats include PDF, TIFF, JPEG, JPG, PNG, XLS, and XLSX.** | | |