

## **Emergency Episode Plan for Stationary Source Curtailment**

Dated	1:				
emiss When be yo	ourpose of this document is to assist or contaminants from station approved by the Santa Barbara Cour "Stationary Source Curtailment Pas (NO <sub>x</sub> ), carbon monoxide (CO) or page	nary sources in the eventy Air Pollution Conlan" involving reactive	vent of an air atrol District, e hydrocarbor	pollution epis	sode. will
1.	Name of Organization				
2.	Mailing Address				
3.	Location(if d				
4.	Nearest Cross Street	lifferent than above)			
	Telephone Number				
5.	Briefly describe the general nature	of the business or ager	ncy		
6.	Number of Employees:	Day Shift	Second Shift	Third Shift	
	Normal Weekday:				
	Major National Holiday:				
7.	Energy Consumption:				
		Electricity	Gas or Fi	uel Oil	
	Normal Weekday:	kv	wh	_	
	Major National Holiday:	kv	vh		

8.	Measu	res to brief employees about Air Pollution Emergency Episodes:
		Employees given memo explaining Air Pollution Episode
		Company newspaper with article explaining importance of Air Pollution-Episode Actions.
		Letter mailed to employees explaining importance of Air Pollution Episode Actions.
		Immediate supervisor explained importance of Air Pollution Episode Actions.
		Other (explain)
9.		ares used to notify employees and individuals responsible for emissions curtailment s to be taken when an Episode is declared:
		Announcement will be made over public address system.
		Immediate supervisor will inform employees.
		A printed sign will be placed at exit, or time clock, or at any conspicuous location announcing episode declaration.
		Other

10. Equipment which emits RHC, NO<sub>x</sub>, CO or PM. List all equipment, including units which will not shut down. (attach additional pages if needed)

Type of Equipment (spray booth, boiler, degreaser, etc.)	Number of Units	Normal Emissions lbs/day			(1) % reduction in emissions and time required to attach reduction			
		RHC	$NO_x$	CO	PM	Stage 1	Stage 2	Stage 3
						_		

- (1) Allow sufficient time to prevent damage to material in process. For predicted episodes, operations which emit RHC, NO<sub>x</sub>, CO or PM will be curtailed.
- (2) Indicate by an asterisk those units which are not necessary to public health or safety.

11.	For st	age 1 episodes of RHC, NO <sub>x</sub> , CO or PM provide the following information:
The 1	measures	s to voluntary curtail equipment emitting air contaminants:
12.	For st	age 2 episodes of RHC, NO <sub>x</sub> , CO or PM provide the following information:
	a)	The measures to curtail as much as possible, without upsetting production equipment operations which emit air contaminants:
	b)	The measures to postpone operations which can be postponed until after the episode.

	•		out jeoparaizin	g the public health or s
Equipmen	t Name and De	scription	<u>I</u>	Permit Number*
A list of	all equipment	with permit numbe	rs which mus	t be operated to prote
	alth or safety,			minant emissions from
<u>Equipmen</u>	at Name and De	scription_	<u>I</u>	Permit Number*
			pollutant for e	ach episode stage as a
Estimate to of the imp	icincination of			
		(lbs/day)		
	RHC		<u>CO</u> <u>I</u>	PM
			<u>co</u> <u>i</u>	<u>PM</u>
of the imp			<u>co</u> <u>i</u>	<u>PM</u>

<sup>\*</sup>Permit number is not applicable for new sources.

16. The following Company officials will be responsible for receiving notification from the Santa Barbara County Air Pollution Control District and will be responsible for initiating company curtailment actions. Air Pollution Episode Plan Coordinator: Name \_\_\_\_\_ Alternate \_\_\_\_ Office Telephone \_\_\_\_\_\_ Telephone \_\_\_\_\_ **Company Officer** Signature \_\_\_\_\_ Business Address: (if same address as Page 1, do not fill in) Approved by the Santa Barbara County Air Pollution Control District Title: \_\_\_\_\_ Date:

NOTE: Federal regulations require that a copy of the approved emergency plan shall be on file and readily available on the premises to any person authorized to enforce the provisions of this section.