



CEMS Alarm Reporting Form ENF-107

Santa Barbara County Air Pollution Control District
260 N. San Antonio Road, Suite A
Santa Barbara, CA 93110-1315

Complete this reporting form ENF-107 within 24 hours after an alarm state for your Continuous Emissions Monitoring System (CEMS) has ended. Provide as much detail as possible and email the reporting form to SBDAS@sbcapcd.org.

I. General Information

Company Name	<input type="text"/>	Facility ID #	<input type="text"/>
Contact Name	<input type="text"/>	Permit #	<input type="text"/>
Phone Number	<input type="text"/>	Facility Name	<input type="text"/>

II. Alarm Details

Start of Alarm		End of Alarm	
Date	<input type="text"/>	Date	<input type="text"/>
Time (ex. 12:00 PM)	<input type="text"/>	Time (ex. 12:00 PM)	<input type="text"/>

Is this an emissions limit exceedance? ☐ Yes ☐ No

Note: If the cause of the alarm is an emissions limit exceedance, also submit a Deviation Report or qualifying Rule 505 Breakdown to enfr@sbcapcd.org

If yes, select all that apply:

- ☐ Exceedance of Mass Limit
☐ Exceedance of Concentration Limit (ppmv)
☐ Failure to Meet Efficiency Requirement

If no, state reason for alarm:

CEMS Parameters Causing Alarm:	<input type="text"/>
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Detailed Explanation of Alarm:	<input type="text"/>
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III. Alarm Resolution

Corrective Action Taken:	<input type="text"/>
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Measures Taken to Prevent A Recurrence of Alarm:	<input type="text"/>
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