



*City of St. Louis*  
**Department of Health**  
**AIR POLLUTION CONTROL**



FRANCIS G. SLAY  
*Mayor*

<http://stlouis.missouri.org/citygov/airpollution>

1520 MARKET ST RM 4058  
 ST. LOUIS, MO 63103

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MELBA R. MOORE, MS, CPHA  
*Commissioner of Health*

**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.

\_\_\_\_\_  
 \_\_\_\_\_

# MALFUNCTION, BREAKDOWN AND/OR PROCESS UPSET REPORTING SHEET (Page 2)

6. Estimated quantity of Pollutants emitted to Atmosphere.

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7. Steps taken to correct the problem.

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

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

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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  
Air Pollution Control Division  
1520 Market St. Rm 4058  
St. Louis, MO 63103-2629