

Environmental Pollution Control Equipment
Breakdown/Repair Reporting To Allegany County

The Mixing Station operator will be responsible for reporting all breakdown reports regarding Environmental Pollution Control Equipment to the Allegany County Health Department Bureau of Air Pollution.

The responsible shift or area manager will initiate the breakdown report by contacting Mixing Station operator. The operator will complete the form below and call the County at 373-3121 (Monday through Friday between 8:00 a.m. and 4:30 p.m.) or 637-2243 (at all other times). The form will be used as a guideline when making the call. After making the call, the Mixing Station operator will fax a copy of this report to the appropriate Area as stated below and retain the original for further reference. Then the Mixing Station operator will fax a copy to the Data Analyst (Vonita White) at 283-1011. Check appropriate area and fax to the associated fax # (If a fax machine is out of order, the attendant will contact and notify the appropriate Manager).

Area of Breakdown	FAX TO:
<input type="checkbox"/> Cooling Areas including PIC Bathhouse system	Area Manager Cooling FAX 1604 B Battery Shift Manager Office FAX 1674 Area Manager Operating Maintenance FAX 1385 FAX 1271
<input checked="" type="checkbox"/> #1 or #2 Control Room <input checked="" type="checkbox"/> #5 CR (Sulfur Plant) & Bog Plant	Data Analyst - Vonita White FAX 1011 Area Manager Gas Handling FAX 1713 Area Manager Chemical Recovery & Waste Water Treatment Department Area Manager Cooling FAX 1604 Data Analyst - Vonita White FAX 1011 FAX 1271

>>>>>>>>>>>>>>> ALSO FAX REPORT TO ORIGINATOR FAX 1476

The Allegany County Health Department Bureau of Air Pollution is to be notified twice. Before the breakdown occurs is the one (1) hour breakdown period, and again when the breakdown is terminated (repairs completed). Completed fax copies are to be submitted to the appropriate area and the Data Analyst (Vonita White) at 283-1011 upon completion/termination. (These should include the termination time, date, and contact person).

1. Name of Attendant	R STRANFER	9. Name of Manager	MIKE
2. Date of Breakdown	12-24-18	10. Manager Phone Number	1777
3. Time of Breakdown	4:34 AM	11. Date of County Notification	12-24-18
4. Estimated Time of Repair		12. Time of County Notification	7:05 AM
5. ID# of the Breakdown (if available)	21258	13. Name of County Contact Person	Chris
6. Type of Pollution Controlled	Possible high sulfide in 625		
7. Nature of Breakdown	By passing #5CR completely Due to fire or #2CR Roof #5CR or #2CR are down flat		#AQ000048
8. Measures taken to minimize pollution and breakdown time			

(Called in at 7:00 AM)

Termination Information

13. Date of Repair	17. Time of Repair
14. Name of County Contact Person	
15. Date of County Notification	18. Time of County Notification
16. Name of Attendant	19. Name of Manager