



**CITY OF PHILADELPHIA**  
DEPARTMENT OF PUBLIC HEALTH  
PUBLIC HEALTH SERVICES  
AIR MANAGEMENT SERVICES

Air Management Services  
321 University Avenue  
Philadelphia PA 19104-4543  
Phone: (215) 685-7572  
FAX: (215) 685-7593

## **INSTRUCTIONS FOR MONITORING REPORT FORM**

The monitoring report form shall be used by facilities to meet the reporting requirements contained in their operating permit. The reports must be submitted by the dates required in the permit. Please note the following when completing the form:

1. **Period** is the time period that is covered in the form.
2. Any air pollution source listed in the operating permit that has not been in operation for more than one year must be listed in the form. The listing shall include the **Date** the equipment was deactivated, the **ID No.** and name (**Equipment**) used for the equipment in the operating permit, and if a maintenance plan is attached. All maintenance plans for deactivated sources must conform to the requirements specified in 25 Pa. Code Section 127.11a.
3. Any deviations of permit requirements or malfunctions of equipment that occurred during the time period of this report must be listed. Each listing must include the **Date**, of occurrence the operating permit **ID No.** and name (**Equipment**) of any equipment involved, a description (**Nature of Deviation/Malfunction**), and the **Duration** of the deviation/malfunction. Below each listing should be a brief description of the probable cause of the deviation/malfunction and any corrective actions or preventive measures taken.
4. All monitoring reports must be certified by a **responsible official**, as defined in 25 Pa. Code Chapter 121.
5. **All submissions and correspondence should be directed to:**

Chief of Facility Compliance and Enforcement  
Air Management Services  
321 University Avenue  
Philadelphia PA 19104-4543.



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**MONITORING REPORT FORM**

Period:	Facility:	Tax ID:
Permit No:	Address:	Plant ID:
Permit Contact:	Title:	Telephone No.:

Permit Contact Email:

List any air pollution source which has not been in operation for more than one year.

<u>Date</u>	<u>ID No.</u>	<u>Equipment</u>	<u>Is Maintenance Plan Attached?</u>
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List any deviations of permit requirements and any malfunctions of processes, air pollution control equipment, or monitoring equipment that occurred during the time period covered by this report. Below each deviation and malfunction, briefly describe the probable cause and any corrective actions or preventive measures taken.

<u>Date</u>	<u>ID No.</u>	<u>Equipment</u>	<u>Nature of Deviation/Malfunction</u>	<u>Duration</u>
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Subject to the penalties of Title 18 Pa. C.S. Section 4904 and 35 P.S. Section 4009(b)(2), I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate, and complete.

(Signed): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Typed): \_\_\_\_\_

Title: \_\_\_\_\_