

Emergency Generator Model _____

Year: _____	Monthly Hours of Operation	12 - Consecutive Month Hours of Operation (Limit < 500 hours/year)	Amount of Fuel Combusted	Units	Monthly Visible Emission Surveys					*** If Method 9 applicable % Opacity
					Initials of Observer	Date	Time	Visible Emissions? Yes/No	** Corrective Action within 8 hours?	
Jan.										
Feb.										
March										
April										
May										
June										
July										
Aug.										
Sep.										
Oct.										
Nov.										
Dec.										
		Total =								

* Please indicate "DNR" or "Did Not Run" for dates when the unit is not in use.
 ** If visible emissions are observed, perform corrective action within eight hours. If emissions persist, perform a Method 9 within 24 hours of the initial observation.
 *** An individual must be certified to perform a Method 9.