Continuous Monitoring System Downtime Report <sup>a</sup> Form 3-A					
Company Name:					Page:
Reporting Period: From: To:					
CMS has not been inoperative, out-of-control, repaired or adjusted during the reporting period <sup>b</sup> Yes No					
HAPs Monitored:					
Name of Unit Monitored:					
Downtime Began <sup>c</sup>		Downtime Ended <sup>c</sup>			<b>Corrective Action/Preventive</b>
Date	Time	Date	Time	Explanation of Downtime <sup>d</sup>	Measures Taken <sup>e</sup>

<sup>a</sup> As required by 40 CFR 63.8(c)(8) and 40 CFR 63.10(b)(2)(vi).
 <sup>b</sup> 40 CFR 63.10(e)(3)(v).
 <sup>c</sup> Downtime defined as inoperative, or out-of-control [40 CFR 63.10(c)(5) and (6)].
 <sup>d</sup> 40 CFR 63.10(c)(10).
 <sup>e</sup> Include nature of the repairs and adjustments made [40 CFR 63.10(c)(11) and (12)].