

Form 5-B Planned Startup/Shutdown Checklist

This form is **ONLY** used to document action taken during each planned startup and shutdown.

Facility ID: _____ Plan Recorded By: _____ Date Plan Recorded: _____

Equipment Type: _____

DATE OF SHUTDOWN: _____ DATE OF STARTUP: _____
 TIME OF SHUTDOWN: _____ TIME OF STARTUP: _____
 EVENT RECORDED BY: _____

Follow the procedure listed below for each planned process equipment or air pollution control equipment startup and shutdown. Check off steps completed.

PROCEDURE for <u>STARTUP</u> , <u>SHUTDOWN</u> , or <u>BOTH</u> [<u>underline one</u>]	Check if procedure was followed

There were (**check one**):

_____ **no** deviations from the procedure.

_____ Deviations from the procedure.
 (Fill out *Form 6 - Report of Deviation From S/S/M Plan*)

_____ **no** excess emissions occurred.

_____ excess emissions occurred.