

**BAY AREA AIR QUALITY MANAGEMENT DISTRICT****AB2588 SUPPLEMENTAL EMISSIONS REPORTING FORM**

Air Toxics "Hot Spots" Information and Assessment Act Emissions Inventory

**For Upload or Mail to:**BAAQMD  
Engineering Division  
939 Ellis Street,  
San Francisco, CA 94109

(415) 749-4990

All fields are required unless otherwise noted. Please type or print.

- If your facility emits any of the substances listed in the Toxic Substance Check List - Appendix A-1 (see link below) in amounts greater than one half of the applicable degree of accuracy (in lbs/year) for a given substance, you are required to report the emissions of the substance.
- Fill out this form to report emissions of substances *not already* listed in the **Facility Toxics Emissions Report** and the emissions are greater than one half of the applicable degree of accuracy for that substance (See Appendix A-1).
- Fill out this form to report corrections to emissions for substances listed in the **Facility Toxics Emissions Report**.

**1. Facility Identification**

Facility Name	BAAQMD Facility ID (Existing facilities only)

**2. Supplemental Emissions Information**STEP 1. Download the **Facility Toxics Emissions Report** spreadsheet from the link in the Renewal Step 3.STEP 2. Review it for accuracy and completeness of compounds emitted that are part of the Air Toxics "Hot Spots" Information and Assessment Act reporting requirements. The Toxic Substance Checklist - Appendix A-1 can be found here: <http://www.arb.ca.gov/ab2588/final/a1.pdf>STEP 3. Fill out table below for additional substances emitted or corrections to emissions of substances listed in the **Facility Toxics Emissions Report**. Use additional forms if necessary to fully report emissions.

Device Number	Pollutant Name	CAS Number	Emissions (lbs per year)	Effective Date for Emissions (Update Period End Date)

**3. Certification/Signature** of person responsible for the information on this form.*I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.*

Name	Title	
Signature	Date	Phone #