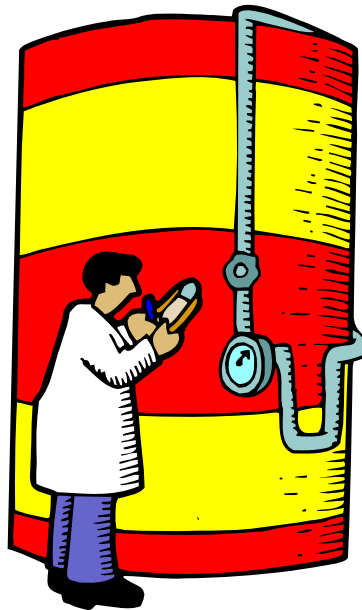


CHAPTER 13

The Operator Form: O-101

In This Chapter:

- Form Overview
- Form Relationship
- Form Completion Instructions



CHAPTER 13: The Operator Form

FORM REFERENCE
Form Type 0-101 AQD Source ID (SRN) Z9999

OPERATOR'S INFORMATION Operator 1 of 1

Operator's First Name, Middle Initial: Joseph
Operator's Last Name: Sample
Operator's Title: Process Manager
Remove from MAERS: No
Mailing Address (Street Number and Name or P.O. Box): 555 W. Main St
Address Continued:
City: Lansing State/Province: MI Country: USA Zip or Postal Code: 48909
E-Mail Address (if available): joesample@samplecorp.com
Telephone Number: (517) 555-6789 Telephone Extension: Fax Number: () -
OPERATOR'S ID (only complete this area if you have more than one operator) Row 1 of 1
Operator's Reporting Group or Emission Unit:

FORM OVERVIEW

The Operator Form, O-101, asks for information about the person(s) responsible for the completeness and accuracy of the submitted MAERS information. The AQD does not have any specific qualifications for who can be an operator – the facility can decide who is the most appropriate person(s) to certify the information. It is important to distinguish the operator from the contact person identified on the S-102 form. The operator is the one certifying the data, while the contact is the person that the AQD will call if they have questions about the data.

Facilities must have at least one operator. However, some companies have different people responsible for emissions from different processes at the facility. Therefore, instead of making one person responsible for all of the emissions, each person can certify their respective data. If a facility has more than one operator, the reporting groups and emission units that the operator is responsible for must be listed on the Operator's ID section of the form. Portable sources can only have one operator.

FORM RELATIONSHIP



The operator's name(s) entered on this form will pre-fill fields on the P-101 form (see Chapter 15).

FORM COMPLETION INSTRUCTIONS

This form consists of three sections: the Form Reference section, the Operator’s Information section, and the Operator’s ID section. If you submitted a MAERS report during a previous reporting period, all of this information should be pre-filled. If any information has changed or needs to be updated, edit the proper fields. If all the information that is pre-filled is still accurate, you do not have to complete this form. Following is an explanation of each section of the O-101 form, as well as step-by-step instructions on how to complete the required fields.

Form Reference Section (There are no editable fields in this section)

FORM REFERENCE	
Form Type O-101	AQD Source ID (SRN) Z9999

The Form Reference Section identifies the **Form Type** that is open (O-101), as well as the facility’s **AQD Source ID** or Source Registration Number (SRN). This information is pre-filled and cannot be edited.

Operator’s Information Section

Complete the fields in this section for each operator. Follow the steps below.

OPERATOR'S INFORMATION				Operator 1 of 1
Operator's First Name, Middle Initial		Operator's Last Name		
<input type="text"/>		<input type="text"/>		
Operator's Title		Remove from MAERS		
<input type="text"/>		<input type="text"/>		
Mailing Address (Street Number and Name or P.O. Box)				
<input type="text"/>				
Address Continued				
<input type="text"/>				
City	State/Province	Country	Zip or Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-Mail Address (if available)				
<input type="text"/>				
Telephone Number	Telephone Extension	Fax Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

- Operator’s Information:** Enter operator’s name, mailing address, telephone, and fax number, and e-mail address. Every source must have at least one operator.

If there is more than one operator, choose **Edit** on the menu bar and select **Add Operator**. Another Operator Information section will appear. Enter the operator information for this operator.

Operator's ID Section

Complete this section only if the source has more than one operator. Follow the steps below.

OPERATOR'S ID (only complete this area if you have more than one operator)		Row 1 of 1
Operator's Reporting Group or Emission Unit	<input type="text" value="EUBOILER"/> EUBOILER EUCOATING1 EUPROCESS2	

- Operator's Reporting Group or Emission Unit ID:** Click on this field and a drop-down list with all the Reporting Group and Emission Unit IDs that were created on the EU-101 and RG-101 forms will be displayed. For the operator identified above, select the reporting group(s) or emission unit(s) that they are responsible for. Do not include emission units that are part of a reporting group.

If the operator is responsible for more than one emission unit or reporting group, choose **Edit** on the menu bar and select **Add Operator ID**. An Operator ID box will appear. Select the second emission unit or reporting group.

