Form 1. **EGLE COMPLIANCE ASSURANCE MONITORING (CAM) EXCURSION/EXCEEDANCE SUMMARY REPORT FORM**[2]

FACILITY NAME/SRN#:_____

REPORTING PERIOD:_____

Date[1]:	ROP Emission Unit or Flexible Group ID:	Performance indicator:	Duration:	Cause:	Corrective action:	Comments:

[1] If there were no exceedances/excursions during the reporting period, enter a value of "none" in the date column

[2] This form should be sent with the semiannual Renewable Operating Permit Certification form.

4/30/2019