

**INSPECTION REPORT FOR DOWN  
OR RESTRICTED UNIT  
FOR INTERNAL USE ONLY**

**DATE OF INSPECTION:**

**INSPECTION START TIME:**

**INSPECTION END TIME:**

**NAME OF PLANT OWNER:**

**NAME OF PLANT:**

**UNIT NUMBER:**

**UNIT CAPACITY (MW):**

**PLANT OPERATIONS STAFFING PROVIDED BY:**

**PLANT MAINTENANCE STAFFING PROVIDED BY:**

**NOX MITIGATION:** SCR UNIT INSTALLED? YES \_\_\_ NO \_\_\_  
IFGR UNIT INSTALLED? YES \_\_\_ NO \_\_\_  
LOW NOX BURNERS INSTALLED? YES \_\_\_ NO \_\_\_

**STATUS OF SHORT AND LONG TERM NOX MITIGATION MEASURES:**

**TYPE OF OUTAGE AS DESCRIBED BY OWNER'S REPRESENTATIVE:**

SCHEDULED

FORCED

SCHEDULED THEN FORCED

FORCED THEN SCHEDULED

**AMOUNT CURTAILED (MW):**

**REASON FOR OUTAGE:**

BOILER

BOILER FEEDWATER PUMP

BOILER TUBE LEAK

BOILER WATER CHEMISTRY

CIRCULATING WATER PUMP

CONDENSATE PUMP

CONDENSERS

ELECTRICAL SYSTEM

EMISSION CONTROL EQUIPMENT (SCR, IFGR, low NOx burners, etc.)

EMISSION LIMITATION (non-equipment related such as AQMD limits, NOx credits, etc.)

FEEDWATER HEATER

FORCED DRAFT FAN

GAS TURBINE

GENERATOR

HRSG

INDUCED DRAFT FAN

INSTRUMENTATION & CONTROL SYSTEM

MAIN PLANT COMPRESSOR

MAIN TRANSFORMER

OPERATOR ERROR

STARTUP SYSTEM

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STEAM TURBINE  
OTHER (explain)

**DATE AND TIME OUTAGE BEGAN:**

**DATE AND TIME OF SCHEDULED RETURN TO FULL OPERATION:**

**HOW MANY HOURS/DAYS PER WEEK IS PLANT WORKING ON CORRECTING PROBLEM,  
AND WHAT IS THE NUMBER OF PEOPLE COMMITTED TO THE EFFORT?**

**PERSONS INTERVIEWED:**

<u>Name</u>	<u>Employer</u>	<u>Title</u>	<u>Telephone Number</u>
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**DATA REVIEWED and/or OBSERVATIONS MADE ON-SITE (Include dates of reference):**

**LIST THE DOCUMENTS REQUESTED:**

**DID YOU RECEIVE ALL DOCUMENTS REQUESTED ON-SITE?**

**IF NOT, WHAT DOCUMENTS DID YOU NOT RECEIVE?**

**SUMMARY OF EVENTS AND OBSERVATIONS (No Conclusions)**

**PRINT YOUR NAME**

**SIGNATURE**

**DATE**