

**COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
Air Pollution Control Division**

**UPSET CONDITION REPORTING FORM
for
HOUSED COMMERCIAL SWINE FEEDING OPERATIONS**

Date Upset Event Started: _____ **Date Upset Ended:** _____

Operation/Facility Name : _____

Name of Person Reporting: _____

Phone Number: _____

Description of Upset Event:

1.) **Cause & impact of upset -** _____

2.) **All actions taken to correct the upset condition -** _____

3.) **All actions taken to prevent the upset condition from recurring -** _____

Time Upset Started: _____ **Did upset result in excess odor(s)** _____

Time Upset Ended: _____ **Total Time of Upset:** _____

To report an upset condition, follow the instructions below:

**(1) Fax form to: (303) 782-0278, or
Call the upset line at: (303) 692-3155**

**(2) Mail form to:
Colorado Department of Public Health & Environment
APCD-SS-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Attention: Regulatory/Compliance Assistance Unit**

Signature: _____

Date: _____

Time: _____