



DEQ

State of Oregon
Department of
Environmental
Quality

Actual Emissions Using Continuous Monitoring System Data

FORM F1106

1. Reporting year:				
2. Facility name:		3. Permit number:		4. Pollutant:
5. Emissions by emission source				
a.	Device or process ID			
b. Monthly Continuous Monitoring System (CMS) emissions (lbs):				
	January			
	February			
	March			
	April			
	May			
	June			
	July			
	August			
	September			
	October			
	November			
	December			
c.	Total CMS emissions for year (lbs)			
d.	Total operating time (hours)			
e.	Total CMS downtime (hours)			
f.	Proportion of usable CMS data			
g.	90 th percentile (lb/hour)			
h.	CMS downtime emissions (lbs)			
i.	Total emissions (lbs)			
j.	Total emissions (tons)			
6. Form F1106 page ___ of ___				