



**HEALTH RISK SCREENING ANALYSIS FORM**

For permit applications that cause emission levels above triggers in Regulation 2, Rule 5

All fields are required unless otherwise noted. Please type or print.

**Mail to:**  
BAAQMD  
Engineering Division  
939 Ellis Street,  
San Francisco, CA 94109

Tel: (415) 749-4990

**1. Facility Identification**

Facility Name	BAAQMD Facility ID (Existing facilities only)

**2. Area Map** (See instructions)

I have completed an area map and attached it with this form. Yes      No

**3. Building Information** – Attach separate sheet if additional space is needed.

The dimensions of the buildings listed in this section are in: (Select one) Feet      Meters

Provide information on all buildings identified in the area map from Part 2.

Building #	Building Name	Height	Width	Length	Type of Occupants

**4. Device Location** – Attach separate sheet if additional space is needed.

Provide information on all devices included in this application. For new devices, skip BAAQMD Device ID. If device is outside, skip Building #.

BAAQMD Device ID	Device Name	Location	Building #

**5. Certification/Signature** of person responsible for the information on this form.

This form contains confidential information. No      Yes (If Yes, see instructions.)

***I hereby certify that I am authorized to complete this form for the facility and that all information contained herein is true and correct.***

Name	Title	
Signature	Date	Phone (xxx-xxx-xxxx)