Department of the Navy
Naval Air Station, Jacksonville

OPERATION AND MAINTENANCE PLAN (EU No. 105)

Month/Year: _____

Emission Unit Description: _____

CONTROL EQUIPMENT SPECIFICATIONS

Manufacturer: _____ Design Air Flow: _____ CFM

Model Number: _____ Air to Cloth Ratio: _____

Type: _____ Material: _____

Check appropriate item.

Cleaning Mechanism: Pulse jet ☐ Reverse Air ☐ Mechanical ☐ Other ☐

Please describe: _____

_____

_____

MONTHLY CHECK

Date of Inspection: _____ Inspector's Name: _____

Check appropriate item(s) and describe action taken, including date, under comments.

Fan:	Good condition	☐	Maintenance Performed	☐
Bags:	Good condition	☐	Need repair or replacement	☐
Baghouse Structure:	Good condition	☐	Needs repair	☐

Baghouse Clean Air Side: Clean ☐ Light Dust ☐ Heavy Dust ☐

Pressure Drop: Do not operate outside this pressure drop range.

Primary Filter East

Primary Filter West

Visible Emissions: Yes No

Comments:_____

_____