**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:_____

_____