Department of the Navy
Navel Air Station, Jacksonville

OPERATION AND MAINTENANCE PLAN
(For those EUs with more than one dust collector)

Emission Unit Description: _____ (Please List EU No.)

CONTROL EQUIPMENT SPECIFICATIONS

Manufacturer: _____ Design Air Flow: _____ CFM

Model Number: _____ Air to Cloth Ratio: _____

Type: _____ Bag Material: _____

Secondary Dust Collector, Please Describe: _____

Tertiary Dust Collector, Please Describe: _____

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 ☐

Secondary and tertiary dust collectors, describe condition and maintenance performed:

Comments:_____

_____

_____