Department of the Navy
Naval Air Station – Jacksonville

OPERATION AND MAINTENANCE PLAN

(Please List EU No.)

Emission Unit Description: _____ _____

CONTROL EQUIPMENT SPECIFICATIONS

Manufacturer: _____ Design Air Flow: _____ CFM

Model Number: _____ Air to Cloth Ratio:
_____

Type: _____ Bag Material: _____

Check appropriate item.

Cleaning Mechanism: Pulse jet ☐ Reverse Air ☐ Mechanical ☐ Other ☐ Please describe:_____

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 ☐

Comments:_____

_____

_____