

Department of the Navy
Naval Air Station, Jacksonville

OPERATION AND MAINTENANCE PLAN

(For those EUs with more than one dust collector)

(Please List EU No.)

Emission Unit Description: _____

Control Equipment Specifications

Manufacturer: _____

Design Air Flow: _____CFM

Model Number: _____

Air to Cloth Ratio: _____

Type: _____

Material: _____

Secondary dust collector, Please describe: _____

Tertiary dust collector, Please describe: _____

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

MONTHLY CHECK

Check appropriate box(es) and describe action taken, including date, under comments

Date of Inspection: _____

Inspector's Name: _____

Fan: Good condition ☐

Maintenance Performed ☐

Bags: Good condition ☐

Needs 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: _____