

Year: _____

Dust Collector # _____

	Monthly Inspection of the structural and mechanical integrity of the exhaust dust collector:		Monthly Visible Emission Surveys				*** If Method 9 applicable % Opacity	
			Initials of Observer	Date	Time	Visible Emissions? Yes/No		** Corrective Action within 8 hours?
	Date	Observation Notes						
Jan.								
Feb.								
March								
April								
May								
June								
July								
Aug.								
Sep.								
Oct.								
Nov.								
Dec.								

* Please indicate "N/A" for dates when the dust collector is not in use.

** If visible emissions are observed, perform corrective action within eight hours. If emissions persist, perform a Method 9 within 24 hours of the initial observation.

*** An individual must be certified to perform a Method 9.

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