

Year: \_\_\_\_\_

	Monthly Visible Emission Surveys					*** If Method 9 applicable % Opacity
	Initials of Observer	Date	Time	Visible Emissions? Yes/No	** Corrective Action within 8 hours?	
Jan.						
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sep.						
Oct.						
Nov.						
Dec.						

\* Please indicate "N/A" for dates when the unit 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.