

Start Date: _____

Stop Date: _____ Waste Oil Furnace Number: _____

	Monthly Visible Emission Surveys					*** If Method 9 applicable % Opacity	Amount of fuel burned (gal)
	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.