

# Baghouse

Use for permits issued after 6/2/2022 – Always check your permit for additional requirements



small business  
assistance  
PROGRAM

Source ID#: \_\_\_\_\_

Source Name: \_\_\_\_\_

CD and/or EU#: \_\_\_\_\_

Month: \_\_\_\_\_

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

Allowable Pressure Drop Range: from \_\_\_\_\_ to \_\_\_\_\_ inches of water column (listed in Section 2.2 Control Requirements in DAQ permit)

	Date																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Initials of employee doing reading/inspection																																
<b>Daily Pressure Differential Reading</b> <i>Inspect While Equipment is Running</i>																																
Enter the pressure drop across the baghouse (inches of water column)																																
<b>Daily Visible Emissions Checks</b> <i>Inspect While Equipment is Running</i>																																
If yes (Y), explain the problem and corrective actions taken below.																																
Visible emissions observed?																																
<b>Monthly External Inspection</b> <i>Inspect While Equipment is Running</i>																																
Enter a "Y" in each box if no problem is found. Enter an "N" if there is a problem. If you enter an "N," explain the problem and corrective actions taken below.																																
Date of monthly inspection																Initials of employee conducting monthly inspection																
Is the equipment in good working order?																Is the pulse timing sequence adequate?																
Does the cleaning system appear to be working as usual?																Are the fans working with no unusual sounds or vibrations?																
Are the seams, connections, housings sealed and leak-free including wall, hoppers, ducting, and piping?																																
<b>Annual Internal Inspection</b> <i>Inspect While Equipment is Shut Down</i>																																
Was the annual inspection done this month?																																
Date of annual inspection if completed this month																Initials of employee conducting annual inspection																
Is the internal mechanical integrity of the unit free of defects?																Number of bags replaced?																
Comments/Repairs/Notes (Attach additional sheets if necessary)																																