



Maricopa County Air Quality Department
3800 North Central Ave, Suite 1400, Phoenix, AZ 85012
Phone: 602.506.6010 Fax: 602.372.0587
AQPermits@maricopa.gov



OPERATIONS AND MAINTENANCE GENERAL PLAN

Permit #: _____ Date of Preparation: _____ Business Name: _____
Business Address: _____ City: _____ State: _____ Zip: _____

General description of facility operations:

Description of process(es) ducted to control device(s) including pollutants controlled:

Complete description of the control device(s) covered by the O&M Plan including manufacturer, model, rated capacity, total number of identical units, equipment identification number:



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List the operating parameters to be monitored including the units of measure (inches H₂O, deg F, gpm), upper and lower operating limits, and frequency of recording measurements (daily, continuous). List the method of recording measurements (manual, stripchart recorder, data acquisition system) and the type of instrumentation (magnehelic, temperature sensor, flowmeter) with instrument display range for each operating parameter.

Operating Parameter	Units of Measure	Operating Limits	Recording Frequency	Record Method	Instrument Type	Display Range

Attach a copy of all operations log sheets, stripcharts, and computer printouts utilized to document operating parameters of the equipment.

Additional Guidance:

Operating limits may require modifications to reflect annual conditions during performance testing. An operations log sheet should be completed for every day the process and/or control device is in operation. Records are required to be retained for a minimum of five years.



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List the maintenance procedures to be performed and the frequency of each procedure.

Procedure	Frequency

Attach a copy of all maintenance checklists and computer printouts utilized to document completion of maintenance procedures performed on the equipment.

Additional Guidance:

The spare parts inventory should be sufficient to handle all maintenance requirements and reasonably expected malfunction corrections. Records are required to be retained for a minimum of five years.



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Training Requirements:

Additional Information:

I certify that the information provided in this form and accompanying documents is true, correct and complete to the best of my knowledge.

Authorized Signatory: _____ Date Signed: _____

Title: _____ Company: _____

OFFICE USE ONLY

Approved By: _____ Date: _____