



Maricopa County Air Quality Department
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BAGHOUSE PREVENTATIVE MAINTENENCE CHECKLIST

Business Name: _____

Equipment Identification: _____

O&M Plan Revision Date: _____

Date _____	Technician _____	
<u>Daily Procedures</u>		
	<u>Results</u>	<u>Action Taken</u>
Monitor cleaning system cycle	_____	_____
<u>Weekly Procedures</u>		
	<u>Results</u>	<u>Action Taken</u>
Check for proper system damper operations	_____	_____
Check bag tension	_____	_____
Check compressed air system	_____	_____
Activate key shutdown or bypass controls	_____	_____
<u>Monthly Procedures</u>		
	<u>Results</u>	<u>Action Taken</u>
Spot-check bag condition & seating	_____	_____
Inspect system for corrosion & material buildup	_____	_____
Check all moving parts for vibration, wear & alignment	_____	_____
<u>Quarterly Procedures</u>		
	<u>Results</u>	<u>Action Taken</u>
Thoroughly inspect bags	_____	_____
Inspect door gaskets	_____	_____
Check for dust buildup in ducts	_____	_____
Check for proper damper valve seating	_____	_____
<u>Semi-Annual Procedures</u>		
	<u>Results</u>	<u>Action Taken</u>
Calibrate instrumentation	_____	_____
Check cleaning system for rebalance requirements	_____	_____
Inspect baffles, hopper duct, etc., for wear	_____	_____
Inspect general structural integrity of system	_____	_____

COMMENTS:
