

## **OPERATION AND MAINTENANCE PLAN**

Permit Number:	Business Name:	
Date of Plan:	Business Address:	

General description of overall facility operations:

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

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

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.

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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Other:				
I certify that I am familiar with the operations and equipment represented in this Plan and attachments and the information provided herein is true, correct, and complete to the best of my knowledge				
Authorized Signature:	Date:			
Name and Title:				
DO NOT WRITE IN THIS SPACE				
DO NOT WRITE IN THIS SPACE Reviewed by:	Date:			
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Reviewed by:	Date:			