



FIBER-BED MIST ELIMINATORS OPERATION AND MAINTENANCE RECORD

This information is required by Article II, Part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to provide this information may result in penalties and/or imprisonment.

Applicable Rule: 40 CFR Part 63, Subpart N--National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks.

NOTE: Affected facilities using a fiber-bed mist eliminator to comply with the chromium emission limit must complete this form. Records must be maintained on file for five years and made available upon request for inspection by the Michigan Department of Environment, Great Lakes, and Energy.

1. PLANT NAME		2. PLANT LOCATION	
3. CONTROL DEVICE ID #	4. INSTALLATION DATE	5. DATE OF LAST PERFORMANCE	
6. TANKS DUCTED TO CONTROL SYSTEM:			
TANK ID #	TYPE OF TANK (i.e., hard chrome, decorative chrome or chrome anodizing)		
7. INSPECTION/MAINTENANCE CHECKLIST (insert inspector's initials in boxes):			
<p>Inspections and maintenance of process tank(s), control devices and monitoring equipment should be conducted on a quarterly basis or per manufacturer's recommendations where noted. Visually inspect the fiber-bed unit and prefiltering device to ensure there is proper drainage, no chromic acid build up in the unit and no evidence of chemical attack on the structural integrity of the device. Inspect the ductwork from the tank(s) to the control device to check for leaks. Follow the manufacturer's recommendations when performing washdown of fiber elements.</p>			
INSERT INSPECTOR'S INITIALS IN BOXES BELOW INSPECTION DATE			
CONTROL DEVICE INSPECTION	Month/Day/Year	Month/Day/Year	Month/Day/Year
Inlet and Outlet Transition Zones			
Spray Nozzles			
Fiber Beds			
Prefiltering Device			
Drain Lines			
Fan Motor			
Fan Vibration			

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MONITORING EQUIPMENT INSPECTION	Month/Day/Year	Month/Day/Year	Month/Day/Year
Pressure Lines Connected			
Pressure Drop Monitors Calibrated			

CONTROL DEVICE MAINTENANCE	Month/Day/Year	Month/Day/Year	Month/Day/Year
Washdown of Fiber Beds ¹			

¹ Frequency of maintenance per manufacturer's recommendations.

8. CORRECTIVE ACTIONS:		
Maintenance performed on control equipment, process tank(s) and monitoring equipment must be documented. Record items such as type of maintenance performed and the time out of service. Be sure to include the date and initials of the person performing the maintenance.		
DATE	INITIALS	SUPERVISOR INFORMED: <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE	INITIALS	SUPERVISOR INFORMED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DATE	INITIALS	SUPERVISOR INFORMED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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DATE	INITIALS	SUPERVISOR INFORMED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTE: This checklist contains only the minimum requirements and does not include all of the system checks that need to be performed to ensure proper operation of the control system. Facilities should incorporate information recommended by the control system vendor.