



Maricopa County Air Quality Department
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CYCLONE DAILY OPERATIONS LOG SHEET

Business Name: _____

Equipment Identification: _____

O&M Plan Revision Date: _____

<u>PARAMETER</u>	<u>LIMITS</u>	<u>READINGS</u>					
Date	_____	_____	_____	_____	_____	_____	_____
Time	_____	_____	_____	_____	_____	_____	_____
Technician	_____	_____	_____	_____	_____	_____	_____
Visible emissions present at outlet	_____	_____	_____	_____	_____	_____	_____
Cyclone pressure drop (in H ₂ O)	_____	_____	_____	_____	_____	_____	_____
Gas velocity (ft/sec)	_____	_____	_____	_____	_____	_____	_____
Inlet temperature (°F)	_____	_____	_____	_____	_____	_____	_____

COMMENTS (INCLUDING CORRECTIVE ACTION TAKEN):