



**Maricopa County Air Quality Department**  
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**BAGHOUSE PREVENTATIVE MAINTENENCE CHECKLIST**

Business Name: \_\_\_\_\_

Equipment Identification: \_\_\_\_\_

O&M Plan Revision Date: \_\_\_\_\_

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

**COMMENTS:**