

Month of _____

**15.OPS.15 ATTACHMENT 2
MONTHLY AIR FILTER COLLECTION FORM**

The following inspections shall be conducted on a monthly basis or otherwise as directed by the RSO. Inspectors are required to date and sign their names on the Inspection Checklist that they complete. Deficiencies noted during inspections will be noted on the form. If the deficiency can be corrected in the same day the correction will be noted on the form. If the deficiency cannot be corrected with in the same day then a corrective action shall be initiated by the Inspector.

1) Location A – North Background Air Sampler

Collection Time: _____ Re-Start Time: _____ Was timer reset to zero? Yes No

Observed End Elapsed Time: _____ Within Expected Values? Yes No

Air Flow Calibration

Observed Flow Rate, Flow Meter: _____

Observed Flow Rate, AFC – STP: _____

Observed Flow Rate, AFC – Actual: _____

Comments: _____

2) Location B - South Background Air Sampler

Collection Time: _____ Re-Start Time: _____ Was timer reset to zero? Yes No

Observed End Elapsed Time: _____ Within Expected Values? Yes No

Air Flow Calibration

Observed Flow Rate, Flow Meter: _____

Observed Flow Rate, AFC – STP: _____

Observed Flow Rate, AFC – Actual: _____

Comments: _____

If any of the inspection items are checked "No" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature:

Date of Inspection:

3) Location C – Central West Air Sampler

Collection Time: _____ Re-Start Time: _____ Was timer reset to zero? Yes No

Observed End Elapsed Time: _____ Within Expected Values? Yes No

Air Flow Calibration

Observed Flow Rate, Flow Meter: _____

Observed Flow Rate, AFC – STP: _____

Observed Flow Rate, AFC – Actual: _____

Comments: _____

4) Location D – Central East Air Sampler

Collection Time: _____ Re-Start Time: _____ Was timer reset to zero? Yes No

Observed End Elapsed Time: _____ Within Expected Values? Yes No

Air Flow Calibration

Observed Flow Rate, Flow Meter: _____

Observed Flow Rate, AFC – STP: _____

Observed Flow Rate, AFC – Actual: _____

Comments: _____

5) Location E – Treatment Building Air Sampler

Collection Time: _____ Re-Start Time: _____ Was timer reset to zero? Yes No

Observed End Elapsed Time: _____ Within Expected Values? Yes No

Air Flow Calibration

Observed Flow Rate, Flow Meter: _____

Observed Flow Rate, AFC – STP: _____

Observed Flow Rate, AFC – Actual: _____

Comments: _____
