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CYCLONE PREVENTATIVE MAINTENANCE CHECKLIST

Business Name: _____

Equipment Identification: _____

O&M Plan Revision Date: _____

<u>Monthly Procedures</u>	<u>Results</u>	<u>Action Taken</u>
Inspect cyclone & ductwork for plugging	_____	_____
Check for proper damper settings	_____	_____
Check condition of cyclone walls & fan blades	_____	_____
Inspect dust discharge mechanisms for leakage from dust discharge	_____	_____

COMMENTS: