



Form 1155A: Particulate Matter Control Devices Summary

(Required to demonstrate compliance with Rule 1155 (f)(1). To be used with Form 1155B and 1155C)

Facility Name:		Phone No.:	AQMD Facility ID:
Address:		City:	
		Zip:	

Section 1 - Baghouse Information

Complete the following for each permitted baghouse at the facility. The corresponding "Process Unit" number will be used when recording each visible emission observation on Form 1155B and 1155C.

Process Unit (1)	AQMD Permit No. (2)	Type of Operation (3)	Tier* (4)	Equipped with BLDS** (5)	Equipped with VFP*** (6)	Required Observation Frequency (7)
1		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
2		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
3		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
4		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
5		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
6		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
7		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required
8		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Not Required

* Tier 1 ≤ 500 sq ft; Tier 2 > 500 ≤ 7500; Tier 3 > 7500 sq. ft. ** Baghouse Leak Detection System. *** Verified Filtration Product

Section 2 - Observer Information

Complete the following information for each person conducting Method 22 visible emission evaluations at the facility. The corresponding "Observer Number" will be used to identify the observer when recording visible emissions observations on Form 1155B.

Observer No. (8)	Observer Name (9)	Observer Affiliation (10)	Observer Phone (11)
S1			
S2			
S3			
S4			
S5			
S6			
S7			
S8			
S9			
S10			

Section 3 – Observation Point Summary

Enter the appropriate information for each of the observation points in the table below.

O/P Designation (12)	Type of Observation (13)	Description of Observation Point (14)	Distance from Sources (ft) (15)	O/P Designation (16)	Location (17)	Description of Observation Point (18)	Distance from Sources (ft) (19)
P1	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			P4	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
P2	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			P5	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
P3	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			P6	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		

Section 4 – Source Layout Sketch

In the areas provided below sketch the process unit(s) being observed and indicate the observer's location(s). Label each observation point using the corresponding O/P Designations from Section 3 – Observation Point Summary above.

Indoor Operations

Outdoor Operations

Section 5 - Indoor Operation (Light/Meter Information)

Method 22 – Visual Determination of Fugitive Emissions From Material Processing Sources requires that a light meter, capable of measuring illumination in the 50 to 200 lux range, be used for indoor observations. The selected meter shall be used to measure the level of illumination at a location as close to the emission source(s) as is feasible. An illumination of greater than 100 lux is considered necessary for proper application of this method. In the area provided below, indicate the type of light present in the indoor location and light meter used by the facility in conjunction with the observations.

Indoor Light Type (20): <input type="checkbox"/> Fluorescent <input type="checkbox"/> Incandescent <input type="checkbox"/> Natural <input type="checkbox"/> Other (specify)	Brand Light Meter (21):	Model (22):	Lux Range (23):
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