1. Air cleaning device designation or number _____

2. Date of inspection _____ _____ _____ _____

3. Time of inspection _____ _____ _____ _____

4. Is air cleaning device operating properly (yes/no) _____ _____ _____ _____

5. Tears, holes, or abrasions in fabric filter (yes/no) _____ _____ _____ _____

6. Dust on clean side of fabric filters (yes/no) _____ _____ _____ _____

7. Other signs of malfunctions or potential malfunctions (yes/no) _____ _____ _____ _____

8. Describe other malfunctions or signs of potential malfunctions. _____

_____

_____

9. Describe corrective action(s) taken. _____

_____

_____

10. Date and time corrective action taken _____ _____ _____ _____

11. Inspected by

(Print/Type Name)	(Title)	(Signature)	(Date)

(Print/Type Name)	(Title)	(Signature)	(Date)

Figure 2. Air Cleaning Device Inspection Checklist