



Maricopa County Air Quality Department  
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**CATALYTIC OXIDIZER DAILY OPERATIONS LOG SHEET**

Business Name: \_\_\_\_\_  
 Equipment Identification: \_\_\_\_\_  
 O&M Plan Revision Date: \_\_\_\_\_

<u>PARAMETER</u>										<u>LIMITS</u>			<u>READINGS</u>							
Date	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Time	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Technician	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Pre-catalyst temperature (°F)	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Post-catalyst temperature (°F)	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Catalyst pressure drop (in H <sub>2</sub> O)	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Inlet gas flow rate (cfm)	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Fuel flow rate (cfm)	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Visible emissions present at outlet (Y/N)	_____									_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

**COMMENTS (INCLUDING CORRECTIVE ACTION TAKEN):**

\_\_\_\_\_