

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