

South Coast Air Quality Management District 21865 Copley Drive, Diamond Bar, CA, 91765 http://www.aqmd.gov 1-800-CUT-SMOG

Form 1155B: Particulate Matter Control Device Records

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

Facility Name:								Location/Buil	iding:	AQMD Facility ID:	
Observation	Information (Obtain O/P Design	ation, Process Uni	t and Observer Number	ers from Form 11	155A)					
Observation (24)	ervation Units		ight Meter Reading (Indoor Only) (28) Weather Conditions (Outdoor Only) (27)		Observation Time		Emission Time (29)	Corrective Action Taken Upon Observing Emission		Equipment Shut Down (31)	Observer Info (32)
Date:	□1 □2 □3 □4	Illumination (lux):	Wind Direction:	☐ Clear ☐ Cloudy	Start Time:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	□ 5 □ 6 □ 7 □ 8		Wind Speed:	Overcast Precipitation	End Time:	_		Time:		Time:	Observer Initials:
Date:	□ 1 □ 2 □ 3 □ 4	Illumination (lux):	Wind Direction:	☐ Clear ☐ Cloudy	Start Time:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	5		Wind Speed:	Overcast Precipitation	End Time:			Time:		Time:	Observer Initials:
Date:	□ 1 □ 2 □ 3 □ 4	Illumination (lux):	Wind Direction:	☐ Clear	Start Time:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	□ 5 □ 6 □ 7 □ 8		Wind Speed:	Overcast Precipitation	End Time:			Time:		Time:	Observer Initials:
Date:	□ 1 □ 2 □ 3 □ 4	Illumination (lux):	Wind Direction:	☐ Clear	Start Time:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	□ 5 □ 6 □ 7 □ 8		Wind Speed:	Overcast Precipitation	End Time:			Time:		Time:	Observer Initials:
Date:	□1 □2 □3 □4	Illumination (lux):	Wind Direction:	☐ Clear ☐ Cloudy	Start Time:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	□ 5 □ 6 □ 7 □ 8		Wind Speed:	Overcast Precipitation	End Time:			Time:		Time:	Observer Initials:
Date:	□1 □2 □3 □4	Illumination (lux):	Wind Direction:	☐ Clear ☐ Cloudy	Start Time:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	□ 5 □ 6 □ 7 □ 8		Wind Speed:	Overcast Precipitation	End Time:			Time:		Time:	Observer Initials:
Date:	□ 1 □ 2 □ 3 □ 4	Illumination (lux):	Wind Direction:	☐ Clear ☐ Cloudy	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
O/P Designation:	□ 5 □ 6 □ 7 □ 8		Wind Speed:	Overcast Precipitation	End:			Time:		Time:	Observer Initials:

)hservation	Information	(Ohtain O/P Designation	Process Unit and Observe	er Numbers from Form 1155A

Observation (24)	Process Units Observed	Light Meter Reading (Indoor Only) (26)	Weather Conditions (Outdoor Only) (27)		Observation Time		Emission Time (29)	Corrective Action Taken Upon Observing Emission (30)		Equipment Shut Down	Observer Info (32)
Date:	□1 □2	Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	□3 □4			Cloudy							
O/P Designation:	□5 □6		Wind Speed:	☐ Overcast	End:			Time:		Time:	Observer Initials:
	□7 □8			☐ Precipitation							
Date:	□ 1 □ 2	Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	□3 □4			Cloudy							
O/P Designation:	□5 □6		Wind Speed:	☐ Overcast	End:			Time:		Time:	Observer Initials:
	□7 □8			☐ Precipitation							
Date:	□ 1 □ 2	Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	□3 □4			Cloudy							
O/P Designation:	□5 □6		Wind Speed:	Overcast	End:			Time:		Time:	Observer Initials:
	□7 □8			☐ Precipitation							
Date:	□ 1 □ 2	Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	□3 □4			Cloudy							
O/P Designation:	□ 5 □ 6		Wind Speed:	Overcast	End:	_		Time:		Time:	Observer Initials:
	 □ 7 □ 8			Precipitation							
Date:		Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	□3 □4			Cloudy							
O/P Designation:	□ 5 □ 6		Wind Speed:	Overcast	End:			Time:		Time:	Observer Initials:
	☐ 7 ☐ 8			☐ Precipitation							
Date:	1 <u></u> 2	Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	3 4			Cloudy							
O/P Designation:	□ 5 □ 4 □ 5 □ 6		Wind Speed:	Overcast	End:			Time:		Time:	Observer Initials:
				☐ Precipitation							
Date:	1 <u></u> 2	Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	3 4			Cloudy							
O/P Designation:	□ 5 □ 6		Wind Speed:	Overcast	End:			Time:		Time:	Observer Initials:
				Precipitation							
Date:		Illumination (lux):	Wind Direction:	Clear	Start:	Total (min):	Total (min):	Date:	Actions:	Date:	Observer No.:
	□ 1 □ 2 □ 3 □ 4			Cloudy							
O/P Designation:	☐ 3 ☐ 4 ☐ 5 ☐ 6		Wind Speed:	Overcast	End:	1		Time:		Time:	Observer Initials:
	☐ 5 ☐ 6 ☐ 7 ☐ 8			I <u> </u>							
	□/□8			☐ Precipitation							

Form 1155B rev 03/10