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

Form 1155C: Baghouse Leak Detection System Records
(Required to demonstrate compliance with Rule 1155 (f)(2). To be used with Form 1155A)

Facility Name:	Location/Building:	AQMD Facility ID:
Party Responsible for BLDS Maintenance:	Title:	Phone:

Section A -Alarm Summary (Do not include alarms within 30 minutes of startup)

Alarm Date (33)	Process Unit (see Form 1155A) (34)	Alarm Start Time (35)	Alarm End Time (36)	Duration of Alarm (37)	Emissions Observed During Alarm? (38)	Baghouse Corrective Action Needed? (39)	Count Alarm Time?* (40)	Counted Alarm Time (41)	Total Alarm Time (hrs) (42)	Total Operating Time (hrs) (43)	Total Alarm Time/Total Operating Time (44)	Equipment Shut Down Date (If Box 44 > 5%) (45)	Equipment Shut Down Time (46)	Equipment Re-start Date (47)	Equipment Re-start Time (48)
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No								

* Alarm time is not counted when no emissions are observed and no corrective action to baghouse is needed.

** This includes the "Total 6 Month Alarm Time" from the previous row added to the "Duration of Alarm" for the current alarm. If the Alarm Time is not to be counted the figure would remain unchanged.

*** Rule 1155 (e)(3)(G) requires that the equipment be shut down if, for the last 6 month period, the cumulative alarm time exceeds 5% of the total operating time.

Section B - Cause and Corrective Action Summary

Using the areas provided below, enter the appropriate "Cause of Alarm" and "Corrective Action Taken" for each entry in the Alarm Summary section.

Alarm Date (49)	Process Unit (see Form 1155A) (50)	Alarm Start Time (51)	Cause of Alarm (52)	Corrective Action Taken (53)
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8			

Section C - Maintenance and Inspection Summary

Date (54)	Time (55)	Activity Type (56)	Process Unit (see Form 1155A) (57)	Party Conducting Activity (58)		Status (59)	Repairs Needed/Completed (60)
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	
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		☐ Inspection ☐ Maintenance	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Name:	Phone:	☐ No Action Needed ☐ Repairs Required ☐ Repairs Completed	