

Operation And Maintenance Plan (O & M Plan)

Name of Facility: _____ Year: _____ Checked By: _____

Street Address: _____ City: _____ State: _____ Zipcode: _____

Machine Identification: _____ Make: _____ Model: _____ Serial #: _____

Weakly Leak Checks (Enter N for No Leak; Y and Date for Perceptible Leak)										
Part	Date/Leak	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Hose & Pipe Connections	Observed									
	Repaired									
Fittings	Observed									
	Repaired									
Couplings	Observed									
	Repaired									
Pumps	Observed									
	Repaired									
Door Gasket & Seating	Observed									
	Repaired									
Filter Gasket & Seating	Observed									
	Repaired									
Solvent Tank	Observed									
	Repaired									
Solvent Container	Observed									
	Repaired									
Water Separator	Observed									
	Repaired									
Muck Cooker	Observed									
	Repaired									
Still	Observed									
	Repaired									
Exhaust Damper	Observed									
	Repaired									
Diverter Valve	Observed									
	Repaired									
Cartridge Filter Housing	Observed									
	Repaired									