Air Pollution Control District
Annual Survey Form
Source Type - Abrasive Blasting

Please answer all of the following questions

Company Name _____
Company Location _____
Mailing Address _____
Company Contact _____ Telephone _____
Email _____
1) Calendar year of the information reported: 20____
2) Operating schedule: Hrs/Day_____ Days/Week _____ Weeks/Yr _____
3) Total hours of operation during the calendar year: _____

4) Type of blasting method: dry _____ wet abrasive _____
hydroblasting _____ vacuum blasting _____

5) Blasting is:confined _____ unconfined _____

6) Types of objects being blasted: _____

Indicate the number and type of equipment that your company owns or operates at this site and which production equipment is vented to controls:

7)Production Equipment	8) Controlled	9) Pollution control equipment
Blasting room _____	_____	Baghouse_____
Blasting booth _____	_____	Cyclone _____
Shrouding _____	_____	Rotoclone_____
Compressor _____	_____	Other specify_____
Nozzels _____	_____	

10) Types of abrasives used:	Quantities (lbs/day):	Quantities (tons/year):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11) Size of compressor:_____

12) Fuel used in compressor: _____ Quantity used per year:_____

Use the back of this form for additional comments or clarification.