**Industrial Equipment/Systems Maintenance Records**

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| **Facility Name:** |  | **DEQ Authorization No. OKR05** |  |

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| **Name of Equipment/System:** | | | |  | | | | | | | |
| **Describe maintenance activities:** | | | | |  | | | | | | |
| **Maintenance Schedule:** | | | | | | | **Date of Maintenance Action:** | | | | |
| **Reason for Action:** | | |  | | **Regular Maintenance** | | | | |  | **Discovery of Problem** |
| **If Problem,** | | | | | | | | | | | |
|  | * **Description of Action Required:** | | | | |  | | | | | |
|  | * **Date the System/Eqmt Returned to Full Function:** | | | | | | |  | | | |
|  | * **Justification for Extended Schedule, if applicable:** | | | | | | | |  | | |
| **Additional Notes:** | |  | | | | | | | | | |
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| **Additional Notes:** | |  | | | | | | | | | |
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