

**VR-201-202-XX Healy Quarterly Inspection**

SOURCE INFORMATION and Inspection Date: _____	
Facility (DBA): _____	Individual conducting inspection: _____
Facility Street Address: _____	Affiliation: _____
City/Zip: _____	P/O Number: _____
<b>Valve</b>	<b><u>Clean Air Separator Inspection</u></b> Check One Box Below
A	<input type="checkbox"/> Open <input type="checkbox"/> Closed
B	<input type="checkbox"/> Open <input type="checkbox"/> Closed
C	<input type="checkbox"/> Open <input type="checkbox"/> Closed
D	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<b>Plug</b>	
E	<input type="checkbox"/> Installed <input type="checkbox"/> Missing
F	<input type="checkbox"/> Installed <input type="checkbox"/> Missing

**Clean Air Separator Normal Operating Configuration**



