



**Kansas Department of Health and Environment
Division of Environment
Bureau of Air and Radiation**

MEAT SMOKING

- 1) Source ID Number: _____
- 2) Company/Source Name: _____
- 3) Emission Unit Identification: _____
- 4) Normal Operating Schedule: _____ hrs/yr
- 5) Type of Smoke House: Atmospheric:____; Recirculating:____; Batch:____; Continuous:____,Other _____
- 6) Size of Smoke House: _____sq. ft.
- 7) Capacity of Smoke House: _____lbs of meat smoked/hr
- 8) Annual Production of Smoke House: _____lbs of meat smoked/year
- 9) Is the smoke generator separate from the smoke house? Yes _____; No _____
Specify fuel used in the generation of smoke:
Natural Gas: _____cu.ft. per hr/day
Propane: _____gal per hr/day
Fuel Oil: _____gal per hr/day
Electricity: _____
- 10) Smoke material burned: Wood chips _____; Liquid Smoke _____; Other _____
Maximum amount of wood burned to produce smoke: _____lbs/hr
(For " liquid smoke" or "other", provide material safety data sheet.)
- 11) Manufacturer: _____
Date of Manufacture: _____
Model No.: _____
- 12) Complete the following exhaust-gas volumes:
Cooking: _____acfm @ _____° F
Smoking: _____acfm @ _____° F
Drying: _____acfm @ _____° F

Meat Smoking
(cont.)

13) For emission control equipment, use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.

14) Is bypass around the emission control equipment installed? Yes _____; No _____

If yes, describe its function: _____
