



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

**SANDBLASTING OPERATIONS**

- 1) Source ID Number: \_\_\_\_\_
- 2) Company/Source Name: \_\_\_\_\_
- 3) Emission Unit Identification: \_\_\_\_\_
- 4) Normal Operating Schedule: \_\_\_\_\_ hrs/yr
- 5) Type(s) of Abrasive(s) \_\_\_\_\_
- 6) Number of nozzles \_\_\_\_\_
- 7) Maximum air pressure to nozzle (psig) \_\_\_\_\_
- 8) Size of nozzle \_\_\_\_\_
- 9) Amount of Abrasive used per hour \_\_\_\_\_
- 10) Are abrasives recycled? \_\_\_\_\_
- 11) If abrasives are recycled, list rate per hr \_\_\_\_\_
- 12) Size of the Articles being cleaned \_\_\_\_\_
- 13) Type of Material being cleaned \_\_\_\_\_
- 14) Sandblasting lead-based paint?(yes/no) \_\_\_\_\_
- 15) Blasting operation enclosure: \_\_\_\_\_ fully \_\_\_\_\_ partially \_\_\_\_\_ none \_\_\_\_\_ other (describe)
- 16) For emission control equipment (i.e. cyclone, fabric filter, etc.), use the appropriate CONTROL EQUIPMENT form and duplicate as needed. Be sure to indicate the emission unit that the control equipment is affecting.