

Form 6: Smoke/No Smoke Log – Diesel Engines Reporting Period: 11/1/___ to 3/31/___ 4/1/___ to 10/31/___

Permittee Name: _____ Permit No.: AQ _____

Facility Name: _____

Date	Engine ID	Throughput (TPH)	Visible Emissions?		Location	Background Description	Name of Observer
			Yes	No			

Number of Days Smoke/No Smoke was Conducted:	Which Days (if any) Visible Emissions Were Observed:
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