|  |  |
| --- | --- |
| Facility name | Date Click or tap to enter a date. |
| Facility address |  |
| Permit number and information: |
| Source to be tested |  |
| Facility representative | Phone  |
| Facility manager | Phone |
| Testing company name |  |
| Testing company representative | Phone |
| Responsible person | Phone |

|  |  |
| --- | --- |
| Members of test team | Title |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Agency(s) |  |
| Agency representative | Phone |
| Responsible person | Phone |

|  |  |
| --- | --- |
| Agency observers | Affiliation and tasks |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Pretest Meeting Participants |
| Name | Affiliation |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Facility entry requirements |
| Safety information: |
| Entrance protocol: |
| Other Information (photo) |
| Sampling Site Information |
| Acceptable Site: | Number of points: | Diagram is in protocol:  |

|  |
| --- |
| Sampling Methodology to be Utilized |
| Pollutants to be sampled | Sampling method | Modifications, QA, comments |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Continuous Monitoring System (CMS) Information |
| Monitor manufacturer |  |  |
| Model Number | Serial Number |
| System | Extractive | In-situ optical path legnth |
| Is a sample conditioning system |
| Describe sample conditioning system |
|  |
|  |  |  |
| Pollutants monitored |  |  |
| Type of data tabulation system |  |
| Manufacturer of system |  |
| System span value | Percent zero offset |
| Daily zero method |  |
|  |

|  |
| --- |
| CMS Monitoring site and Orientation |
| Location of monitoring site |  |
| Was monitor location stratified | If not how was non-stratification determined |
|  |  |
| Cross-section dimensions of stack/duct at monitoring location feet; shape  |
| Is the monitoring pathlength oriented in the plane of the nearest upstream bend:  |

|  |
| --- |
| CMS Calibration information |
| Type of calibration system |
| Specify certified values for calibration sources |
| Do values of calibration source(s) meet requirements of the applicable regulation yes no |
| Are calibration sources traceable to NIST yes no |
| If cylinder calibration gases are used, list gases and describe calibration gas sampling and analysis |
|  |
|  |
| Name and address of vendor(s) for gas listed above |
| Date cylinders are to be certified |

|  |
| --- |
| CMS Performance Specification Test |
| List each performance specification test to be performed |
| Instrument | Test |
|  |  |
|  |  |
|  |  |
| Operational test period start |
| Proposed test date |
| Reference method or test procedure used |
|  |
|  |
| List any modification or special conditions to test procedures |
|  |
|  |
| Other information: |

|  |
| --- |
| Process Operation Information |
| Maximum process rate/capacity |
| Method of process weight or rate determination |
| Process parameter to be monitored and recorded and their acceptable limits to document process operations: |
| Percentage by which each process parameter can be exceeded the tested rate and on what time weighted average: |
| Raw material feed and/or fuel acceptable analyzed values |
|  |
| Normal operating cycles or procedures |
|  |
| Portions of operating cycle that will be represented by each run |
|  |

|  |
| --- |
| Control Equipment Information |
| Control Device Description: |
| Control equipment and parameters to be monitored and recorded and their acceptable limits to document control equipment operations |
|  |
|  |
| Normal operating cycle  |
| Normal maintenance schedule  |  |
|  |  |
| Manner in which the control equipment will be operated |
|  |  |
| Frequency of scheduled agency inspections: |
| Reviewed and approved  | Date |
| Agency | Observer |
| Is any of the above information determined to be confidential |
| If the source claims confidential information, has written justification been claimed information been submitted?  |