



# RELATIVE ACCURACY TEST AUDIT NOTIFICATION PROTOCOL

Version 1.0 / 3/25/10

For use by the Indiana Department of Environmental Management

U.S. Environmental Protection Agency

INSTRUCTIONS: Please complete this form and mail it back to: 100 N Senate Avenue, Mail Code 61-53, IGCN Room 13W, Indianapolis, IN 46204-2251; or e-mail it to: Test\_Protocol@idem.IN.gov.

Date Prepared:				Proposed Test Date:				Plant Address:				Plant Location:																																										
<b>1. SOURCE INFO: ID/Permit No.:</b>				<b>6. Check Applicable:</b>				<b>AGENCY USE ONLY:</b>				<b>Date Received:</b>																																										
<input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b>				<input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b>				<input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/> <b>11</b> <input type="checkbox"/> <b>12</b>				<input type="checkbox"/> <b>13</b> <input type="checkbox"/> <b>14</b> <input type="checkbox"/> <b>15</b> <input type="checkbox"/> <b>16</b>																																										
<b>2. TEST COMPANY INFORMATION:</b>				<b>7. SAMPLE SITE LOCATION</b>																																																		
<b>3. PROCESS INFORMATION:</b> (Submit a separate form for each unit to test.)				<p>Distance A _____</p> <p>Distance B _____</p>				326 IAC 3-6-2(a) requires this completed form to be submitted 35 days prior to the proposed test date to the above address. 326 IAC 2-1.1-7(6)(B) requires any applicable test fee to be submitted with the protocol. <i>11 99 'BCH5DD@756 @ = ' DFC; F5A =G: 9GCDZHH@ ' J 'CF 'J9 'H9GH#B; ' CB@M#</i>																																														
<table border="1"> <thead> <tr> <th>4. Load Level</th> <th>Test Method</th> <th>No. Runs</th> <th>Time</th> </tr> </thead> <tbody> <tr> <td rowspan="4"> <input type="checkbox"/> <b>1</b>  <input type="checkbox"/> <b>2</b>  <input type="checkbox"/> <b>3</b>  <input type="checkbox"/> <b>4</b> </td> <td>G</td> <td></td> <td></td> </tr> <tr> <td>H</td> <td></td> <td></td> </tr> <tr> <td>I</td> <td></td> <td></td> </tr> <tr> <td>U@:!Á' ""</td> <td></td> <td></td> </tr> <tr> <td rowspan="4"> <input type="checkbox"/> <b>5</b>  <input type="checkbox"/> <b>6</b>  <input type="checkbox"/> <b>7</b>  <input type="checkbox"/> <b>8</b> </td> <td>G</td> <td></td> <td></td> </tr> <tr> <td>H</td> <td></td> <td></td> </tr> <tr> <td>I</td> <td></td> <td></td> </tr> <tr> <td>U@:!Á' ""</td> <td></td> <td></td> </tr> <tr> <td rowspan="4"> <input type="checkbox"/> <b>9</b>  <input type="checkbox"/> <b>10</b>  <input type="checkbox"/> <b>11</b>  <input type="checkbox"/> <b>12</b> </td> <td>G</td> <td></td> <td></td> </tr> <tr> <td>H</td> <td></td> <td></td> </tr> <tr> <td>I</td> <td></td> <td></td> </tr> <tr> <td>U@:!Á' ""</td> <td></td> <td></td> </tr> </tbody> </table>								4. Load Level	Test Method	No. Runs	Time	<input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b>	G			H			I			U@:!Á' ""			<input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b>	G			H			I			U@:!Á' ""			<input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/> <b>11</b> <input type="checkbox"/> <b>12</b>	G			H			I			U@:!Á' ""						
4. Load Level	Test Method	No. Runs	Time																																																			
<input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b> <input type="checkbox"/> <b>4</b>	G																																																					
	H																																																					
	I																																																					
	U@:!Á' ""																																																					
<input type="checkbox"/> <b>5</b> <input type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>7</b> <input type="checkbox"/> <b>8</b>	G																																																					
	H																																																					
	I																																																					
	U@:!Á' ""																																																					
<input type="checkbox"/> <b>9</b> <input type="checkbox"/> <b>10</b> <input type="checkbox"/> <b>11</b> <input type="checkbox"/> <b>12</b>	G																																																					
	H																																																					
	I																																																					
	U@:!Á' ""																																																					
				<b>5. Other Information:</b>																																																		