RELATIVE ACCURACY TEST AUDIT NOTIFICATION PROTOCOL

State Form 55059 (7-12)
Indiana Department of Environmental Management
Office of Air Quality, Compliance Data Section

INSTRUCTIONS: Please complete this form and mail it back to: 100 N Senate Avenue, Mail Code 61-53, IGCN 1003, Indianapolis, IN 46204-2251; or fax it to: (317) 233-6865; or e-mail it to: Test_Protocol@idem.IN.gov.

Date Prepared: 07/23/2012 **Proposed Test Date:** **Plant Address:** **Plant Location:**

1. SOURCE INFO: ID/Permit No.:

Company:
Mail Address:
City, State, ZIP:
Company Contact: Telephone:

2. TEST COMPANY INFORMATION:

Name:
Address:
City, State, ZIP:
Contact: Telephone:

3. PROCESS INFORMATION: *(Submit a separate form for each unit to test.)*

Unit to Test:
Maximum Rated Capacity:
Proposed Operating Speed:
Describe method used to determine operating level:

Pollution Control Equipment:
Fuel Type:

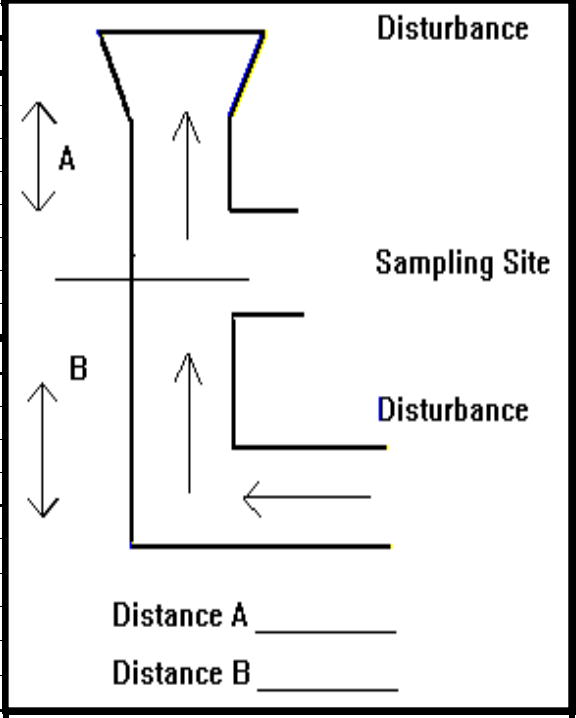
4. Load Level	Test Method	No. Runs	Time
LOW	2		
	3		
	4		
____ MWG	Other _____		
MID	2		
	3		
	4		
	6		
____ MWG	7		
	Other _____		
HIGH	2		
	3		
	4		
	6		
____ MWG	7		
	Other _____		

6. Check Applicable:

Annual RATA: ___ Part 75: ___
Semi-Annual: ___ Part 60: ___
Other: ☐
Certification: ☐ Recertification: ☐

AGENCY USE ONLY: **Date Received:**
Inspector: **Approval Date:**
Reviewer:
Comments:

7. SAMPLE SITE LOCATION



Does sample port location meet 40 CFR 60, Appx. A, Method 1, Sec. 1.2 Requirements: ◯Yes / No◯
If No, explain:

Approximate Stack gas flow (ACFM):	
Approximate Stack gas temp (deg. F):	
Approximate Stack gas moisture (%):	
Number of points for Method 2:	
Number of points for Method 4:	
Number of points for Method 6:	
Number of points for Method 7:	
Anticipated date of Flow RATAs:	
Anticipated date of Normal Load Gaseous RATA:	

Please attach explanation if performing a Single Load RATA only.

5. Describe any deviations from standard test methods:

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. *(FEE NOT APPLICABLE IF PROGRAM IS FESOP, TITLE V OR VE TESTING ONLY.)*