



Connecticut Department of  
Energy & Environmental Protection  
Bureau of Air Management  
Engineering & Enforcement Division

## Compliance Certification Form for CEMS Relative Accuracy Test Audit (RATA) Results

Please complete and submit this Certification Form for each test report. Please duplicate Parts III - VI of this form for each *individual* piece of equipment as necessary.

Test reports must be submitted electronically to: [DEEP.SEM@ct.gov](mailto:DEEP.SEM@ct.gov) with this Compliance Certification Form and all supporting documents. Hardcopies of each test report and this Compliance Certification Form may also be sent to the SEM unit but are required only if the test report *exceeds 50 pages*. These can be sent to:

**Source Emissions Monitoring  
Bureau of Air Management  
Dept. of Energy & Environmental Protection  
79 Elm Street  
Hartford, CT 06106-5127**

For Compliance Emissions Test reports, please complete and submit the "*Compliance Certification for Emissions Test Results*" Form.

Part I: Company Information			
Company Name:			
Site/Premises Name (If Different than Above):			
Authorized Company Contact Name:		Title:	

Part II: Emissions Test Contractor Information	
Name of Testing Firm:	
Project Manager Name:	

### Part III: Equipment Information

<b>ITT No:</b> (Issued by CT DEEP at the time an ITT Form is received and logged)			
<b>Equipment Name:</b>		<b>Equipment No.:</b>	
<b>License<sup>1</sup> No.:</b>		<input type="checkbox"/> NSR <input type="checkbox"/> Enforcement Order <input type="checkbox"/> Registration <input type="checkbox"/> Unlicensed	

### Part IV: Test Completion Date(s)

<b>Start Date:</b>		<b>Completion Date:</b>	
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### Part V. Test Requirements Checklist

Quarter:	Year:	Comments
Was the RATA conducted prior to the applicable deadline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the CEMS meet all applicable relative accuracy specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete	
Was all Process Data for each test run Included in the report appendix to confirm that load requirements were met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete	
Was the RATA conducted at least two months from the previous QA/QC audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Incomplete	
Were emissions calculated and RA verified using the equations as set forth in the Test Methods and Performance Specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there any adjustments made to the CEMS during the RATA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this RATA failed or stopped due to inaccurate results? If so, when was the CEMS considered "Out Of Control"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If this RATA was a retest from a previously failed RATA, when did the CEMS data become valid?		

<sup>1</sup> License is defined in Section 4-166 of the Connecticut General Statutes.

## Part VI: Status of Compliance with Regulatory Emissions Limits as Tested

Duplicate this page as needed for *each* piece of equipment tested and attach to Form. For a pollutant that has multiple limits, use a separate row for each emissions unit (e.g. lb/hr, lb/MMBTU, etc). Compliance must be demonstrated with each applicable limit in each respective units.

ITT No.:  Equipment Name:  License No.:  Equipment No.:

(1) Pollutant	(2) Applicable Emissions Limit Pursuant to NSR Permit; RCSA; 40 CFR Part 60, 63 with Units	(3) Performance Specification (w/Units)	(4) Test Method & Duration	(5) Equal to or Greater than 50% of MRC (Pt. 60) or At Required Test Load (Pt. 75)?	(6) Relative Accuracy	(7) RA Expressed in Terms of (If "Other" is Checked, Include Justification):	(8) Audit Results Per Each Applicable Limit
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> RM <input type="checkbox"/> ES <input type="checkbox"/>  D  <input type="checkbox"/> Other	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

RM = Reference Method Average, ES= Emission Standard, |D| = Absolute Difference

**Part VII: Certification**

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the Commissioner without alteration of the text.”

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Signatory (Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Testing Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Testing Contractor (Print or Type)

\_\_\_\_\_  
Date

**Attachment 1**

**RATA Report**

Draft