Figure 1 - Example Format for Data Assessment Report
Period ending date
Year
Company name
Plant name
Source unit no.
CEMS manufacturer
Model no.
CEMS serial no.
CEMS type (e.g., in situ)
CEMS sampling location (e.g., control device outlet)
CEMS span values as per the applicable regulation: _____ (e.g., SO2 ____ ppm, NOX ____ ppm). _____

I. Accuracy assessment results (Complete A, B, or C below for each CEMS or for each pollutant and diluent analyzer, as applicable.) If the quarterly audit results show the CEMS to be out-of-control, report the results of both the quarterly audit and the audit following corrective action showing the CEMS to be operating properly.

A. Relative accuracy test audit (RATA) for ____ (e.g., SO2 in ng/J).

1. Date of audit ____.

2. Reference methods (RM's) used ____ (e.g., Methods 3 and 6).

3. Average RM value ____ (e.g., ng/J, mg/dsm 3, or percent volume).

4. Average CEMS value ____.

5. Absolute value of mean difference [d] ____.

6. Confidence coefficient [CC] ____.

7. Percent relative accuracy (RA) ____ percent.

8. EPA performance audit results:

a. Audit lot number (1) ____ (2) ____

b. Audit sample number (1) ____ (2) ____

c. Results (mg/dsm 3) (1) ____ (2) ____

d. Actual value (mg/dsm 3)* (1) ____ (2) ____

e. Relative error* (1) ____ (2) ____

B. Cylinder gas audit (CGA) for ____ (e.g., SO2 in ppm).

	Audit point 1	**Audit point 2**	
1. Date of audit			
2. Cylinder ID number			
3. Date of certification			
4. Type of certification			(e.g., EPA Protocol 1 or CRM).
5. Certified audit value			(e.g., ppm).
6. CEMS response value			(e.g., ppm).
7. Accuracy			percent.

C. Relative accuracy audit (RAA) for ____ (e.g., SO2 in ng/J).

1. Date of audit ____.

2. Reference methods (RM's) used ____ (e.g., Methods 3 and 6).

3. Average RM value ____ (e.g., ng/J).

4. Average CEMS value ____.

5. Accuracy ____ percent.

6. EPA performance audit results:

a. Audit lot number (1) ____ (2) ____

b. Audit sample number (1) ____ (2) ____

c. Results (mg/dsm 3) (1) ____ (2) ____

d. Actual value (mg/dsm 3) *(1) ____ (2)

e. Relative error* (1) ____ (2) ____

* To be completed by the Agency.

D. Corrective action for excessive inaccuracy.

1. Out-of-control periods.

a. Date(s) ____.

b. Number of days ____.

2. Corrective action taken

3. Results of audit following corrective action. (Use format of A, B, or C above, as applicable.)

II. Calibration drift assessment.

A. Out-of-control periods.

1. Date(s) ____.

2. Number of days ____.

B. Corrective action taken