Original Date: 8/6/2012
Dates Revised:

PROTOCOL SUBMITTAL FORM
(RECIPROCATING INTERNAL COMBUSTION ENGINES)

FOR COMPRESSION IGNITION ENGINES ONLY

The purpose of this Protocol Submittal Form is to initiate communication between representatives of the facility to be tested, the testing consultants, and the DAQ as well as to identify and resolve any specific testing concerns prior to testing. This form is to be used only for testing engines for the purpose of complying with RICE emission standards. For other testing, please submit the standard Protocol Submittal Form

Regional Office: ☐ Asheville ☐ Fayetteville ☐ Mooresville ☐ Raleigh ☐ Washington ☐ Wilmington ☐ Winston-Salem	
Facility name: **Facility ID No:**	**Testing Company:**
Facility Contact Person/Mailing address & email **Email Address:**	**Testing Company Contact Person / Mailing Address & email** **Email Address:**
Phone: **Fax:** **Mobile No:**	**Phone:** **Fax:** **Mobile No:**

ENGINE INFORMATION

Engine Name or Description:		
Engine Use: ☐ Emergency Stationary ☐ Black Start ☐ Fire Pump ☐ Peak Shaving ☐ Other Non-Emergency, Non Black Start		
Engine Size:	☐ < 100 HP	☐ 100 ≤ HP ≤ 300 HP
	☐ 300 HP < HP ≤ 500 HP	☐ > 500 HP
	☐ 100 HP ≤ HP ≤ 500 HP Digester gas	☐ 100 HP ≤ HP ≤ 500 HP Landfill gas
Other Engine Type and Description Not Listed Above (Please specify):		
Note: Existing emergency and black start stationary engines do not require emissions testing. Other requirements may apply.		
Reason(s) for Testing:		
Is this engine:	☐ New or Reconstructed	☐ Existing
Is this engine located at a(n)	☐ Major (MACT) source	☐ Area (GACT) Source

Process and Operations Data: Describe how process operating rate and other process and operating parameters will be gathered. TESTING WILL NOT BE ACCEPTED WITHOUT APPROPRIATE PROCESS OPERATIONS AND OTHER APPRORIATE OPERATING PARAMETER DATA.

TESTING METHODS AND METHODOLOGY

POLLUTANTS		
Carbon Monoxide Emissions and Reduction (CI RICE)	Portable CO and O2 Analyzer using ASTM D6522-00 (2005) at outlet?	☐Yes ☐ No
	If yes, what kind?	
	Measurements of CO and O2 must be made at the same time corrected to 15%)	
	Inlet and outlet testing of control device?	☐Yes ☐ No
	Inlet and outlet testing using ASTM D6522-00 (2005)?	☐Yes ☐ No
	Inlet and outlet CO testing using Reference Method 10?	☐Yes ☐ No
	Length of runs	
Stationary RICE (Limit Concentration of Formaldehyde or CO in the Exhaust)	Sampling port location by Reference Method 1 (or 1A)?	☐Yes ☐No
	Determine O2 Concentration by Reference Method 3, 3A, or 3B?	☐Yes ☐No
	Determine CO Concentration by ASTM D6522-00 (2005)?	☐Yes ☐No
	Determine CO Concentration by Reference Method 10	☐Yes ☐No
	Determine Moisture Content? Specify Method_____?	☐Yes ☐No
	Determine Formaldehyde by Reference Method 320 or 323	☐Yes ☐No
	Determine Formaldehyde by ASTM D6348-03 with analyte spiking per Annex A5	☐Yes ☐No

Proposed test schedule **(DAQ Supervisor must be notified at least 15 days prior to the actual test date).** THIS FORM DOES NOT CONSTITUTE 15 DAY REGIONAL OFFICE NOTIFICATION:

Will all testing be conducted in strict accordance with the applicable test method? If no, attach complete documentation of all test method modifications	☐ Yes	☐ No
Has all testing equipment been calibrated in accordance with EPA or ASTM requirements. If no, attach explanation	☐ Yes	☐ No
Is this test the initial performance test to demonstrate compliance	☐ Yes	☐ No

Signatures: Representatives from the facility and the contracted testing company must provide signatures below certifying that the information provided on this form and any attached information is accurate and complete.

_____ / _____ Facility Representative Date Name: Title: Company:	_____ / _____ Testing Company Representative Date Name: Title: Company: