



CITY OF PHILADELPHIA  
 DEPARTMENT OF PUBLIC HEALTH  
 PUBLIC HEALTH SERVICES  
 AIR MANAGEMENT SERVICES

Air Management Services  
 321 University Avenue  
 Philadelphia PA 19104-4543  
 Phone: (215) 685-7572  
 FAX: (215) 685-7593

**STACK TEST PROTOCOL/REPORT COVER SHEET**  
*(Submit with each stack test protocol and report, one cover sheet per unit tested)*

Facility Name:	Facility Address (Street Address & Zip Code):	Plant ID
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Facility Stack Test Contact Person	Mailing Address	E-Mail:	Telephone:
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Testing Company	Mailing Address	E-Mail:	Telephone:
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Document Type: <input type="checkbox"/> Stack Test Protocol <input type="checkbox"/> Stack Test Report	Test No.: (For test reports only. Check the test protocol approval letter or e-mail.)
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Unit Tested:	Pollutant(s) Tested: (check all applicable) <input type="checkbox"/> PM (Total) <input type="checkbox"/> SOx <input type="checkbox"/> PM (Filterable only) <input type="checkbox"/> CO <input type="checkbox"/> PM10 <input type="checkbox"/> VOC <input type="checkbox"/> NOx <input type="checkbox"/> Other _____	Test Dates(s):
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Description of Stack Test:

**I certify that I have the authority to submit this Stack Test Protocol/Report on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

Name & Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**DO NOT FILL IN – FOR OFFICE USE ONLY**

Application No.	Plant ID	Health District	Census Tract	Fee	Date Received
Protocol Approved by		Date	Test Report Approved by		Date

# Instructions

## STACK TEST PROTOCOL/REPORT COVER SHEET

1. You must submit this cover sheet with each stack test protocol and report. If a stack test protocol or report covers more than one unit, include one cover page for each unit (ex. if there are three units, include three covers pages, one for each unit). This makes it easier for us to track stack tests in our database.
2. Some fields to note:
  - a. Plant ID - Please list this for your facility if you know it. If you don't know it, leave this field blank.
  - b. Test No. – For stack test reports, list the Test No., which you can find in the stack test protocol approval letter or e-mail. AMS now assigns a Test No. to each stack test program for an individual unit.
    - i. The Test No. covers entire test, so the protocol will have the same Test No. as the test report.
    - ii. The Test No. covers all pollutants tested for a unit. If a facility is testing a boiler for NO<sub>x</sub>, SO<sub>x</sub>, and CO, they will all fall under the same Test No.
    - iii. The Test No. covers only one unit. If a facility is testing four boilers, we will assign each its own Test No.
  - c. Unit Tested – List the name of the unit tested (ex. Boiler #1). List only one unit per cover sheet.
  - d. Test Date(s) – For test protocols, list the estimated test date(s). We realize that stack tests do not always go off as planned and will not hold your facility to the exact dates. For test reports, list the actual test date(s).
  - e. Description of Stack Test – List a basic description of the test, including the reason for the test (ex. Initial Test of Generator #1 as required by Plan Approval No. #####).
3. Please direct all submissions and correspondence to:

Mail: Source Registration  
Air Management Services  
321 University Avenue  
Philadelphia, PA 19104-4543.

E-mail: [DPHAMS\\_Service\\_Requests@phila.gov](mailto:DPHAMS_Service_Requests@phila.gov)

Phone: 215-685-7572

E-mails and phone calls can also go to specific engineers in Source Registration.