



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

Air Management Services
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ADDENDUM 1 - METHOD OF COMPLIANCE WORKSHEET

SECTION A. APPLICABLE REQUIREMENT

Federal Tax ID _____

Firm Name _____

Plant ID _____

Plant Name _____

Applicable Requirement for: (check only one)

- Entire Site
- Group of Sources Group ID _____
- Single Source Unit ID _____
- Alternative Operating Scenario Name _____
Scenario

Citation No. _____

Compliance Method Based Upon Applicable Requirement CAM Other

Method of Compliance Type: [check all that apply and complete all appropriate section(s)]

- Monitoring Testing Reporting
- Record Keeping Work Practice Standard

SECTION B. MONITORING

Monitoring Device Type (stack test, CEM, etc.) _____

Monitoring Device Location _____

Describe all parameters being monitored along with the frequency and duration of monitoring each parameter.

How will data be reported? _____

SECTION C. TESTING

Reference Test Method Description _____

Reference Test Method Citation _____

SECTION D. RECORD KEEPING

Describe what parameters will be recorded and the frequency of recording.

SECTION E. REPORTING

Describe what is to be reported and the frequency of reporting.

Reporting Start Date _____

SECTION F. WORK PRACTICE STANDARD

Describe any work practice standard(s).