

US EPA ARCHIVE DOCUMENT

**PARTICLE SIZE
METHOD 5 SAMPLING CHECKLIST**

Facility Name: _____ Unit: _____ Observer: _____
 Test No. / Description: _____ Run No.: _____ Date: _____
 Run Start Time: _____ Run Stop Time: _____

Observation / Requirement	YES	NO	Comment
Did the train components appear to be clean and were all glassware openings covered with Teflon* film, aluminum foil, or non-contaminating caps before the train was assembled?			
Was the train constructed of the components and materials identified in Method 5 (<i>See Figure: nozzle, heated probe, particulate filter, Four impinge, control console, etc.</i>)?			
Was the dry gas meter, thermocouples, nozzle and critical orifice devices calibrated prior to the test? If yes, provide the calibration date in the Comment column. If available, attach a copy of the calibration records.			Dry gas meter Thermocouples Critical orifice Nozzle
Were weather conditions adverse to sampling (rain, snow, etc.)? If so, describe the measures taken to protect the sampling equipment in the Comment Column.			
Was the sampling area (i.e., platform) kept clean and orderly during the run?			
Were the traverse sample points determined in accordance with Method 1?			

**PARTICLE SIZE
METHOD 5 SAMPLING CHECKLIST**

Facility Name: _____ Unit: _____ Observer: _____
 Test No. / Description: _____ Run No.: _____ Date: _____
 Run Start Time: _____ Run Stop Time: _____

Observation / Requirement	YES	NO	Comment
Was a cyclonic flow check made before the start of testing? If yes, record the date and time the check was completed in the Comment column.			
Was stack gas oxygen, carbon dioxide, and carbon monoxide concentration measured by orsat fyrite, or CEMS?			
Was the manometer leveled and zeroed before the start of sampling? Were periodic checks made by the operator during the test run?			
Was the probe marked or alternative provisions made to ensure nozzle placements at the traverse point locations determined by Method 1?			
Was the filter tarred and inspected before being placed in the filter holder? Was the filter made of quartz or glass fiber?			

**PARTICLE SIZE
METHOD 5 SAMPLING CHECKLIST**

Facility Name: _____ Unit: _____ Observer: _____
 Test No. / Description: _____ Run No.: _____ Date: _____
 Run Start Time: _____ Run Stop Time: _____

Observation / Requirement	YES	NO	Comment
---------------------------	-----	----	---------

Was the filter supported by a glass or Teflon* frit?																							
Was a leak check of the sample train performed before and after each port change? (Note: Allowable leak rate is 0.02 cfm or 4% of the average rate, whichever is less, at 15 inches Hg vacuum or lower if not exceeded during the run..			<table border="0"> <thead> <tr> <th></th> <th align="center">Time</th> <th align="center">Result</th> <th align="center">Vacuum</th> </tr> </thead> <tbody> <tr> <td>Traverse # 1</td> <td align="center">_____</td> <td align="center">_____</td> <td></td> </tr> <tr> <td>Traverse # 2</td> <td align="center">_____</td> <td align="center">_____</td> <td></td> </tr> <tr> <td>Traverse # 3</td> <td align="center">_____</td> <td align="center">_____</td> <td></td> </tr> <tr> <td>Traverse # 4</td> <td align="center">_____</td> <td align="center">_____</td> <td></td> </tr> </tbody> </table>		Time	Result	Vacuum	Traverse # 1	_____	_____		Traverse # 2	_____	_____		Traverse # 3	_____	_____		Traverse # 4	_____	_____	
	Time	Result	Vacuum																				
Traverse # 1	_____	_____																					
Traverse # 2	_____	_____																					
Traverse # 3	_____	_____																					
Traverse # 4	_____	_____																					
Were pretest and post test leak checks conducted on the pilot tube?			Results																				
Was silicone grease used on any connections upstream ?																							
Was the nozzle tip positioned at the proper traverse sample point throughout the test run?																							
Did operators make timely adjustments to sampling rates to maintain iso-kinetic conditions throughout the run?																							
Was the annulus between the probe and the sampling port sealed during sampling?																							

**PARTICLE SIZE
METHOD 5 SAMPLING CHECKLIST**

Facility Name: _____ Unit: _____ Observer: _____
 Test No. / Description: _____ Run No.: _____ Date: _____
 Run Start Time: _____ Run Stop Time: _____

Observation / Requirement	YES	NO	Comment
Was the sample gas temperature entering the resin maintained at or below 68B F throughout the test run?			
Was the sample gas temperature exiting the last impinger maintained at or below 68B F throughout the run?			
Was the stack static pressure properly measured? At what traverse point was this determined?			
Was the sampling time uniform at each traverse sample point?			
Was the total sampling time at least 120 minutes?			
Were at least 3 dry standard cubic meters of gas sample collected during the run?			
Were the sample train and console adequately monitored by operators and did the operators properly log sampling data on field data sheets during the test run?			
Were dry gas meter readings recorded at each traverse sample point?			

**PARTICLE SIZE
METHOD 5 SAMPLING CHECKLIST**

Facility Name: _____ Unit: _____ Observer: _____
 Test No. / Description: _____ Run No.: _____ Date: _____
 Run Start Time: _____ Run Stop Time: _____

Observation / Requirement	YES	NO	Comment
---------------------------	-----	----	---------

Was the nozzle sealed with Teflon* film, aluminum foil, or a non-contaminating cap after being removed from the stack at the completion of the run?			
Was particulate matter carefully wiped from the external surfaces of the probe at the completion of the run?			
Was the temperature of the filter box and sample probe maintained at 248± 25BF throughout the test run?			
Did protracted or frequent Aholds@ occur during the sampling run? If so, describe the apparent cause and duration in the Comment column.			
Inspect the field data sheets. Are they clear and completely filled out?			
GENERAL OBSERVATIONS			

**PARTICLE SIZE
METHOD 5 SAMPLING CHECKLIST**

Facility Name: _____ Unit: _____ Observer: _____
Test No. / Description: _____ Run No.: _____ Date: _____
Run Start Time: _____ Run Stop Time: _____

Observation / Requirement	YES	NO	Comment
---------------------------	-----	----	---------