Laboratory Approval Program Application for Method 3.1 Sampling Manual Source Sampling for Gas Density

Laboratory Approval Program
Application for Method 3.1 Sampling
Manual Source Sampling for Gas Density

This approval applies to single-point grab, single-point integrated, and multi-point integrated manual sampling for fixed gases from stationary sources and the calculation of dry molecular weight and excess oxygen using Method 3.1. This application is in addition to the General Application. Please complete this form if you wish your testing laboratory to be evaluated for the above method. If you determine dry gas density using instrumented sampling, please request approval for Method 100.1 instead. Check the appropriate boxes or write NA where not applicable.

FOR SCAQMD USE ONLY

LAP Code Number:
Application received:
Review started:
Letter sent:
Findings:

Approval/Denial:
Issuance Date:
Remarks:

COMPANY INFORMATION

LEGAL NAME AND FULL ADDRESS of the testing laboratory. This name will be used for all correspondences with the testing laboratory.

Laboratory Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone No._____ Fax No._____

Scope of Application

Which manual gas sampling techniques do you want to be evaluated for? Check all that apply

☐ Method 3.1 single-point grab sampling

☐ Method 3.1 single-point integrated sampling

☐ Method 3.1 multi-point integrated sampling

Which tests do you want to apply these techniques to?

☐ gas density

☐ other (describe) _____

Which tasks will you perform?

☐ rigid-wall sample container preparation (grab sample)

☐ integrated sampling train and sample bag preparation (integrated sample)

☐ sampling

☐ calculation of dry gas density

Do you plan to subcontract any of the above tasks? If so, please describe the task, subcontractor and LAP status _____

_____

_____

Personnel

Complete Table I by filling in the information pertaining to your staff and their experience in manual gas sampling. Please show who is the report signatory, who supervises the work, and who performs the work. (This may be one person)

TABLE I: EDUCATION AND EXPERIENCE OF PERSONNEL

			Approximate Number of Traverse and velocities Supervised/Performed in the Last -		**Individual Will Perform Following Test Method/ Measurements in Proposed Work**
Individual's Name and Degree	**Position or Title**	**Years of Source Testing Experience**	**12 Months**	**3 Months**	

NOTE: *If more than one person may perform a specific procedure, or you are not able at this time to specify the personnel most likely to be sent to the test site, please describe the qualifications of all personnel who might be sent.*

Methods

LAP requires the following improvements in the performance of Method 3.1

CRITERIA FOR applying single-point grab, single point integrated, and multi-point integrated.
CRITERIA FOR selecting sampling time or numbers of samples
SPECIFICATIONS (if any) for condenser
PROCEDURE FOR checking whether rigid sample containers are leak free
CAUTION on Tedlar bag leaks

att'd	none	
☐	☐	Please attach current copies of any instructions (SOPs, flow charts, and procedures) that your test facility uses in reference to the above techniques.
☐	☐	Have you modified the adopted method? If so, please attach a description of the purpose and method modification(s).
☐	☐	Are there any limitations on your performance of the above method? (Limitations may be by source, stack velocity, temperature etc.). If so, please attach a description.
☐	☐	Are you applying for an equivalent method? If so, please attach the date and SCAQMD contact for any approved equivalent method.
yes	no	
☐	☐	Are the methods, SOPs or other instructions readily available to staff?

Documentation checklist

Please attach de-identified actual or "dummy" copies of these documents:

att'd	none	
☐	☐	report including manual sampling techniques
☐	☐	intermediate calculations (spreadsheet printouts, hand calculations etc.)
☐	☐	raw data (handwritten field data sheets)
☐	☐	background data (equipment preparation, calibration data etc.)
☐	☐	chain of custody and analysis request

Is the following original data reported or recorded for each test?

yes	no	
☐	☐	source name
☐	☐	test date
☐	☐	process description
☐	☐	dimensioned diagram of stack, port(s) and flow disturbances
☐	☐	technique used (single-point grab, single-point integrated, multi-point integrated)
☐	☐	diagram of sampling equipment
☐	☐	sample container leak check results and sample container ID
☐	☐	chain of custody for outgoing sampling containers (if applicable)
☐	☐	sampling point(s)
☐	☐	field equipment leak check
☐	☐	approximate probe purge volume
☐	☐	sampling time and rate (integrated sampling)
☐	☐	observations and deviations
☐	☐	equipment ID numbers
☐	☐	sample container ID numbers
☐	☐	operator signature and date
☐	☐	chain of custody for incoming samples and analysis request form (if applicable)
☐	☐	Is there version control on submitted documents including methods and SOPs?

QA checklist

att'd	none	
☐	☐	Please indicate how and by whom problems that affect accuracy and reproducibility (wrong technique or time, equipment leaks, calculation errors, etc.) are detected, annotated and corrected.
☐	☐	Please attach information on any internal audits, and any related audits, accreditations, approvals or certifications

Physical requirements checklist

Facilities

yes	no	
☐	☐	Are all areas where LAP work will be performed secure? (includes main facility, mobile labs, equipment storage areas, evidence retention areas and report preparation areas)
☐	☐	Do you perform consecutive source tests without returning equipment or personnel to your main test facility?
☐	☐	If "Yes" to above, do you have established procedures, which are used in the field to maintain sampling equipment when not returned to the test facility? Please attach a description of this procedure.

Equipment and reagents, sample containers and preparation

Yes	N/A	
☐	☐	number, type and volume of rigid grab sample containers _____ _____
☐	☐	types and volumes of bag sample containers _____ _____
☐	☐	manifold and gas that you use to purge sample containers during preparation _____ _____
☐	☐	make and model of the vacuum pump that you use to evacuate and clean sample containers _____ _____ _____
☐	☐	pressure indicator (manometer, pressure gauge etc.) that you use to determine whether rigid sample containers are leak-free. _____ _____

yes	no	
☐	☐	Do rigid sample containers and pressure indicators have unique, permanent ID numbers?

Sampling equipment and preparation

yes	N/A	
☐	☐	number and type of equipment used to purge the sampling probe in the field _____ _____
☐	☐	approximate number, types and lengths of sampling probes _____ _____
☐	☐	number and type of vacuum gauge(s) for leak-checking sampling train in the field. _____ _____ _____
☐	☐	number and type of rate meter(s) (rotameter or equivalent) _____ _____ _____
☐	☐	amount and type of sampling pumps, approximate rates _____ _____ _____
☐	☐	number and types of valves used to adjust flow _____ _____ _____
☐	☐	number and types of moisture condensers _____ _____ _____

yes	no	
☐	☐	Do valves, pumps, rate meters, pressure gauges and vacuum gages each have a unique, permanent ID number?
☐	☐	Is there a(n) equipment logbook(s) that describe(s) the repair and calibration history of each piece of equipment?

The above information is true to the best of my knowledge and belief

Signature, authorized contact Date

Attach this application to the LAP General Application and submit to :

The Laboratory Approval Program Coordinator
Monitoring and Analysis
South Coast Air Quality Management District
21865 E. Copley Drive
Diamond Bar, California, 91765-4182
Phone: (909) 396-2271