

## **Continuous Monitoring Systems**

FORM CP701 Answer Sheet

Facility name:			Permit Number:				
	Continuou	s monitors:					
Emiss	sions Unit	Pollutant/parameter	Sample location	Limit or Standard(s)	Averaging Time	Program	
2.	Quality As	ssurance Plans:					
a.	Has a quality assurance plan been written for each continuous monitoring system described above?						
b.	If yes, was the QAP submitted to the Department for review and approval (enter date)?						
c.		If no to either a or b, when will the QAP be written and submitted to the Department for review and approval?					