DATA VALIDATION CHECK LIST

Required Signatures: **Adobe Signature**

Form DEP XX-X Rev. 0: 04-2015

Agency Name: _____ Reporting Period: _____

- ☐ Check that serial numbers on the form match the equipment running in the field at the time of maintenance.
- ☐ Check that due dates for all preventative maintenance are being met.
- ☐ Make sure the dates on all forms (PM schedule, Z/S/P, calibrations, site visit, etc.) match.
- ☐ Ensure the dates on forms for annually certified equipment are correct and up-to-date.
- ☐ Check that the shelter temperature was within specification for the equipment running at the site and null code appropriately where it was not.
- ☐ Check that all required fields on a form are either filled in with the proper entry or that a strike through and/or an N/A has been added.
- ☐ Any corrections to the original document must use a strikethrough, initial, and date to make a change.
- ☐ Make sure all control limits of the maintenance checks were met. If not, check that the appropriate actions were taken to correct the issue and, if necessary, that data was invalidated or flagged with a qualifier and corrective action forms were completed.
- ☐ Check that the dates on forms indicating maintenance was performed match the dates in the data.
    - o Ensure that appropriate null codes describing maintenance performed are applied to the hour(s) the equipment was down.
    - o Ensure that all hours affected by maintenance activities were null coded.
- ☐ Check for comments on forms documenting all work done on the equipment or at the site.
- ☐ Make sure all signatures and dates needed from field technicians, as well as any other level of reviewer, have been completed.
- ☐ Ensure any exceedances of ambient data had an exceedance report filled out and that comments describing the cause were entered in FAMAS.
- ☐ Make sure there are no blank hours of data. Every expected hour or 24-hr block of data should either have a concentration or a null code.
- ☐ Check that all data falls within the acceptable range that AQS will accept. If not, please address those values.
- ☐ Enter all 1-point QC records, flow checks, and audits performed into the FAMAS database.
- ☐ Verify the data in FAMAS.

Comments & Information: _____
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Date Submitted: _____

Agency Staff/QA Signature: _____

Verified By: _____