



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

RP-D3

Option D Hood Evaluation and Certification

Air Quality Permit Program

- 1) AQ Facility ID No. (if known): _____
- 2) Facility Name: _____
- 3) Evaluation – If you wish to use the control efficiencies associated with a certified hood, the following is the information required for a hood evaluation and certification. The hood evaluation must be completed by a testing company as defined by Minn. R. 7011.0060, subp. 4a.
- 3a) Hood Dimensions recommended by *“Industrial Ventilation - A Manual of Recommended Practice, American Conference of Governmental Industrial Hygienists.”*

- 3b) Actual Hood Dimensions: _____
- 3c) Design Capture Velocity, justification for use of this velocity, and pages in *“Industrial Ventilation - A Manual of Recommended Practice, American Conference of Governmental Industrial Hygienists”* relied upon for this determination.

- 3d) Actual Capture Velocity (attach the capture velocity test plan): _____
- 3e) Minimum Recommended Air Flow into Hood: _____
- 3f) Actual Air Flow into Hood: _____
- 3g) Recommended Hood Face Velocity or Slot Velocity: _____
- 3h) Actual Hood Face Velocity or Slot Velocity: _____
- 3i) Recommended Plenum and Duct Velocity (if applicable): _____
- 3j) Actual Plenum and Duct Velocity (if applicable): _____
- 3k) Fan Rotation Speed or Fan Power Draw (determined through testing): _____
- 4) Certification.

I certify under penalty of law that the aforementioned hood(s) has (have) been evaluated under my direction or supervision by qualified personnel and that, to the best of my knowledge and belief, the (each) hood conforms to the design and operating practices recommended in *“Industrial Ventilation - A Manual of Recommended Practice, American Conference of Governmental Industrial Hygienists.”*

Responsible Official Certifying This Registration Permit Submittal:

Mr. / Ms. _____

Title : _____

Signature : _____ Date : _____

Phone: _____ Fax : _____

Form RP-D3 Instructions

If the hood exists at the time of application, this form must be included with the application. If the hood does not yet exist at the time of application, this form shall be submitted within 30 days after startup.

- 1) AQ Facility ID No. -- Fill in your Air Quality Facility ID Number, as indicated on Form RP-01, item 1a. If you do not have this information, leave it blank.
- 2) Facility Name -- Enter your facility name, as indicated on Form RP-01, item 2.
- 3) This evaluation is required under Minn. R. 7011.0072, subp. 2. The contents of the evaluation are defined under Minn. R. 7011.0072, subp. 3. This evaluation must be completed by a testing company (as defined in Minn. R. 7011.0060, subp. 4a).
- 4) This certification is required under Minn. R. 7011.0072, subp. 2. The certification must be signed by a "responsible official" (defined in Minn. R. 7007.0100, subp. 22), which is the person who performs policy or decision making functions for the company. (A delegate may be allowed in some cases. Please refer to the rule section listed above.) The certification also must be signed by a responsible official for each co-permittee. A co-permittee is a corporation, partnership, sole proprietorship, municipality, state, federal or other public agency other than the permittee that is either a owner or operator of the facility. If the permittee is the owner and a co-permittee is the operator (or vice-versa), then the responsible officials for both the permittee and the co-permittee must sign the certification.