Audit Inspection Report
Module 1 – Test System Visual Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Check
		All pieces of equipment are properly housed
		All pieces of equipment are clean and orderly
		Vehicle restraints are present
		There are no signs of tampering
		Any evaporative emissions test equipment (for the fuel cap or the vehicle) is properly connected to the test system
		The dynamometer is properly connected to the test system and power
		The VMAS unit is properly connected to the test system and power

Comments:_____

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Auditor _____ _____
Signature Date

Audit Inspection Report
Module 2 – Weather Station Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Check	Measured (M)	Standard (S)	Difference (D = S-M)	Limit
		Temperature				±4.0 deg F
		Humidity				±4.0% RH
		Barometric pressure				±3.0% pt

Comments:_____

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Auditor

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Signature Date

Audit Inspection Report
Module 3 – Analyzer Gas Audit

Facility Name _____ Date _____ Time _____ am pm

Facility Address _____ Facility Number _____

Test System Number _____ Serial Number _____

Software Version Number _____ Auditor Name _____

	Initial test				Retest after calibration of the analyzer			
P	F	Check		Standard (S)	Allowed error	High limit	Measured	Low Limit
		Leak check fails uncapped						
		Leak check passes capped						
		Zero air	HC ppm					
			CO %					
			CO2 %					
			NO ppm					
			O2					
		O2	O2					
		Low	HC ppm					
			CO %					
			CO2 %					
			NO ppm					
		Mid #1	HC ppm					
			CO %					
			CO2 %					
			NO ppm					
		Mid #2	HC ppm					
			CO %					
			CO2 %					
			NO ppm					
		High	HC ppm					
			CO %					
			CO2 %					
			NO ppm					

Comments:_____

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Auditor _____ _____

Signature Date

Audit Inspection Report
Module 4 – RPM Measurement Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Probe Type	Reference (R)	Measured (M)	Difference (D = R-M)	% Difference (100 x D/R)	Tolerance
		Inductive	700				±3.0%
		Inductive	2500				±3.0%
		Antenna					±3.0%
		Antenna					±3.0%
							±3.0%
							±3.0%
		Protocol or vehicle used:					
		OBDII connector in good condition and connected					
		OBDII Connector	700				±3 or 10%
		OBDII Connector	2500				±3 or 10%

Comments:_____

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Auditor

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Signature Date

Audit Inspection Report
Module 5 – Dynamometer Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	N/A	Automated test
			Coast-down check
			IHPSE check (transient testing only)

Comments:_____

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Auditor _____ _____
Signature Date

Audit Inspection Report
Module 6 – Gas Cap Tester Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Checks
		All gas cap adapters available
		Calibration device/caps available
		Passes the pass cap
		Fails the fail cap

Comments:_____

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Auditor _____ _____
Signature Date

Audit Inspection Report
Module 7 – Pressure Tester Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Checks
		All tank adapters available
		Calibration device(s) available
		Passes the pass standard tool setting
		Fails the fail standard tool setting

Comments:_____

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Auditor

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Signature Date

Audit Inspection Report
Module 8 – OBDII Tester Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Checks						
		Power to On time:						
		On to Run time:						
		Protocol:						
		OBD Level:						
		I/M Monitors	Set			Read		
			Complete	Not Complete	Unsupported	Complete	Not Complete	Unsupported
		Misfire						
		Fuel System						
		Component						
		Catalyst						
		Heated Catalyst						
		EVAP System						
		Secondary Air						
		A/C Sys Refrig						
		Oxygen Sensor						
		O2 Sensor Heater						
		EGR System						
		MIL	ON		OFF	ON		OFF
		Commanded						
		DTC's	Set			Read		
		1						
		2						
		3						
		4						
		5						
		6						

Comments:_____

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Auditor

_____ _____
Signature Date

Audit Inspection Report
Module 9 – Flow and Dilution VMAS Audit

Facility Name _____ Date _____ Time _____ am pm
Facility Address _____ Facility Number _____
Test System Number _____ Serial Number _____
Software Version Number _____ Auditor Name _____

P	F	Hose Off Flow Check		
		Factory Flow Rate (ACFM)	Measured Flow Rate (ACFM)	% Difference

P	F	Dilute O2 Sensor Check							
		Check	Cylinder Conc. (%)	Conc. at 60 sec	Conc. at 65 sec	Conc. at 70 sec	High Limit (Cyl + 0.3)	Avg. Analyzer Conc. (%)	Low Limit (Cyl - 0.3)
		15% O2							
		8% O2							

P	F	SAO Annual Flow Audit				
		Barometric pressure (inches Hg):				
		Ambient temperature (degrees C):				
		SAO calibration constant (SAO_c):				
		Trial #	Manometer Pressure (inches of water)	VMAS Flow (SCFM)	SAO Flow (SCFM)	% Difference
		1- Max flow				
		2 - Approx 225 SCFM				
		3- Mid-point				

Comments:_____

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Auditor

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Signature Date

Audit Inspection Report
Module 1 – Test System Visual Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Check
x		All pieces of equipment are properly housed
x		All pieces of equipment are clean and orderly
x		Vehicle restraints are present
x		There are no signs of tampering
x		The gas cap checker is connected to the test system
x		The dynamometer is connected to the test system and power
x		The VMAS unit is properly connected to the test system and power

Comments:

Auditor MJ Reinner 12-25-1999
Signature Date

Audit Inspection Report
Module 2 – Weather Station Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Check	Measured (M)	Standard (S)	Difference (D = S-M)	Limit
	X	Temperature	73	68	5	±4.0 deg F
X		Humidity	34	36	2	±4.0% RH
X		Barometric pressure	30.03	30.00	0.03	±3.0% pt

Comments: Temperature sensor end is bent.

Auditor MJ Reinner 12-25-1999
Signature Date

Audit Inspection Report
Module 3 – Analyzer Gas Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm

Facility Address 123 Anywhere Street, Lowell Facility Number 002589

Test system Number AB123456 Serial Number 1234567890

Software Version Number MA1.07 Auditor Name MJ Reinner

	Initial test				x	Retest after calibration of the analyzer		
P	F	Check	Standard (S)	Allowed error	High limit	Measured	Low Limit	
x		Leak check fails uncapped						
x		Leak check passes capped						
x		Zero air	HC ppm	1	9	10	2	-8
x			CO %	0.00	0.02	0.02	0.00	-0.02
x			CO2 %	0.1	0.3	0.4	0.1	-0.2
x			NO ppm	6	25	31	25	-19
x			O2	20.9	1.1	22.0	20.9	19.8
x		O2	O2	1.0	0.1	1.1	1.0	0.9
x		Low	HC ppm	200	8	208	192	192
x			CO %	0.50	0.02	0.52	0.50	0.48
x			CO2 %	6.0	0.3	6.3	6.1	5.7
x			NO ppm	300	28	328	280	272
x		Mid #1	HC ppm	910	39	949	908	871
x			CO %	2.40	0.10	2.50	2.40	2.30
x			CO2 %	3.6	0.3	3.9	3.6	3.3
	x		NO ppm	900	46	946	835	854
x		Mid #2	HC ppm	1920	78	1998	1952	1842
	x		CO %	4.80	0.20	5.00	4.50	4.60
	x		CO2 %	7.2	0.3	7.5	6.5	6.9
	x		NO ppm	1800	92	1892	1680	1708
x		High	HC ppm	3200	131	3331	3123	3069
x			CO %	8.00	0.33	8.33	8.02	7.67
x			CO2 %	12.0	0.5	12.5	12.2	11.5
x			NO ppm	3000	153	3153	2890	2847

Comments: Analyzer still fails significantly after recalibration, cause unknown.

Auditor MJ Reinner 12-25-1999

Signature Date

Audit Inspection Report
Module 4 – RPM Measurement Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Probe Type	Reference (R)	Measured (M)	Difference (D = R-M)	% Difference (100 x D/R)	Tolerance
x		Inductive	700	720	20	2.9	±3.0%
x		Inductive	2500	2509	9	0.4	±3.0%
x		Antenna	800	820	20	2.5	±3.0%
x		Antenna	2500	2450	50	2.0	±3.0%
							±3.0%
							±3.0%
		Protocol or vehicle used: VPW					
x		OBDII connector in good condition and connected					
	x	OBDII Connector	700	820	120	17.1	±3 or 10%
x		OBDII Connector	2500	2550	50	2.0	±3 or 10%

Comments:

Auditor	MJ Reinner	12-25-1999
	Signature	Date

Audit Inspection Report
Module 5 – Dynamometer Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	N/A	Automated test
x			Coast-down check
		x	IHPSE check (transient testing only)

Comments:

Auditor MJ Reinner 12-25-1999
Signature Date

Audit Inspection Report
Module 6 – Gas Cap Tester Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Checks
x		All gas cap adapters available
x		Calibration device/caps available
x		Passes the pass cap
	x	Fails the fail cap

Comments: Retested several times, fails repeatedly

Auditor	MJ Reinner	12-25-1999
	Signature	Date

Audit Inspection Report
Module 7 – Pressure Tester Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Checks
x		All tank adapters available
x		Calibration device(s) available
x		Passes the pass standard tool setting
x		Fails the fail standard tool setting

Comments:

Auditor MJ Reinner 12-25-1999
Signature Date

Audit Inspection Report
Module 8 – OBDII Tester Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm
Facility Address 123 Anywhere Street, Lowell Facility Number 002589
Test system Number AB123456 Serial Number 1234567890
Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Checks						
		Power to On time:	15					
		On to Run time:	30					
		Protocol:	VPW					
		OBD Level:	OBD & OBDII					
		I/M Monitors	Set			Read		
			Complete	Not Complete	Unsupported	Complete	Not Complete	Unsupported
x		Misfire	x			x		
x		Fuel System	x			x		
x		Component	x			x		
x		Catalyst	x			x		
x		Heated Catalyst		x			x	
x		EVAP System	x			x		
x		Secondary Air	x			x		
	x	A/C Sys Refrig			x		x	
x		Oxygen Sensor		x			x	
x		O2 Sensor Heater			x			x
x		EGR System	x			x		
		MIL	ON		OFF	ON		OFF
x		Commanded	x			x		
		DTC's	Set			Read		
x		1	P0301			P0301		
x		2	P0606			P0606		
x		3	P0781			P0781		
		4						
		5						
		6						

Comments:_____

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Auditor MJ Reinner 12-25-1999
Signature Date

Audit Inspection Report
Module 9 – Flow and Dilution VMAS Audit

Facility Name Example Date 12/25/99 Time 10:15 (am) pm

Facility Address 123 Anywhere Street, Lowell Facility Number 002589

Test system Number AB123456 Serial Number 1234567890

Software Version Number MA1.07 Auditor Name MJ Reinner

P	F	Hose Off Flow Check		
		Factory Flow Rate (SCFM)	Measured Flow Rate (SCFM)	% Difference
X		423	403	4.7

P	F	Dilute O2 Sensor Check							
		Check	Cylinder Conc. (%)	Conc. at 60 sec	Conc. at 65 sec	Conc. at 70 sec	High Limit (Cyl + 0.3)	Avg. Analyzer Conc. (%)	Low Limit (Cyl - 0.3)
X		15% O2	15.13	15.20	15.10	15.03	15.43	15.11	14.83
	X	8% O2	7.98	8.30	8.35	8.43	8.28	8.36	7.68

P	F	SAO Annual Flow Audit				
		Barometric pressure (in Hg):	30.03			
		Ambient temperature (degrees C):	22.1			
		SAO calibration constant (SAO_c):	2513			
		Trial #	Manometer Pressure (inches of water)	VMAS Flow (SCFM)	SAO Flow (SCFM)	% Difference
X		1- Max flow	10.02	360.4	357.8	0.7
X		2 - Approx 225 SCFM	6.39	227.3	228.2	0.4
	X	3- Mid point	8.24	263.1	294.2	10.6

Comments:_____

Auditor MJ Reinner 12-25-1999

Signature Date