



Clean Air Act Metrics Plain Language Guide State Review Framework - Round 5

**U.S. Environmental Protection Agency
Office of Enforcement and Compliance Assurance
Washington, DC 20460**

December 2023

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Overview

This Plain Language Guide describes the elements and metrics U.S. EPA uses during a State Review Framework (SRF) review of CAA compliance and enforcement programs and provides instructions on how to use the metrics to make appropriate findings and recommendations. SRF reviews are based on information from the EPA data systems and file reviews. Reviewers should refer to the CAA file review checklist and spreadsheet when conducting file reviews.

Data used in SRF reviews fall into four primary categories:

- goal metrics that contain national goals,
- review indicators that have no national goal,
- compliance monitoring strategy metrics to assess state inspection coverage performance against the commitments states set annually in state specific compliance monitoring strategy plans,
- file review metrics based on the EPA’s review of 25-35 inspection reports, enforcement actions, and penalty calculations.

1. **Data metrics** are derived from frozen data verified by states and the EPA regional offices with directly implemented programs in ICIS-Air during data verification with opportunities for verification to note any caveats in the data metric or known data issues. The data verification process provides the opportunity for reviewed programs to assure accurate and complete data are used in SRF reviews. The EPA expects agencies to correct inaccuracies identified during the data verification process in the Integrated Compliance Information System (ICIS-Air) data system. ICIS Air data counts, once verified, are frozen and utilized for public access purposes and developing data metrics for the SRF. The EPA Reviewers download data metrics from the Enforcement and Compliance History Online (ECHO) to get an initial overview of a state or local agency’s performance.

Data metrics fall into one of the following subcategories:

- **Goal metrics** evaluate performance against a specific percentage goal and are used to develop findings. Goal metrics also provide the national average for these metrics expressed as a percentage. The **EPA evaluates agencies against goals, not national averages**. These metrics include averages only to provide a sense of where an agency falls relative to others.
- **Supporting Data Indicators** use national averages to indicate when agencies diverge from national norms. Review indicators are not used to develop findings in SRF reports, data metric analyses, or file review worksheets. They identify areas for further analysis during the file review. When an indicator diverges significantly from the average, EPA should ensure a sufficient sample of files to evaluate the issue during the file review (see the *File Selection Protocol* for

additional guidance). EPA and the state or local agency should discuss an area for further analysis to determine if a problem exists. These indicators also provide narrative context for findings from file reviews.

When using the Supporting Data Indicators to support file reviews, examine state average versus national averages to indicate when agencies appear to diverge from national norms. A deviation from a national norm or average does not mean a performance issue exists, just that the issue should be explored further. For a significant deviation, EPA should ensure it pulls a sufficient sample of files to evaluate the matter during the file review (see the *File Selection Protocol* for additional guidance). EPA and the state or local agency should discuss the area of significant deviation to determine if a problem exists.

- **Compliance Monitoring Strategy (CMS) metrics** relate to agency commitments in CMS plans (sometimes referred to as alternative CMS or alt-CMS) and provide for SRF findings based on agency-specific commitments rather than national goals. If a state or local program does not have an approved CMS plan, for example if a draft plan is still in discussion with the EPA, then that program is expected to meet national goals. The EPA reviewer must obtain the approved CMS Plan prior to the review. Once available, EPA reviewers should ensure accuracy of the denominator used for inspection coverage metrics.
2. **File review metrics** are evaluated during the review of facility files (including information such as inspection reports, enforcement responses and actions, and penalty documentation). The results of file reviews, in combination with data metric results, provide a greater understanding of an agency's performance than data metric results alone. All file review metrics have national goals; however, unlike data metrics with goals, file metrics will not have a national average.

All goal, review indicator, Compliance Monitoring Strategy, and file review metrics listed in this guide are required to appear in all SRF reports. List all metrics in this plain language guide in SRF reports even when there is no universe to ensure reviews include a consistent set of metrics in all SRF reports.

Using Metrics to Determine SRF Report Findings

Goal metrics always have numeric goals and stand alone as sufficient basis for a finding. To analyze performance under this metric, reviewers compare the percentage of permit limit data entered by the state to the 95% goal.

Based on this analysis, the reviewer makes a finding. All findings fall under one of these categories:

Meets or Exceeds Expectations: The SRF was established to define and assess the base level or

floor of enforcement program performance. This rating describes a situation where the base level is met, and no performance deficiency is identified, or a state performs above base program expectations achieving 85% or greater of the performance goal when the national goal is 100%.

Area for State Attention: An activity, process, or policy that one or more SRF metrics show as a minor problem. Where appropriate, the state should correct the issue without additional EPA oversight under SRF; SRF does not impose any constraints or limit in any way routine oversight procedures conducted by regions and states on a regular, recurring basis outside the SRF process. These areas are not highlighted as significant in an executive summary nor is a recommendation developed. Performance between 71-84% of the national goal of 100% is considered an Area for Attention finding.

Area for State Improvement: The EPA will develop a finding of Area for State Improvement whenever an activity, process, or policy that one or more SRF metrics under a specific element show as a significant problem that the agency is required to address with performance that is 70% or below. The EPA will highlight areas for improvement in the Executive Summary as significant issues. Recommendations should address root causes. Recommendation status is publicly available. Recommended activities to correct the issues should be included in the report. Recommendations must have well-defined timelines and milestones for completion, and, if possible, address root causes. The EPA will monitor recommendations for completion between SRF reviews in the SRF Manager database. The status of recommendations will be publicly available on EPA's SRF web site. And between reviews, EPA actively monitors recommendations in the SRF Manager database.

The [National Strategy for Improving Oversight of State Enforcement Performance](#) is a key reference in identifying recommendations for Areas for Improvement. Where a performance problem cannot be readily addressed, or where there are significant or recurring performance issues, there are steps the EPA can and should take to actively promote improved state performance.

Guidance for establishing initial findings in data metric analyses, file review worksheets, and SRF reports appear in the [SRF Reviewer's Guide](#). See the SRF Reviewer's Guide for additional tips on writing SRF reports and developing supporting materials.

Using Other Metrics

When metrics other than Goal metrics, such as review indicators and CMS metrics, indicate problems, the EPA should conduct the additional research necessary to determine the nature of the issue. These metrics provide additional information that is useful during file selection, and for gauging program health when compared to other metrics.

Use of State Guidance and Regional-State Agreements as Basis for Findings in SRF Reviews

The State Review Framework evaluates enforcement program performance against established OECA national program guidance. State program guidance or regional-state agreements are applicable to the SRF review process under the following circumstances.

1. It is acceptable to use the state's guidance to evaluate state program performance if: 1) the region demonstrates that the state's standard(s) is(are) equivalent to or more stringent than OECA guidance, and 2) and the state agrees to being evaluated against that standard(s). In these cases, regions should include a statement in the SRF report indicating that the state guidance was determined to be equivalent or more stringent than the applicable OECA policy and was used as the basis for the review.
2. For certain metrics, clearly specified in this Plain Language Guide, it will be necessary to refer to state policies or guidance, or to EPA-state agreements. For example:
 - a. If the state has an Alternative CMS, the EPA will use these state-specific commitments as the basis to evaluate compliance monitoring coverage.
 - b. The national guidance may require only that a state establish a standard but not actually provide the standard. In such cases, the reviewer will need to ensure that the state has developed the required standard, and once it has been reviewed and approved by the region, use that standard to evaluate state performance.
3. Where national guidance has been modified or updated, it is important to review the corresponding state program implementation guidance to assess whether it has become out of date or inaccurate. In such cases, the reviewer should make appropriate recommendations for revision of the state guidance, review the revised version, and approve it, if appropriate.
4. Where state program guidance or regional-state agreements establish practices or standards that are not consistent with or at least equivalent to national program guidance, this may be an allowable flexibility under section A4 of the [Revised Policy Framework for State/EPA Enforcement Agreements](#) (Barnes, August 1986, as revised). If so, the region notes this flexibility in the explanation of the SRF report. If the differences between the state guidance or regional-state agreements and the national guidance is significant, or if it is unclear whether flexibility from OECA policy is appropriate, the region should elevate the issue to OECA for resolution prior to developing findings or a draft report (per the June 21, 2023 [Effective Partnerships Between EPA and the States in Civil Enforcement and Compliance Assurance](#) memo).

Guidance References and Acronyms

The SRF policy and guidance page on ECHO provides a full list of links to SRF guidance and policies.

Year reviewed should generally be the year preceding the year the SRF review is conducted. The year reviewed refers to the federal fiscal year (i.e., October 1-September 30) for most SRF metrics.

Agency refers to the state, local or federal agency which has the lead for compliance monitoring and enforcement within the state or other jurisdiction undergoing the SRF review.

A list of acronyms is provided as an attachment to this Plain Language Guide.

CAA SRF Review Process

Action	Time Period
Preparing for the File Review	<i>November-February</i>
Conducting the Review	<i>March-August</i>
<ul style="list-style-type: none"> • Data Metric Analysis 	<i>60 days before review</i>
<ul style="list-style-type: none"> • CWA Inspection Coverage Table 	<i>60 days before review</i>
<ul style="list-style-type: none"> • File Selection 	<i>30 days before review</i>
<ul style="list-style-type: none"> • On-Site or Remote Review of Files 	
<ul style="list-style-type: none"> • File Review Worksheet 	<i>30 days after review</i>
Drafting And Finalizing Report	<i>September-December</i>
<ul style="list-style-type: none"> • Draft Report 	<i>By September 30</i>
<ul style="list-style-type: none"> • HQ Comment Period 	<i>15 working days</i>
<ul style="list-style-type: none"> • Send Revised Report to HQ 	
<ul style="list-style-type: none"> • State/Region Program Comment Period 	<i>30 calendar days</i>
<ul style="list-style-type: none"> • Final Report 	<i>By December 31</i>
Recommendation Monitoring and Close Out	<i>Ongoing</i>
<ul style="list-style-type: none"> • Track recommendation implementation process 	<i>Ongoing</i>
<ul style="list-style-type: none"> • Work with reviewed program to document progress and develop completion verification statement 	

- Completion Verification and Close Out

Using Metrics to Determine Findings

Goal metrics always have numeric goals and stand alone as a sufficient basis for a finding. For example, the goal for CAA metric 3a2 is timely reporting 100 percent of HPVs into ICIS-Air. To analyze performance under this metric, reviewers compare the percentage of HPVs reported with the 100 percent goal. Based on this analysis, the reviewer established a finding. All findings fall under one of the following categories:

Meets or Exceeds Expectations: The SRF was established to define and assess the base level or floor of compliance monitoring and enforcement program performance. This rating describes a situation where the base level is met and no performance deficiency is identified, or a state performs above base program expectations achieving 85% or greater of the performance goal when the national goal is 100%.

Area for State Attention: An activity, process, or policy that one or more SRF metrics show as a minor problem. Where appropriate, EPA may make suggestions to improve performance but doesn't formally monitor progress or status. These areas are not highlighted as significant in an executive summary. Performance between 71-84% of the national goal of 100% is considered an Area for Attention finding.

Area for State Improvement: EPA will develop a finding of Area for State Improvement whenever an activity, process, or policy that one or more SRF metrics, under a specific element, show as a significant problem which the agency is required to address. Performance that is 70% and below of the national goal of 100% is considered an Area for State Improvement. EPA will highlight areas for improvement in the Executive Summary as significant issues. Region 8 comment cont'd from above: Recommendations should address root causes and correct the issue(s) identified. Recommendation status is publicly available. These recommendations must have well-defined timelines and milestones for completion. EPA monitors recommendations between SRF reviews in the SRF Manager database.

Whenever a metric indicates a significant performance issue, EPA issues a finding of Area for State Improvement, regardless of other metric values pertaining to a particular element. The National Strategy for Improving Oversight of State Enforcement Performance is a key reference in identifying recommendations for Areas for Improvement. Where a performance problem cannot be readily addressed, or where there is a significant or recurring performance issues, there are steps EPA should take to actively promote improved state performance. For additional information: <https://www.epa.gov/compliance/national-strategy-improving-oversight-state->

enforcement- performance

Using Other Metrics

When metrics other than goal metrics indicate problems, EPA should conduct additional research to determine whether there is truly a problem. These metrics provide additional information during file selection and are useful for gauging program health when used with other metrics. For example, CAA metric 8a is a Supporting Data Indicator for File Review metric 8c. Indicator 8a provides the state's HPV discovery rate at active major sources which is related to Metric 8c, the percentage of FRVs identified by the state for which an accurate HPV determination was made. If there is a significant deviation for Indicator 8a from the national average, the reviewer should analyze if the HPV discovery rate is a performance issue by checking accuracy of HPV determinations determined during the file review.

Use of State Guidance and Regional-State Agreements as Basis for Findings in SRF Reviews

The State Review Framework evaluates compliance monitoring and enforcement program performance against established OECA national program guidance. State program guidance or regional-state agreements are applicable to the SRF review process under the following circumstances.

1. It is acceptable to use the state's guidance to evaluate state program performance if: 1) the region demonstrates the state's standard(s) is (are) equivalent to or more stringent than OECA guidance, and 2) and the state agrees to being evaluated against the standard(s). In these cases, regions should inform OECA/OC in advance of the review that they intend to use state guidance and should include a statement in the SRF report indicating that the state guidance was equivalent or more stringent than the applicable OECA guidance and was the basis for the review.
2. For certain metrics, clearly specified in this Plain Language Guide, refer to state or local policies or guidance, or to EPA-state agreements. For example:
 - a. If the state has an Alternative CMS plan, use these agency-specific commitments as the basis to evaluate compliance monitoring coverage.
 - b. The national guidance may require a state establish a standard but not provide the standard. In such cases, the reviewer must ensure the state developed a regionally approved standard.
3. Where national guidance has been modified or updated, it is important to review corresponding state program implementation guidance to assess

expiration and accuracy. In such cases, the reviewer should make appropriate recommendations for revision, review, and approval, as necessary. Where a state disagrees with this assessment, it should be noted by EPA in the final report.

Where state program guidance or regional-state agreements establish practices or standards are not consistent with or at least equivalent to national program guidance, this may be an allowable flexibility under section A4 of the *Revised Policy Framework for State/EPA Enforcement Agreements* (Barnes, August 1986, as revised). If so, the region should inform OECA/OC prior to the review and note this flexibility in the explanation of the SRF report. If the differences between the state guidance or regional-state agreements and the national guidance is significant, or if it is unclear whether flexibility from OECA policy is appropriate, the region should elevate the issue to OECA for resolution (per *Effective Partnerships Between EPA and the States in Civil Enforcement and Compliance Assurance* (June 2023)) prior to developing findings or a draft report.

Element and Metric Definitions

Element 1 — Data

Element 1 evaluates data accuracy and completeness. At the beginning of the review, the presumption is the state, locality, or EPA direct implementation program verified accuracy of the frozen dataset. Prior to the review, it's recommended to check and understand [state comments on frozen data](#).

EPA evaluates data accuracy and completeness through metric 2b, which is a file metric that compares data in the ECHO.gov Detailed Facility Report (DFR) or ICIS-Air to information in facility files. Prior to the review, ensure reviewers have access to ICIS-Air, as certain data may be enforcement sensitive, and isn't available on the public facing ECHO webpage. EPA also uses data metrics 3a2, 3b1, 3b2, and 3b3 to evaluate timely reporting of monitoring minimum data requirements (MDRs) and reporting of FRV/HPV to ECHO.gov Detailed Facility Report (DFR), ICIS-Air Compliance Source Data Report, listing of regulatory subparts, and HPV pathway reports. At least one member of the EPA review team should have sensitive data User access to ICIS-Air with Air Facility CMS Editor permission, as this is necessary to see the CMS tab in the FE&C Facility programmatic record. Metric 2b Item 9 requires confirmation of the CMS Source Category and Frequency in ICIS-Air.

A reviewer may determine the value for a data metric is inaccurate when they conduct the entrance conference or the file review. Note discrepancies in data counts and discrepancies in CMS universe data found on the ECHO.gov Air Activity and Performance Dashboards under Element 1. If the cause of the inaccurate data is a data

quality issue or discrepancy, the reviewer should include this as an Area for State Attention or Area for State Improvement, depending on the frequency of such errors across facility entries. The finding cites data inaccuracies and provides both reported and actual values.

Refer to [ECHO Data Entry Requirements](#) for CAA minimum data requirements (MDRs). Metrics expressed as percentages will have Numerator and Denominator values which are used to create a fraction, expressed as a percentage.

Key metrics: 2b, 3a2, 3b1, 3b2, and 3b3

Metric 2b — Accurate MDR data in ICISAir

Metric Type: File, Goal

Goal: 100% of data are complete and accurate

What it measures: Percentage of files reviewed where substantive MDR data are accurately reflected in ICIS-Air.

Numerator: number of files reviewed where file data and ICIS-AIR data are the same for substantive MDRs.

Denominator: total number of files reviewed.

Guidance: Compare the information in the files for the year reviewed with data from the ECHO.gov Detailed Facility Report (DFR), ICIS-Air Compliance Source Data Report, listing of regulatory subparts, and HPV pathway reports. Review the MDRs listed on the File Review Checklist to confirm whether information is accurately reported to ICIS-Air.

Substantive MDR Data

The following MDRs are considered “substantive” (i.e., they are significant in importance), and the file information should be consistent with the data reported to ICIS-Air and captured in the reports listed above:

1. **Full compliance evaluation (FCE):** Compare the FCE date in the file with information in the DFR under “Compliance Monitoring History.”
2. **Title V annual compliance certification:** Compare the Title V certification receipt and review completion dates in the file with the information in the DFR under “Compliance Monitoring History.” Each Title V certification completed is identified under “Inspection Type”, and whether the facility reported deviations is provided under “Finding”. Only reports marked “reviewed” in ICIS-Air will appear on the DFR.

3. **Stack Test:** Compare the results of stack tests in the file with information in the DFR under “Compliance Monitoring History.” Each stack test is identified under Inspection Type; the date is the date the stack test was conducted, and the results are provided under Finding. Please note, a pollutant is not required to be reported for a stack test, but some agencies choose to optionally report the pollutant tested. Reviewers should verify (in the DFR and ICIS-Air) entry of the stack test result and pending results changed to Pass or Fail within 120 days.
4. **Federally Reportable Violations (FRVs) and High-Priority Violations (HPVs):** Compare file to information in the DFR under “Compliance Summary Data.” Verify federally reportable violations that meet one of the FRV or HPV criteria are in the DFR. Reviewers must consult the Case File Module in ICIS-Air to verify the following MDR information related to each violation (both FRVs and HPVs): violation type, air program, pollutant, method & date of advisement. Additional MDRs for HPVs include the following: HPV Day Zero Date, discovery action & date, addressing action & date, and resolving action & date. The corresponding date in the row is either the Earliest HPV Day Zero Date or the Earliest FRV Determination Date depending on the Violation Type identified for the row. If an HPV is identified as the Enforcement Response Policy on the Case File, the date corresponds to the Earliest HPV Day Zero Date.
5. **Formal Enforcement Action and Final Order:** Check to ensure formal enforcement actions found in the file for the review year are in the DFR and compare date(s) in the file with information in the DFR under “Formal Enforcement Actions (5 years).” The final order is the vehicle in which captures a settlement agreement, compliance schedule, penalty assessment, or conditions to return to compliance, which may include injunctive relief. Final order details are in ICIS-Air.
6. **Informal Enforcement Actions:** Check to ensure notices of violation (NOVs) or Warning Letters found in the file for the review year are in the DFR. Compare date(s) in the file with information in the DFR under “Informal Enforcement Actions (5 years).” Formal notice may be via a variety of mechanisms, that includes, but isn’t limited to: Notice of Violation, Warning Letter, Notice to Correct, Notice of Opportunity to Correct, Notice to Comply, or Notice of Noncompliance. If the purpose is to formally notify a source of an FRV, it is to be reported to ICIS-Air as either an NOV or a Warning Letter.
7. **Penalties:** Compare penalty amounts in the file with information in the DFR under “Formal Enforcement Actions (5 years).” Penalties should be entered in the “Penalty Assessed to be Paid” portion of the Penalty screen in the Final Order module in ICIS-Air.

8. **Air Program and Subparts:** Compare the Air Programs and operating status in the DFR with applicable programs reflected in the file. A subpart is required for NESHAP Part 63 and NSPS Part 60 if the facility is a Title V major. Area source rules are inactive in ICIS-Air, meaning the state agency may be unable to select all subparts, ensure the review checks prior to establishing a finding. A subpart is also required for NESHAP Part 61 regardless of facility classification. Subpart information is in ICIS-Air. The applicable pollutants and pollutant classification for each air program should also be verified in ICIS-Air.
9. **CMS:** The CMS Source Category and Frequency aren't on the DFR, so the reviewer must verify in ICIS-Air. The SRF Manager database file selection output also includes the source category.

Other MDRs are considered “administrative” and should be evaluated for accuracy. However, problems with these MDRs warrant a recommendation if errors exist across multiple facility records, or a pattern of data entry problems is evident. Administrative MDRs include the following: facility ID, name, street, city, state, county, postal code, NAICS code, and government ownership.

Applicable EPA policy/guidance: Air Stationary Source Compliance and Enforcement Information Reporting (ICR) Supporting Statement (EPA-HQ-OECA-2018-0018); 2016 CAA CMS; Guidance on Federally Reportable Violations for Clean Air Act Stationary Sources (2014); [Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act: Timely and Appropriate Enforcement Response to High Priority Violations \(2014\)](#).

Metric 3a2 — Timely reporting of HPV determinations into ICIS-Air Metric type: Data, Goal

Goal: 100% of HPV determinations reported to ICIS-Air within 60 days

What it measures: Percentage of HPV determinations entered within 60 days based on the Case File “Date Created” in ICIS-Air.

Numerator: number of HPVs reported within 60 days of HPV determination within the review year.

Denominator: total number of Case Files with HPVs reported during the review year.

Guidance: The metric examines the percentage of Case File records with an HPV with a Day Zero determination made during the review year by the state, local or EPA reported to ICIS-Air within the required 60-day timeframe. To measure the number of days used to report the HPV Day Zero, the metric compares the Earliest HPV Day Zero date to the earliest HPV created date, which is the day the Case File is entered in ICIS-Air. The reported date is the earliest created date of a violation with a Day Zero reported. The

source universe is limited to the federally reportable universe.

There might be instances where the Case File Date Created is before the Earliest HPV Day Zero date. This is acceptable because a Case File may be created prior to the agency determining a violation is an HPV.

This metric is based on Case Files containing HPVs; some Case Files may include more than one HPV, but these are counted as a single HPV in this metric because they have been consolidated for enforcement in the same case file.

Metric 3b1 — Timely reporting of compliance monitoring MDRs

Metric Type: Data, Goal

Goal: 100% of actions reported within specified timeframes

What it measures: Percentage of compliance monitoring related MDR actions reported within 60 days of the completion date. Because stack test results must be reported within 120 days, stack tests are not included in this metric.

Numerator: number of compliance monitoring related MDR actions reported within 60-days of the completion date.

Denominator: total number of compliance monitoring related MDR actions achieved during the review year at CMS federally reportable facilities.

Guidance: Compliance monitoring actions include full compliance evaluations and complete review of Title V annual compliance certifications and/or deviation reports.

The source universe is limited to the federally reportable universe. The metric compares the number of compliance monitoring activities (FCEs and Reviews of Title V Annual Compliance Certifications) reported to ICIS-Air in less than or equal to 60 days of the completion date to the total number of compliance monitoring activities. To measure the number of days between the completion date and when the agency entered the activity to ICIS-Air, the metric counts the number of days between the activity's Actual End Date and the activity's Date Created, which is the date automatically recorded on the action record by ICIS-Air when the activity is reported. The metric excludes activities where the only air program(s) reported on the compliance monitoring activity action record is "Not Defined as Federally Reportable" or "State or Local rule or regulation that is not federally enforceable".

Specifically, the numerator is the number of FCEs, and TV ACC reviews reported to ICIS-Air within 60 days. The reported date is the day the compliance monitoring event was created.

The occurrence date for FCEs is the Actual End Date and the occurrence date for TV ACCs is the earliest Reviewed Date for the TV ACC. The denominator is the total number of FCEs, and TV ACC reviews reported during the review fiscal year.

Metric 3b2 — Timely reporting of stack tests and results

Metric Type: Data, Goal

Goal: 100% of actions reported within specified timeframes

What it measures: Percentage of stack tests reported to ICIS-Air within 120 days of the stack test.

Numerator: number of stack tests from CAA majors, synthetic minors, and Part 61 NESHAP minors reported and reviewed within 120 days.

Denominator: total number of majors, synthetic minors, and Part 61 NESHAP minors with one or more stack tests achieved during the review year.

Guidance: The source universe is limited to majors, synthetic minors, and minor sources subject to NESHAP Part 61, which are a subset of the federally reportable universe in the CMS. Therefore, this metric may not account for all stack tests completed or reviewed in the review year. The metric compares the number of stack tests reported to ICIS-Air in less than or equal to 120 days of testing, to the total number of stack tests conducted and reported by the state or local agency during the review fiscal year. The reported date is the Date Created associated with the stack test compliance monitoring record in ICIS-Air, and the occurrence date is the Actual End Date. To measure the number of days between the date completed and the date the activity was reported to ICIS-Air, the metric counts the number of days between the activity's "Actual End Date" and the activity's "Date Created," which is the date automatically recorded on the action record by ICIS-Air when the activity is entered to the system.

Applicable EPA policy/guidance: Air Stationary Source Compliance and Enforcement Information Reporting (ICR) Supporting Statement (EPA-HQ-OECA-2018-0018); [CAA CMS, Clean Air Act National Stack Testing Guidance](#)

Metric 3b3 — Timely reporting of enforcement MDRs Metric type: Data, Goal

Goal: 100% of actions reported within specified timeframes

What it measures: Percentage of enforcement actions reported to ICIS-Air within 60 days.

Numerator: number of enforcement actions reported within 60 days.

Denominator: total number of enforcement actions.

Guidance: The source universe is limited to the federally reportable universe in the CMS. The metric compares the number of informal and formal enforcement activities (Notices of Violation, Administrative Orders, and Consent Decrees), completed by the state or local agency, and reported to ICIS-Air in less than or equal to 60 days of the date they were completed, to the total number of enforcement related activities. To measure the number of days between the date completed and the date the activity was reported to ICIS-Air, the metric counts the number of days between the activity's Achieved Date for informal enforcement actions or Final Order/Entered date for formal enforcement actions and the activity's Date Created, which is the date automatically recorded on the action record by ICIS-Air when the activity is entered into the system. The metric excludes enforcement sensitive activities and activities where the only air program(s) reported on the enforcement activity action record is "Not Defined as Federally Reportable" or "State or Local rule or regulation that is not federally-enforceable".

Element 2 – Evaluations (Inspections)

Element 2 evaluates the following:

1. Evaluation coverage rates compared to CMS commitments.
2. Title V Annual Compliance Certification review rate.
3. Documentation of FCE elements to assure a complete evaluation occurred.
4. Compliance monitoring report completeness and sufficiency to determine compliance.

Key metrics: 5a, 5b, 5c, 5e, 6a, and 6b

Metric 5a — FCE coverage: majors and mega-sites

Metric type: Data, Goal

Goal: 100% of commitment

What it measures: Percentage of FCE's at CMS majors and mega-sites completed within the CMS recommended minimum evaluation frequency or negotiated alternative evaluation frequency.

Numerator: number of FCE's completed at CMS major sources and mega-sites.

Denominator: total number of FCE's completed at CMS major sources and mega-sites, plus planned but not completed.

Guidance: For this metric, the universe of sources is based solely on the CMS Category (CSMS). The source classification is not considered nor is the operating status. This includes facilities that shut down during the review year but were not removed from the CMS plan until after the end of the review year. This metric is based on source-specific historic CMS data (CMS Source Category Indicator, CMS Minimum Frequency Indicator,

and FCE). This historic data is captured by ICIS-Air on December 1 each year for the previous fiscal year. This metric captures alternative evaluation frequencies. It does not reflect those instances where a PCE has been negotiated in lieu of an FCE. PCEs substituted for FCEs in an approved CMS plan should be confirmed in ICIS-Air. Adjust the percentage of coverage accordingly in the SRF Manager database output report. To further verify the universe, the reviewer should look to see how many FCEs are reported "on-site" vs how many are reported "off-site." For FCEs reported as "off-site," the reviewer should examine whether these evaluations meet the definition of an FCE (i.e., whether these off-site FCEs were able to determine the compliance status for the entire facility without going on-site).

Specifically, the numerator is the number of ICIS-Air facilities with a FCE during the review fiscal year and a CMS Source Category of Title V Major or Mega-site. The FCE occurrence date is the evaluation Actual End Date. If the facility was removed from a CMS plan during the review fiscal year the facility is included in the numerator if the FCE occurred prior to the CMS Plan Removal Date, but not if the FCE occurred after the CMS Plan Removal Date. The denominator is the total number of ICIS-Air facilities with a CMS Source Category of Title V Major or Mega-site and had either an FCE or were due for an FCE during the review fiscal year. As with the numerator, the FCE occurrence date is the Actual End Date and, if the facility was removed from a CMS plan during the review fiscal year, the facility is included in the denominator if the FCE occurred prior to the CMS Plan Removal Date, but not if the FCE occurred after the CMS Plan Removal Date or if there was no FCE performed. CMS Plan Removal Dates after September 30 of the review fiscal year do not factor into the metric logic.

Metric 5b — FCE coverage: SM-80s

Metric type: Data, Goal

Goal: 100% of commitment

What it measures: Percentage of FCE's at CMS SM-80s sources within a negotiated frequency or minimum recommended frequency.

Numerator: number of FCE's completed at CMS SM-80 sources.

Denominator: total number of FCE's completed at CMS SM-80 sources, plus those planned but not completed.

Guidance: For this metric, the universe of sources is solely based on the CMSC. The source classification and operating status aren't considered. This includes facilities that shut down during the review year but were not removed from the CMS plan until after the end of the review year. This metric is based on source-specific historic CMS data (CMS Source Category Indicator, CMS Minimum Frequency Indicator, and FCE). This historic data is captured by ICIS-Air on December 1 each year for the previous fiscal year.

This metric captures alternative evaluation frequencies. It does not reflect those instances where a PCE has been negotiated in lieu of an FCE. PCEs substituted for FCEs in an approved CMS plan should be confirmed in ICIS-Air. Adjust the percentage of coverage accordingly in the SRF Manager database output report.

Specifically, the numerator is the number of ICIS-Air facilities that had an FCE during the review fiscal year and a CMS Source Category of 80% Synthetic Minor when the historic CMS data was captured on December 1. The FCE occurrence date is the evaluation Actual End Date. If the facility was removed from a CMS plan during the review fiscal year the facility is included in the numerator if the FCE occurred prior to the CMS Plan Removal Date, but not if the FCE occurred after the CMS Plan Removal Date. The denominator is the number of ICIS-Air facilities with a CMS Source Category of 80% Synthetic Minor when the historic CMS data was captured on December 1 and had either an FCE that occurred during the review fiscal year or were due for an FCE during the review fiscal year. As with the numerator, the FCE occurrence date is the Actual End Date and if the facility was removed from a CMS plan during the review fiscal year the facility is included in the denominator if the FCE occurred prior to the CMS Plan Removal Date, but not if the FCE occurred after the CMS Plan Removal Date or if there was no FCE performed. CMS Plan Removal Dates that occur after September 30 of the review fiscal year do not factor into the metric logic.

When evaluating FCE coverage at SM-80s, ensure the state/local agency has included within their CMS plan sources with a permit limit to remain a minor source of emissions and emits or has the potential to emit at or above 80% of the Title V major source threshold. All sources with the potential to emit at or above the 80 percent threshold are included regardless of whether their actual emissions are lower. If an agency does not differentiate facilities based on potential to emit, all synthetic minors should be designated as SM-80s in the agency's CMS plan. Note: Certain agencies may refer to terminology other than "synthetic minor" when referring to sources that have taken a permit limit to remain a minor source of emissions (e.g., "Title V Conditionally Exempt" sources). Regardless of the terminology used, such sources are to be included. Reviewers should coordinate with regional/state/local permitting staff as needed.

Metric 5c — FCE coverage: minors and synthetic minors (non-SM 80s) included in an alt-CMS plan

Metric type: Data, Goal

Goal: 100% of commitment

What it measures: Percentage of minor and synthetic minors (SMs), not including SM-80s, included in an alternative CMS plan that received an FCE within a negotiated

frequency.

Numerator: number of completed FCE's at CMS minor and synthetic minor (non-SM80) sources during the review year

Denominator: total number of planned FCE's at CMS minor and synthetic minor (non-SM80) sources during the review year.

Guidance: Reviewers should apply this metric when the state/local Agency has an Alternative CMS plan approved by EPA. It is usually not necessary to evaluate this metric during the SRF review if the Agency utilizes a traditional CMS plan, although some state/local Agencies have included a few minor sources in their traditional CMS plan for specific reasons. The universe of minors and synthetic minors reflects the current classification as a minor and synthetic minor source and the historic CMS Source Category of "Other/Alternate Facilities".

This metric is based on source-specific historic CMS data (CMS Source Category, CMS Minimum Frequency, and FCE Actual End Date).

If a PCE was negotiated in lieu of an FCE, confirm this in ICIS-Air and adjust the percentage of coverage accordingly and mention in the SRF Manager database output report.

Specifically, the numerator is the number of ICIS-Air facilities with a FCE during the review fiscal year and a CMS Source Category of Other/Alternate Facilities when the historic CMS data was captured on December 1. The FCE occurrence date is the evaluation Actual End Date. If the facility was removed from a CMS plan during the review fiscal year the facility is included in the numerator if the FCE occurred prior to the CMS Plan Removal Date, but not if the FCE occurred after the CMS Plan Removal Date. This includes facilities that shut down during the review year but were not removed from the CMS plan until after the end of the review year. The denominator is the number of ICIS-Air facilities with a CMS Source Category of Other/Alternate Facilities when the historic CMS data was captured on December 1 and had either an FCE that occurred during the review fiscal year or were due for an FCE during the review fiscal year. As with the numerator, the FCE occurrence date is the evaluation Actual End Date. If the facility was removed from a CMS plan during the review fiscal year the facility is included in the denominator if the FCE occurred prior to the CMS Plan Removal Date, but not if the FCE occurred after the CMS Plan Removal Date or if there was no FCE performed. In addition, metric 5c includes all facilities with a CMS Source Category of Other/Alternate Facilities that had a CMS start date that occurred anytime during the review fiscal year and a CMS Frequency of one year, regardless of what ICIS-Air shows as the Next FCE Due Date. These one-year frequency facilities are not included in the denominator if no FCE was performed, and the facility was removed from the CMS plan during the review fiscal year. CMS Plan Removal Dates that occur after September 30 of the review fiscal year do not factor into the metric logic.

Note: Metric 5c and 5d have been consolidated into the same metric because in ICIS-Air it is not possible to distinguish between non-SM-80 sources and other minor sources.

Metric 5e — Reviews of Title V annual compliance certifications completed

Metric type: Data, Goal

Goal: 100% of annual certifications reviewed

What it measures: Percentage of the active Title V universe (regardless of classification) for which the agency has reviewed a Title V annual compliance certification (ACCs) during the review year. Active refers to an operating status of either operating (O), temporarily closed (T), or seasonal (I).

Numerator: number of active Title V sources with reviews of their ACC completed.

Denominator: total number of active Title V sources with an ACC due in the review year.

Guidance: Programs listing actions as “Not Defined as Federally Reportable” or “State or Local rule or regulation that is not federally enforceable” are not included in the metric. Because the metric is limited to the currently active universe of Title V sources, some permanently closed sources since the review year began are not captured even if an ACC review was completed during the review year. For SRF Round 5, the metric logic also excludes sources that recently become a Title V source, and for which an ACC is not yet due.

Specifically, the numerator is the number of sources with a current or historic active Title V air program that had at least one Title V ACC review during the SRF review year. The occurrence date is the earliest “actual end date” within the review year for the Title V ACC Receipt/Review compliance monitoring event. The denominator includes sources with a “planned end date” in the review year for the TV ACC Due/Received compliance monitoring record, since this is a firm indication from the delegated agency that an ACC is due that fiscal year. For sources with the “planned end date” blank, if the historical CMS data has a “Title V Major” or “Mega-Site” CMS designation for the fiscal year prior to the Review Year, the source is included in the denominator.

Review of annual certifications is integral to the Title V source compliance monitoring program because it provides EPA with the necessary information to validate a facility’s compliance. The metric is predicated based on all Title V sources submitting an annual compliance certification. The percentage for this metric is lowered if all Title V sources do not submit an annual certification. Conversely, this metric may reflect an artificially

high percentage of annual certifications reviewed (i.e., $\geq 100\%$) if the Title V universe is inaccurate or if the agency is reviewing certifications from the previous year.

Applicable EPA policy/guidance: [CAA CMS](#); Air Stationary Source Compliance and Enforcement Information Reporting (ICR) Supporting Statement (EPA-HQ-OECA-2018-0018)

Metric 6a — Documentation of FCE elements

Metric type: File, Goal

Goal: 100%

What it measures: Percentage of FCEs in files reviewed that meet the FCE definition in the CMS policy.

Numerator: number of files with FCE documentation to ensure a source's compliance status has been evaluated per Section V of the CMS.

Denominator: total number of files reviewed with FCEs in the review year.

Guidance: Review each file with an FCE against the FCE definition provided in Section V of the [CAA CMS Guidance](#) document findings.

The CMS establishes three categories of compliance monitoring: Full Compliance Evaluations, Partial Compliance Evaluations, and Investigations.

This metric ensures monitoring activity being reported as an FCE meets the definition as provided in Section V of the [October 2016 CMS Guidance](#), the reported evaluations are thoroughly documented in a timely manner, and an FCE of a source's compliance status has been conducted. This metric also evaluates the tools and procedures used by the agency to determine completion of an FCE.

Metric 6b — CMRs provide sufficient documentation to determine compliance

Metric type: File, Goal

Goal: 100% of CMRs or source files reviewed

What it measures: Percentage of CMRs or source files reviewed that provide sufficient documentation to determine source compliance.

Numerator: number of CMRs or facility files containing all elements listed in the CMS, Section IX. Denominator: total number of CMRs reviewed.

Guidance: The CAA CMS, Section IX, lists the elements of a CMR. Agencies are not required to follow a particular format. This metric ensures agencies provide sufficient documentation in the CMR to allow for a compliance determination or include in the facility files the basic elements of the CMR. The CAA compliance monitoring and enforcement program uses the terms Full Compliance Evaluation (FCE) and Partial Compliance Evaluation (PCE) in place of the term “inspection”. In addition, a CMR is commonly referred to as an “inspection report” by many state and local agencies. For SRF, these terms are interchangeable, if the file meets applicable guidance.

Review the same files as in metric 6a against the CMR elements as provided in Section IX of the CMS.

All elements must be present and properly documented for the CMR to be complete. Agencies may have their own methods for completing CMRs. EPA should discuss this with the agency at the beginning of the review to determine which parts of the agency’s CMR documentation are consistent with EPA requirements for a complete CMR.

Applicable EPA policy/guidance: [CAA CMS Guidance \(2016\)](#), Sample Compliance Monitoring Reports posted on Internet.

Element 3 — Violations

Under this element, EPA evaluates accuracy of the agency’s violation and compliance determinations, and accuracy of its HPV determinations.

Reviewers evaluate Supporting Data Indicator 8a during the Element 3 analysis. If the reviewer finds that HPV identification rates are significantly lower than the national average, they may include additional compliance evaluations or violations in the file review to determine accurate determination of violations and HPVs.

Metric 7a covers accuracy of compliance determinations made from compliance evaluations, and metric 8c covers accuracy of HPV determinations. These metrics generally form the basis for findings under this element.

Key metrics: 7a, 8a, and 8c

Metric 7a — Accurate compliance determinations

Metric type: File, Goal

Goal: 100% of CMRs or source files reviewed

What it measures: Percentage of CMRs or source files reviewed with accurate compliance determinations. (This differs from metric 6b which focuses on whether there is sufficient documentation in the files. Metric 7a examines *accuracy* of the compliance determination.)

Numerator: number of CMRs or source files with accurate compliance determinations.

Denominator: total number of CMRs or source files reviewed.

Guidance: Review the CMR or source file to determine if the information and documentation used by the agency to determine compliance was accurately analyzed and reported in ICIS-Air. For example, if a file indicates an emission unit failed a stack test, the reviewer should check if a stack test compliance monitoring record was reported with the Stack Test Status of “Fail.” Note, the ICIS- Air Federally Reportable Source Universe is broader than the FRV source universe. If the file indicates the failed test was subsequently determined to be a violation, the reviewer should check if a case file or enforcement action was added with the applicable violation type. If the file indicates an accurate compliance determination, but the violation (HPV or FRV) or other data element (such as a stack test failure) is not recorded accurately in ICIS-Air, this is captured under Metric 2b. However, if the reviewer believes the agency did not appropriately identify an FRV or HPV (i.e., there was no determination, but the FRV/HPV criteria was met), capture this under Metric 7a. Reviewers should refer to the “Three Year Compliance History by Quarter” section of the ECHO.gov Detailed Facility Report (DFR). They may also review results in the “Compliance Monitoring History (5 years)” section of the DFR.

Supporting Data Indicator 7a1 — FRV ‘discovery rate’ based on evaluations at active CMS sources

Metric Type: Data, Supporting Indicator for Metric 7a.

What it measures: Percentage of FRVs reported into ICIS-Air at CMS sources (i.e., those included in the current CMS plan) active during the review year.

Numerator: number of facilities with an FRV determination date during the review year at active CMS sources.

Denominator: total universe of active CMS sources during the review year.

Guidance: Review files that identify FRVs (FRVs and HPVs) and those with violations identified that are not designated as FRVs or HPVs. To determine if violations were accurately identified, compare both the FRVs/HPVs and non-FRVs in the files with the FRV/HPV definitions from the FRV and HPV policies. This indicator is used by the SRF reviewer to provide context and to assist in focusing on the number of files for review during the file selection process. It may also point toward possible program

implementation strengths or deficiencies. This indicator provides context to support metric 7a.

Applicable EPA policy/guidance: [Guidance on Federally-Reportable Violations for Clean Air Act Stationary Sources \(2014\)](#). [HPV Policy \(2014\)](#)

Supporting Data Indicator 8a — HPV discovery rate at majors

Metric type: Data, Supporting Indicator for Metric 8c.

What it measures: HPV “discovery rate” based on active major sources.

Numerator: the universe of active major sources with an HPV reported during the review year. **Denominator:** the total universe of active major sources.

Guidance: This indicator assists in focusing on the number of files for review during the file selection process. When a CAA program has a very high or low rate of discovering HPVs, the reviewer should ensure enough files are selected to understand whether rates are attributable to program deficiencies in inspections or violation identification. This indicator may also support findings regarding strengths or deficiencies in inspections or violation identification.

Major sources are defined as active if they have an operating status of operating (O), temporarily closed (T) or seasonal (I). The metric is a source count, and each source is counted only once. The universe of major sources is limited to those added to ICIS-Air before the end of the review year with a default classification corresponding to a major source at the time the data was pulled from ICIS-Air, which generally occurs in January or February after the end of the review year. The metric excludes activities where the only air program(s) reported on the Case File is “Not Defined as Federally Reportable” or “State or Local rule or regulation that is not federally enforceable”. This indicator provides context to support metric 8c.

Specifically, the numerator is the number of ICIS-Air facilities with an HPV Day Zero during the review fiscal year that occurred at ICIS-Air facilities with a default pollutant classification of Major at any time during the review fiscal year. The denominator is the total number of ICIS-Air facilities with a default pollutant classification of Major at any time during the review fiscal year.

Metric 8c — Accuracy of HPV determinations Metric type: File, Goal

Goal: 100% of violations accurately identified

What it measures: Percentage of FRVs reviewed for which an accurate HPV determination (HPV or no HPV) was made.

Numerator: number of FRVs reviewed with accurate HPV/non-HPV determinations.

Denominator: number of FRVs reviewed.

Guidance: Review files with FRVs that identify HPVs and files with FRVs not designated as HPVs. To determine if all HPVs were accurately identified, compare both the HPVs and non-HPVs in the files with the HPV criteria set forth in the HPV Policy (pp. 3-4).

Note: Universe of files to select from using the file selection tool is all files with a) FRVs reported to ICIS-Air that become 90 days old during the review year; and b) HPVs reported to ICIS-Air during the review year.

Applicable EPA policy/guidance: [Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority violations \(2014\)](#). [CAA National Stack Testing Guidelines \(2009\)](#)

Metric 13 — Timeliness of HPV Identification

Metric type: Data, Goal

Goal: 100% of violations identified timely

What it measures: Within 90 days after the compliance monitoring activity or discovery action, provides reasonable information indicating a violation of federally enforceable requirements, issuing an HPV classification.

Numerator: number of case files with HPVs reported in the review year with a “day zero” within 90 days of the discovery action.

Denominator: total number of case files with “Earliest HPV Day Zero date” in the review year.

Guidance: The HPV policy of 2014 states that “Day Zero will be deemed to have occurred on the earlier of (1) the date the agency has sufficient information to determine that a violation has occurred that appears to meet at least one HPV criterion or (2) 90 days after the compliance monitoring activity that first provides information reasonably indicating a violation of a federally enforceable requirement.” This metric examines the rate of meeting this 90-day timeframe for determining Day Zero. All enforcement agencies must record the Day Zero into ICIS-Air. (See HPV Policy Page 4-5; Sec III paragraph 2).

This data metric is looking at the number of *case files* with HPVs, not the number of

HPVs. Some case files may have multiple HPVs. See metric 3a2.

Applicable EPA policy/guidance: [Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority violations \(2014\).](#)

Element 4 — Enforcement

Reviewers use Element 4 to determine the agency's effectiveness in taking timely and appropriate enforcement and using enforcement to return facilities to compliance. EPA's Information Collection Request (ICR) Supporting Statement for the 2018 Renewal defines formal and informal enforcement actions as follows:

“An informal enforcement action notifies or advises the recipient of apparent deficiencies, findings concerning noncompliance, or that the issuing agency believes one or more violations occurred at the referenced source and provides instructions for coming into compliance. An informal enforcement action offers an opportunity for the recipient to discuss with the issuing agency actions they have taken to correct the violations identified or provide reasons they believe the violations did not occur. An informal enforcement action may include reference to an issuing agency's authority to elevate the matter, and/or liability of the recipient to pay a penalty. These data are intended to ensure that the delegated agency informs the source as soon as possible of the agency's findings so that the source is on notice of the need to promptly correct conditions giving rise to the violation(s) or potential violation(s).

“A formal enforcement action either requires that a person comply with regulations, requirements, or prohibitions established under the CAA; sets compliance schedule with milestones, requires payment of a penalty or establishes an agreement to pay a penalty; initiates an administrative procedure (e.g., file a complaint) or civil action (e.g., referral); or constitutes a civil action. Generally, these actions are referred to as complaints, settlement agreements, compliance or penalty orders, referrals, consent agreements, or consent decrees. In other words, formal enforcement actions have legal consequences if the source does not comply. All facilities subject to formal enforcement are to be tracked in ICIS until the resolution of the enforcement action, regardless of classification.”

Information provided by the Supporting Data Indicators for Element 3 support the file selection process for Element 4. If violation and HPV identification rates are high (data verification metrics 1d2 and 1f1) but enforcement is low (data verification metrics 1e1 and 1g1), reviewers should select enough facility files with violations and HPVs to determine whether the low enforcement activity rate is a result of lack of timely and appropriate enforcement. If enforcement numbers are high, reviewers should select

sufficient facility files with enforcement to determine if those actions were appropriate and returned facilities to compliance. Further, if the rate of addressing HPVs within 180 days is low, or if the agency addressed HPVs without formal enforcement, the reviewer should investigate further by selecting sufficient facility files to determine why, which may include reviewing files from a prior FY.

Reviewers use metrics 9a (enforcement that returns sources to compliance), 10a (timeliness of addressing or having a Case Development and Resolution Timeline in place), 10b (addressing or removal of HPVs consistent with the HPV policy) and 14 (HPV Case Development and Resolution Timeline in place that meets requirements of the HPV policy) to draft findings under this element.

Key metrics: 9a, 10a, 10b, 14

Metric 9a — Enforcement responses returned or will return the facility to compliance

Metric 10a — Timeliness of addressing HPVs OR alternatively having a CD&RT in place.

Metric type: File, Goal

Goal: 100% of HPVs are addressed timely or have a CD&RT timely in place

What it measures: Percentage of HPVs reviewed that were either a) addressed within 180 days of Day Zero or b) not addressed within 180 days of Day Zero but had a case development and resolution timeline in place within 225 days of Day Zero.

Numerator: number of HPVs reviewed that were either: a) addressed within 180 days of Day Zero; or b) not addressed within 180 days of Day Zero but had a case development and resolution timeline in place within 225 days of Day Zero.

Denominator: total number of HPVs reviewed.

Guidance: HPVs must be addressed within 180 days of Day Zero or have a case development and resolution timeline (CD&RT) in place within 225 days from day zero (an additional 45 days from the 180-day period). Review all files which include an HPV that reached 180 days old during the review year and determine if each HPV either was addressed within 180 days of Day Zero or a CD&RT was in place at or before 225 days from day zero. Agencies may use different CD&RT mechanisms to track enforcement action resolution timelines (e.g., Excel spreadsheet, database software such as Tempo, other tables/charts).

Applicable EPA policy/guidance: [Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority violations \(2014\)](#).

Supporting Data Indicator 10a1 — Rate of Addressing HPVs within 180**days****Metric type:** Data, Supporting Indicator for Metric 10a**What it measures:** Percentage of HPVs addressed within 180 days of Day Zero.Numerator: number of case files with HPVs addressed within 180 days of the Case File's Earliest HPV Day Zero date.Denominator: total number of case files with HPVs during the review year.**Guidance:** This indicator is used by the SRF reviewer to provide perspective for Metric 10a, showing the portion of the 10a percentage that represents HPVs addressed within 180 days. This indicator assists in focusing on the number of files for review during the file selection process. It may also be used to point toward possible program implementation strengths or deficiencies.

The purpose of this indicator is to assess what portion of the HPVs identified by the state/local agency, and that were not otherwise resolved, were addressed within 180 days (and therefore did not move into the case development and resolution timeline/consultation scenario).

Applicable EPA policy/guidance: [Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority violations \(2014\)](#).

Metric 10b — Percent of HPVs resolved or removed consistent with the HPV Policy.**Metric type:** File, Goal**Goal:** 100% of violations appropriately resolved or removed consistent with HPV policy.**What it measures:** Percent of HPVs resolved or removed (via a no further action determination, lead change, or another removal mechanism) consistent with HPV Policy.Numerator: number of HPVs resolved or removed (via a no further action determination, lead change, or another removal mechanism) consistent with the HPV policy.Denominator: number of HPVs reviewed resolved or removed.

Guidance: Actions not appropriate under the HPV Policy include informal enforcement actions, that do not contain an appropriate penalty, or formal actions that do not return the source to compliance or do not contain compliance schedules.

HPVs that are compliant with the requirements of the Case Development & Resolution Timeline are not considered because they are not concluded (see Metric 14).

This metric does not measure timeliness of addressing HPVs. This is accomplished via metric 10a and indicator 10a1. This metric assures the removal action or addressing action adheres to the terms of the HPV Policy in all ways other than timeliness.

If continuing HPV flag arrows persist in the DFR with “Unaddressed-State” or “Addressed-State” headers, the reviewer should check the associated case file date in ICIS-Air for a linked enforcement action/order issued (Resolving Action) that does not have a Date Resolved date entered. This is a common reason for HPVs to continue showing in the DFR as unresolved. Ask the program agency to verify the status of the resolving enforcement action. If the action is still pending, then no date is entered because it is not concluded yet. If the enforcement action has been concluded, then entering the Resolved date for the open enforcement action will change the status in the case file and remove the HPV flag in the DFR.

The term “another removal mechanism” captures other ways an HPV is concluded, such as manually removing the HPV flag in ICIS-Air by entering Addressed and Resolved dates in the case file.

Note: The universe (denominator) of files considered for review using the ECHO file selection tool is those HPVs that were addressed or removed during the review year. HPVs may have been determined in a prior year (i.e., HPV Day Zero is in a prior year), but may have continued into the review year as Unaddressed or Addressed State for reasons previously noted.

Applicable EPA policy/guidance: [Revision of U.S. Environmental Protection Agency’s Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority violations \(2014\)](#).

Supporting Data Indicator 10b1 — Rate of addressing HPVs without Formal Enforcement

Metric type: Data, Supporting Indicator for Metric 10b.

What it measures: Percentage of HPVs managed without formal enforcement action.

Numerator: number of case files with HPVs managed to completion during the review year via “removal,” a determination of no further action, lead change, or another

mechanism, but not via a formal enforcement action.

Denominator: total number of case files with HPVs managed to completion during the review year via any mechanism (manual removal in ICIS, no further action, lead agency change, another mechanism, or a formal enforcement action).

Guidance: This indicator assists in focusing on the number of files needed during the file selection process. It provides perspective on the metric 10b result and may also point toward possible program implementation strengths or deficiencies. It provides information and insight on resolution of HPVs by mechanisms other than addressing the HPV with a formal enforcement action. The mechanisms employed should be consistent with the agency's enforcement policies and with EPA enforcement policy/guidance.

Metric 14 — HPV CD&RT Contains Required Policy Elements

Metric type: File, Goal

Goal: 100% of case development and resolution timelines are timely in place and meet, at a minimum, the requirements of HPV Policy

What it measures: HPVs not addressed or otherwise managed to completion within 180 days of Day Zero have a case development and resolution (CD&RT) timeline in place, and the CD&RT meets the requirements of the HPV Policy.

Numerator: number of HPVs reviewed that require a CD&RT plan (are 225 days old and were not addressed or otherwise managed to completion) that have a CD&RT plan that meets the requirements of the HPV policy.

Denominator: total number of HPVs reviewed that required a CD&RT plan (are 225 days old and were not addressed or otherwise managed to completion).

Guidance: Review HPVs with CD&RTs in place to ensure that they were established within 225 days from Day Zero and contain the following required elements of the policy at a minimum.

The CD&RT must include, but isn't limited to:

1. Pollutant(s) at issue.
2. Estimate of the type and amount of an on-going emissions more than the applicable standard.
3. Specific milestones for case resolution
 - a. Proposed date for the start of settlement negotiations and timeline.
 - b. Proposed date for commencing an enforcement action.

Note: Files selected for review in the SRF Manager file selection tool logic are those from the universe of files with HPVs that reach or exceed 225 days old during the review year and have not been addressed or otherwise concluded. See also metric 10b.

Applicable EPA policy/guidance: [Revision of U.S. Environmental Protection Agency's Enforcement Response Policy for High Priority Violations of the Clean Air Act; Timely and Appropriate Enforcement Response to High Priority Violations \(2014\)](#).

Element 5 — Penalties

Element 5 evaluates penalty calculation and collection documentation using three metrics — 11a for examining documentation of calculation of gravity and economic benefit components of a penalty, and 12b for documentation of penalty collection. Note, the CAA stationary source civil penalty policy gives discretion to the agency if the economic benefit is less than \$5,000. However, penalty calculation documentation should still include the agency's decision to not assess an economic benefit component.

Reviewers gauge the level of penalty activity in a state for the review year using the CAA Dashboard, which provides information on the number of penalties imposed and their dollar values.

Key metrics: 11a, 12a and 12b

Metric 11a — Penalty calculations reviewed that document gravity and economic benefit

Metric 12a — Documentation of rationale for difference between initial penalty calculation and final penalty

Metric type: File, Goal

Goal: 100%

What it measures: Percentage of penalty calculations reviewed that document the rationale for the final value assessed when it is different than the initial calculated value. The numerator is the number of penalty calculations reviewed that document the rationale for the final value assessed compared to the initial value calculated. The numerator also includes those penalty calculations reviewed where there is no difference between the initial and final penalty. The denominator is the total number of penalty calculations reviewed.

Guidance: According to the *Revisions to the Policy Framework for State/EPA Enforcement Agreements* (1993), states should document any adjustments to the initial penalty including a justification for any differences between the initial and final assessed penalty. Review penalty files to identify initial and final penalties. If only one of the two penalty calculations is found in the file, ask the agency why the initial and final assessed penalty calculations are not both documented, along with the rationale for any differences.

Metric 12b — Penalties collected Metric type: File, Goal

Goal: 100% of files with documentation of penalty collection

What it measures: Percentage of penalty files reviewed with documentation of penalty collection. The numerator is the number of assessed penalties with documentation of collection, or documentation of measures to collect a delinquent penalty; the denominator is the total number of assessed penalties reviewed.

Guidance: This metric determines collection of the assessed penalty. Begin by looking in the file for a cancelled check or other correspondence documenting transmittal of the check. If this documentation is not in the file, ask the agency to provide proof of collection through the data system of record.

If the penalty has not been collected, check for documentation in the file or data system of record to ensure the agency took appropriate follow-up measures.

Note: This metric evaluates whether the final penalty was collected, and whether this information is documented in the file. Reviewers should not make judgements concerning the penalty *amount* assessed or collected, or any downward or upward trends in penalty collection, as this is not the focus of this metric.

Note: For agencies that include SEPs in the total penalty amount reported to ICIS, check on proof of SEP implementation in the amount specified.

Applicable EPA policy/guidance: [Clean Air Act Stationary Source Civil Penalty Policy \(1991\)](#), [Oversight of State and Local Penalty Assessments: Revisions to the Policy Framework for State/EPA Enforcement Agreements \(1993\)](#), [Revised Policy Framework for State/EPA Enforcement Agreements \(1986\)](#)

Attachment 1: Acronyms

ICIS-Air	Integrated Compliance Information System for Air
BACT	Best Available Control Technology
CAA	Clean Air Act
CMR	Compliance Monitoring Reports
CMS	Compliance Monitoring Strategy
CMSC	Compliance Monitoring Source
Category DFR	Detailed Facility Report
ECHO	Enforcement and Compliance
History Online EPA Agency	U.S. Environmental Protection Agency
FCE	Full Compliance Evaluation
FRV	Federally Reportable Violation
FY	Federal Fiscal Year (Oct. 1 - Sept. 30)
HPV	High Priority Violation
ICR	Information Collection Request
LAER	Lowest Achievable Emissions Rate
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MDR	Minimum Data Requirement
NOV	Notice of Violation
NPM	National Program Manager Guidance
NSR	New Source Review
PCE	Partial Compliance Evaluation
PPA	Performance Partnership Agreement
PPG	Performance Partnership Grant
PSD	Prevention of Significant Deterioration
SM-80	Synthetic Minor sources that emit or have the potential to emit at or above 80 percent of the Title V major source threshold
SRF	State Review Framework