

## APPENDIX D INSTRUCTIONS:

### DATA ENTRY

Data shall be entered into the supplied Excel2000 (or compatible) report file in Arial 12-point font. The data entry format will be in the style supplied in the sample file. No modification to the format, style or arrangement of the data columns is allowed. The Department shall provide a fresh report file, with historical data attached, just prior to each quarter for use in recording and reporting that quarter's inspections.

### FILE NAMING, LABELING

The file supplied by the Department for each quarter will use the following conventions for file numbering and file naming. **DO NOT CHANGE THIS FILE NAME.**

File Name –DEIC class letter (Class 1, or Fleet), plus 4 digits of the DEIC#, then two digits for the year and one digit for the quarter plus the Excel file type extension .xls.

Example: **C0001062.xls**

**C** = DEIC type, **0001** = DEIC number, **06** = year 2006, **2** = quarter of year (April, May, June)

**At the end of the reporting period, as defined below, this file shall be transmitted to the Department via email as an attachment (DO NOT CHANGE THE FILE NAME) and will be clearly labeled or accompanied with the following information in this order:**

Line 1 - Facility DEIC ID number  
Line 2 - file ID number  
Line 3 - reporting period dates, inclusive  
Line 4 – file name

### REPORTING PERIODS

Reporting periods will be assigned as DEICs enroll in the program, starting with the next full reporting period.

Quarterly: 1 = Jan/Feb/Mar, 2 = Apr/May/June, 3 = Jul/Aug/Sep, 4 = Oct/Nov/Dec

### REPORTING PERIODS IN WHICH NO INSPECTIONS WERE PERFORMED

If, during the reporting period (for example, the calendar quarter 7/1/02-9/30/02) you have not performed any HDDV opacity inspections, then follow the procedure below:

1- On the day that your normal report is due, you will transmit an e-mail to the DEP Program Manager at [dieseld@dep.state.nj.us](mailto:dieseld@dep.state.nj.us).

2- The subject will be the name of the report that you would normally have submitted such as "F0001Y06Q3", plus "No Inspections". So the subject line will look thus: **F0001063 - No Inspections**

3- The message will contain the text of Appendix B.

4- After the line "TOTAL NUMBER OF INSPECTION RECORDS SUBMITTED:" insert the phrase, "NO INSPECTIONS THIS QUARTER". All other required information must be included as for a normal quarterly report.

This procedure will apply to all "no inspection" situations, including temporary business closures and vacations.

## **REPORT TRANSMITTAL**

All reports shall be transmitted via email as an attachment to the following address:

[dieseld@dep.state.nj.us](mailto:dieseld@dep.state.nj.us)

### **DO NOT CHANGE THE FILE NAME.**

**Copy Appendix B into the e-mail message box, and enter the required information. By typing your name on the signature line, you are signing a legal document. In the subject line type "REGULAR REPORT, Y##Q#". Make sure the reporting quarter number and year are correct.**

The message portion of the e-mail will contain: the Facility's e-mail return address; the date of submittal; the name of the Facility; the name and title of the party making the submittal; the DEIC ID number; the reporting period dates, inclusive; and the file name.

The Bureau will respond by including your e-mail message text, with our representative electronically signing the Department Certification on your attachment. Print and keep a copy of the signed Certification for your records.

## **FINDINGS OF INCOMPLETENESS, ERROR CORRECTION -VERIFICATION, TRANSMITTAL**

In the event of a **FINDING OF INCOMPLETENESS**, after the Department has reviewed your data submittal, the file will be returned to the Facility for error correction. An ERROR REPORT, and a signed copy of APPENDIX C will accompany the file.

The Department will transmit the data file as an attachment to the Facility's e-mail address, along with an electronically signed copy of APPENDIX C. Part 1 will be signed by the Departments' representative.

The Facility, after following the corrective procedure above, will transmit the data file as an attachment to the Department at the following address:

[dieseld@dep.state.nj.us](mailto:dieseld@dep.state.nj.us)

The message portion of the e-mail will contain Appendix C, electronically signed by the Facility's representative in Part 2 (CLICK "REPLY TO" AND CHECK "INCLUDE MESSAGE RECEIVED FROM SENDER"), and the Facility's e-mail return address; the date of submittal; the name of the Facility; the name and title of the party making the submittal; the DEIC ID number; the reporting period dates, inclusive; and the file name. In the subject line type "DEIC ### - CORRECTED DATA FILE".

After review, the Bureau will respond via e-mail with our representative signing the Department Certification (APPENDIX C – Part 3) on your original message. Print and keep a copy of the signed Certification for your records.

If you have any questions, or need further instructions, you may contact the Bureau at 609-530-4035.