

New #	Name	Description	Metric Type	Round 3/Data Verification Proposal	Notes (based on CAA Metrics Workgroup)
1	1. Data Completeness. Degree to which Minimum Data Requirements are complete.				
1a	Major and Title V universe - Federally-Reportable Universe	1a1. AFS operating majors	Data Quality	Data Verification	Establish counts for each category in the federally reportable universe. Federally-reportable universe: majors, synthetic minors, listed on a CMS plan, Part 61 NESHAP minors (not including asbestos), sources with an active HPV, sources subject to a formal enforcement action. Users of AFS are required to maintain reportable MDR data in the system for at least five (5) years with the exception of data pertaining to HPVs and minor sources with formal enforcement actions. Sources with HPVs are to be kept in AFS regardless of operating status. Minor sources with formal enforcement actions should be maintained in AFS for at least three years. Users are encouraged to archive permanently closed facilities after five years unless HPV activity is contained within the records. This description covers metrics "new" 1a1 to 1a5.
		1a2. AFS operating majors w/ air program code = V for Title V		Drop in Round 3	There is a legitimate universe of non-major sources that are required to obtain title V permits. Therefore, there will be a discrepancy between 1a1 and 1a2, which is confusing for the public.
-1b-	Regulated source or evaluated universe count for SM, NESHAP minor sources or other potentially Federally-Reportable (FedRep) minor sources.	1b1a2. Synthetic minor	Data Quality	Data Verification	Federally-reportable
		1a3. Synthetic minor 80%	Data Quality	Data Verification	Synthetic minor sources with a CMS Code S permitted to emit greater than 80% of a major source emission threshold. This universe count is a subset of the Synthetic minor universe count. OC request to include this metric.
		1b2a4. NESHAP (Part 61) minor	Data Quality	Data Verification	Federally-reportable, except asbestos D&R.
		1b3a5. Active federally reportable Minor facilities or otherwise FedRep, not including NESHAP Part 61, which may have FedRep requirements if negotiated into an alternative CMS plan, formal enforcement action, etc. (*) This metric only applies to a state's performance if state has an alternative CMS plan in effect.	Data Quality	Data Verification	This metric should be modified to include all minor sources that are part of the federally reportable universe of facilities in the review year. These minor sources would include those with a formal enforcement action (< 3 years old, and not to include state violations (open burning/nuisance) or asbestos D&R), minor sources with an active HPV, and minor sources that are part of a negotiated CMS plan. The description should clearly articulate the intended universe.
SubProgram and subpart universe is accurate in AFS (NSPS, NESHAP and MACT)	1eb1. NSPS (Part 60) Federally-Reportable Universe - Air program designation per CAA	Data Quality	Data Verification	Based on Air Program operating status (O, T, I). Indicates source applicability.	
	1eb2. NESHAP (Part 61) Federally-Reportable Universe - Air Program designation per CAA	Data Quality	Data Verification		
	1eb3. MACT (Part 63) Federally-Reportable Universe - Air program designation per CAA	Data Quality	Data Verification		

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1e b	(continued Metric 1c) Subprogram and subpart universe is accurate in AFS (NSPS, NESHAP and MACT)	1c4. Percent (%) facilities with FCEs conducted after 10/1/2005 that have NSPS Subpart designations complete per ICR.	Data Quality	Drop in Round 3	This MDR is no longer new, it has been a required data element since 2005. Therefore, it is most appropriate for review for accuracy, which occurs in the SRF evaluation file reviews. Subpart data entry could be part of ongoing regularly scheduled data quality review conducted by AFS database manager.
		1c5. Percent (%) facilities with FCEs conducted after 10/1/2005 that have NESHAP Subpart designations complete per ICR.	Data Quality	Drop in Round 3	
		1c6. Percent (%) facilities with FCEs conducted after 10/1/2005 that have MACT Subpart designations complete per ICR.	Data Quality	Drop in Round 3	
1d c	Compliance monitoring counts complete	1d c :1. Sources* with FCEs in reporting fiscal year of review period	Data Quality	Data Verification	Clarify to only include FCEs conducted during review fiscal year. None of the other activity counts specify source classification. This should be modified to count all FCEs completed regardless of source classification. OC request to include facility count. * We could delineate the sources based on classification (majors, synthetic minors)
		1d c :2. Total FCEs completed in reporting fiscal year of review period	Data Quality	Data Verification	Clarify to only include FCEs conducted during review fiscal year. None of the other activity counts specify source classification. This should be modified to count all FCEs completed regardless of source classification.
		1d3. Number of PCEs reported to AFS in reporting period. (*) This metric only applies to a state's performance if state has an alternative CMS plan in effect.		Drop in Round 3	PCEs are not an MDR unless part of a negotiated CMS plan. The reporting of PCEs is too inconsistent nationally. Current metric pulls all PCEs there is no regard for CMS plan.
1e d	Historical non-compliance counts complete Sources with non-compliance identified	Number of sources that had violations at any point during the reporting fiscal year of review period	Data Quality	Data Verification	Change metric title to "Sources with non-compliance." Only include review period. Does not specify source classification.
1f e	Informal enforcement counts complete	1f e 1. Number of informal enforcement actions issued in last FY fiscal year of review	Data Quality	Data Verification	Only include review period. All sources included.
		1f e 2. Number of sources with informal enforcement in last FY fiscal year of review	Data Quality	Data Verification	Only include review period. All sources included. OC request to include facility count.
		1g f 1. Number of new HPVs (pathways) in last FY fiscal year of review	Data Quality	Data Verification	Only include review period. All sources included

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1g	HPV counts complete	1g/2 - Number of sources in new HPV in last FY fiscal year of review	Data Quality	Data Verification	Only include review period. All sources included. OC request to include facility count.
1h	HPV Day Zero pathways with complete new MDR data reporting	1h1 - Discovery action/date: Percent (%) and number of DZs created/reported after 10/01/2005 with Discovery action/date. (At HPV DZ pathway level)		Drop in Round 3	This MDR is no longer new, it has been a required data element since 2005. Therefore, it is most appropriate for review for accuracy, which occurs in the SRF evaluation file reviews. Subpart data entry is part of ongoing regularly scheduled data quality control.
		1h2 - Violating Pollutants: Percent (%) and number of DZ Date or DCRE date after 10/01/2005 with Violating Pollutants. (At HPV DZ pathway level)		Drop in Round 3	
		1h3 - HPV Violation Type Code(s): Percent (%) and-number of DZ Date or DCRE date after 10/01/2005 with HPV Violation Type Code(s). (At HPV DZ pathway level)		Drop in Round 3	
1i	Formal enforcement action counts complete	1i1. Number of formal actions issued in last FY fiscal year of review	Data Quality	Data Verification	Only include review period
		1i2. Number of sources with formal actions in last FY fiscal year of review	Data Quality	Data Verification	Source count complements total number. OC request to include facility count.
1j	Assessed penalties complete	1j- Total dollar amount of assessed penalties in last FY fiscal year of review	Data Quality	Data Verification	We could clarify that its total assessed penalties at federally reportable facilities and that states may collect additional penalties that are not required to be reported to EPA. Counts all penalties entered in AFS on a formal enforcement action during the FY.
1k	Number of major sources missing CMS policy applicability	1k - Identifies "state/local" responsible major sources in AFS that have not been identified with CMS applicability. Without CMS categories and frequencies, these sources are not included in the automatic unknown compliance status generation.	Data Quality	Data Verification	Logic should be reviewed to determine if we can capture historical CMS code since AFS captures an 8 year history (beginning with FY08). Could we modify to list number of major sources with CMS codes? Make this a submetric under the major source universe count (metric 1a1).
2	2. Data Accuracy. Degree to which Minimum Data Requirements are accurate (example, correct codes used, dates are correct, etc.).				

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2a	Indicator of accurate violation/noncompliance data entry-Indicator that violations are being reported.	Compares the sources with HPV violations to the sources with any noncompliance (e.g., violating compliance status) reported. Regions/states should be aware of small state universes and effect on metric.	Performance Measure	Round 3 Metric	Metric should capture: # of major sources with HPV Day Zero achieved during review period and were "in-violation" during review period. The numerator must be a subset of the denominator. Move to 7c.
2b	Stack test results (e.g., Pass or Fail)	Number of stack tests reported with pass results code	Data Quality	Data Verification	New. This metric counts the number of stack tests with passing results at all federally reportable sources.
		Number of stack tests reported with fail results code	Data Quality	Data Verification	New. This metric counts the number of stack tests with failing results at all federally reportable sources.
		Number of stack tests reported with pending results code	Data Quality	Data Verification	New. This metric counts the number of stack tests with pending results at all federally reportable sources.
		2b1. Percentage (%) Number of stack tests reported conducted and reviewed without pass/fail/pending results code entered to AFS	Data Verification	Data Verification	Modify metric to count the number of stack tests conducted without any results code. Move to Data Completeness.
		Number of stack tests observed	Data Quality	Data Verification	New. To better characterize state performance this metric should be replaced with compliance monitoring metrics that count the # of stack tests observed, # of stack tests reviewed. Move to Data Completeness (metric 1).
		Number of stack test results reviewed	Data Quality	Data Verification	New. To better characterize state performance this metric should be replaced with compliance monitoring metrics that count the # of stack tests observed, # of stack tests reviewed. Move to Data Completeness (metric 1).
		2b2. Number of sources with stack test failures at federally-reportable sources			Drop in Round 3

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2c	Verify that MDR data are accurately reflected in the national data system (AFS).	% of files reviewed where MDR data are accurately reflected in AFS.	File Review	Round 3 Metric	
3	3. Timeliness of Data Entry. Degree to which the Minimum Data Requirements are timely.				
3a	Timely entry of HPV determinations that are identified reported in a timely manner.	3a1. Metric calculates the percentage (%) counts the number of HPV Day Zero pathways reported to AFS within the 60 day MDR requirement using the actual new AFS data element Date Created.	Performance Measure	Round 3 Metric	HPV policy clearly states that HPVs should be identified (reported and tracked) in AFS. This metric should be changed to a count
		3a2. Metric counts the number of HPV Day Zero pathways reported to AFS greater than 60 days after the Day Zero Date Achieved using the Date Created.	Performance Measure	Round 3 Metric	New. Adding the number of HPV Day zeros not reported timely complements metric 3a and provides the end user a complete picture.
3b	Timely reporting of Minimum Reporting-Data Requirements (MDRs) for activities/actions	3b1 Percentage (%) of Compliance Monitoring related MDR actions reported in timely (60 day) manner in FY.	Performance Measure	Round 3 Metric	AFS timeliness standard < 60 days from Date Achieved
		3b2 Percentage (%) of Enforcement related MDR actions reported in timely (60 day) manner in FY.	Performance Measure	Round 3 Metric	AFS timeliness standard < 60 days from Date Achieved
3c	Comparison of frozen data set	Percent change in each of the Element 1 data metrics (other than informational-only unless MDR/CMS) between the frozen data set and the current data metrics results.		Drop in Round 3	Covered by Elements 1 and 2 that examine data completeness and accuracy.
4	4. Completion of Commitments. Degree to which all enforcement/compliance commitments in relevant agreements (i.e., PPAs, PPGs, categorical grant, CMS plans, authorization agreements, etc.) are met and any products or projects are completed.				
	State agreements (PPA/PPG/SEA, etc.) contain enforcement and compliance commitments that are met.	Review of PPAs, PPGs, SEAs, or other documents that list enforcement and compliance commitments.		Drop in Round 3	Covered by file review metrics 4a and 4b.

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4a	Planned evaluations (FCEs, PCEs, investigations) completed for the review year pursuant to a negotiated CMS plan.	Confirm whether all commitments pursuant to a traditional CMS plan (FCE every 2 yrs at Title V majors; 3 yrs at mega-sites; 5 yrs at SM80s) or an alternative CMS plan were completed. Did the state/local agency complete all planned evaluations negotiated in a CMS plan? Yes or no? If a state/local agency implemented CMS by following a traditional CMS plan, details concerning evaluation coverage are to be discussed pursuant to the metrics under Element 5. If a state/local agency had negotiated and received approval for conducting its compliance monitoring program pursuant to an alternative plan, details concerning the alternative plan and the S/L agency's implementation (including evaluation coverage) are to be discussed under this Metric.	File Review	Round 3 Metric	The metric review work group recommends combining metrics 4 and 5. Guidance will be provided to the Regions that specifies elements expected to be included in the SRF evaluation report that speak directly to states completing planned inspections and meeting their CMS obligations. Such information will include # of planned FCEs, # of FCEs that were not completed as planned, # of planned PCEs, # of PCEs not completed as planned and reasons why evaluations were not completed. States may negotiate completing PCEs in lieu of FCEs. Therefore, the Region shall also provide % of planned PCEs completed (# of CMS PCEs completed during the review period/# of PCEs planned during the review period). If it is determined a State did not meet their CMS commitment, a qualitative assessment that includes reasons for any discrepancies shall be provided by the Region. Metric 5 will provide the list of facilities that did were NOT evaluated within the frequency negotiated at the time the metrics are pulled or data is frozen.
4b	Planned commitments completed.	Delineate the air compliance and enforcement (c/e) commitments for the FY under review. This should include commitments in PPAs, PPGs, grant agreements, MOAs, or other relevant agreements. The C/E commitments should be delineated.	File Review	Round 3 Metric	
5	5. Inspection Coverage. Degree to which state completed the universe of planned inspections/compliance evaluations (addressing core requirements and federal, state and regional priorities).				
5a1	FCE Coverage - CMS Majors, Last Completed CMS 2-year-cycle.	5a1. Percent of CMS majors that did NOT receive an FCE within a negotiated frequency, planned FCEs completed by the state at CMS major sources receiving full compliance evaluations (FCE) by the state in most recently completed CMS 2-year cycle.	Performance Measure	Round 3 Metric	Beginning with FY 2010, AFS began capturing historic CMS data. A facility's CMS Code and CMS Frequency Indicator is frozen on the last day of the fiscal year. This frozen data is referred to as "historic." This historic information along with a facility's CMS Start Date allows us to determine if a facility was fully evaluated within the negotiated frequency, is planned to be evaluated, or the state did not complete a full evaluation within the negotiated frequency. This metric supports and should be reviewed in concert with metric 4 to gauge whether a state is meeting its CMS commitments. Supporting documentation for this metric will be developed that encourages Regions to provide an enhanced response for this metric in the SRF report. The report should provide reasons why facilities were not evaluated within the negotiated frequency. If a state negotiated the completion of a PCE in lieu of an FCE the Region must provide this information in their SRF report. OC request to include a FCE coverage metric. WG agreed as long as the metric reflects the negotiated frequency.
5a2	FCE Coverage - All Majors, Most Recently Completed 2 fiscal years.	5a2. Percent of CAA active major sources receiving full compliance evaluations (FCE) by the state in the last two fiscal years. Data pull uses the current universe.		Drop in Round 3	Covered by metric 5a1
5b1	FCE Coverage - CMS SM-80s, Current CMS Cycle	5b1. Percent of currently active CMS SM-80 sources that did NOT receive an FCE within a negotiated frequency, with full compliance evaluations by the state during the most current 5-year CMS cycle.	Performance Measure	Round 3 Metric	Beginning with FY 2010, AFS began capturing historic CMS data. A facility's CMS Code and CMS Frequency Indicator is frozen on the last day of the fiscal year. This frozen data is referred to as "historic." This historic information along with a facility's CMS Start Date allows us to determine if a facility was fully evaluated within the negotiated frequency, is planned to be evaluated, or the state did not complete a full evaluation within the negotiated frequency. This metric supports and should be reviewed in concert with metric 4 to gauge whether a state is meeting its CMS commitments. Supporting documentation for this metric will be developed that encourages Regions to provide an enhanced response for this metric in the SRF report. The report should provide reasons why facilities were not evaluated within the negotiated frequency. If a state negotiated the completion of a PCE in lieu of an FCE the Region must provide this information in their SRF report. OC request to include a FCE coverage metric. WG agreed as long as the metric reflects the negotiated frequency.

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5b2	FCE Coverage - CMS SM80s, last 5 fiscal years	5b2. Informational measure provides data for all SM80% based on a running last 5 FY basis. Compliments metric 5b1 which measures on the current CMS 5-year cycle which is a full cycle only once in every 5 years.		Drop in Round 3	Covered by metric 5b1
5c	FCE/PCE Coverage - All SMS, last 5 fiscal years. (+) that are part of a CMS plan.	5c. Informational measure provides data for all synthetic minors. (+) This metric only applies to a state's performance if state has an alternative CMS plan in effect. Percent of CMS SMs that did NOT receive an FCE within a negotiated frequency.	Performance Measure	Round 3 Metric	Beginning with FY 2010, AFS began capturing historic CMS data. A facility's CMS Code and CMS Frequency Indicator is frozen on the last day of the fiscal year. This frozen data is referred to as "historic." This historic information along with a facility's CMS Start Date allows us to determine if a facility was fully evaluated within the negotiated frequency, is planned to be evaluated, or the state did not complete a full evaluation within the negotiated frequency. This metric supports and should be reviewed in concert with metric 4 to gauge whether a state is meeting its CMS commitments. Supporting documentation for this metric will be developed that encourages Regions to provide an enhanced response for this metric in the SRF report. The report should provide reasons why facilities were not evaluated within the negotiated frequency. If a state negotiated the completion of a PCE in lieu of an FCE the Region must provide this information in their SRF report. OC request to include a FCE coverage metric. WG agreed as long as the metric reflects the negotiated frequency.
5d	FCE/PCE Coverage - minor sources, last 5 fiscal years. (+) that are part of a CMS plan.	5d. Informational measure provides data for all minor sources. Does not apply to state review for performance unless state has negotiated minors into their CMS plan. (+) This metric only applies to a state's performance if state has an alternative CMS plan in effect. Percent of CMS minor sources that did NOT receive an FCE within a negotiated frequency.	Performance Measure	Round 3 Metric	Beginning with FY 2010, AFS began capturing historic CMS data. A facility's CMS Code and CMS Frequency Indicator is frozen on the last day of the fiscal year. This frozen data is referred to as "historic." This historic information along with a facility's CMS Start Date allows us to determine if a facility was fully evaluated within the negotiated frequency, is planned to be evaluated, or the state did not complete a full evaluation within the negotiated frequency. This metric supports and should be reviewed in concert with metric 4 to gauge whether a state is meeting its CMS commitments. Supporting documentation for this metric will be developed that encourages Regions to provide an enhanced response for this metric in the SRF report. The report should provide reasons why facilities were not evaluated within the negotiated frequency. If a state negotiated the completion of a PCE in lieu of an FCE the Region must provide this information in their SRF report. OC request to include a FCE coverage metric. WG agreed as long as the metric reflects the negotiated frequency.
5e	Number of sources with unknown compliance status with respect to CMS requirements	AFS is designed to convert compliance status to unknown based upon the FCE frequency negotiated between the region and state. Frequency is variable, thus this measure may more precisely track whether commitments are completed.		Drop in Round 3	These sources will be captured by the revised metrics 5a1, 5a2, 5c and 5d, which will provide the percentage and list of facilities not evaluated within their negotiated CMS frequency.

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5f	Conducted Investigations at CAA stationary sources	Informational measure provides information on this type of activity consistent with CMS.		Drop in Round 3	States do not typically conduct investigations.
5g	Review of self-certifications completed	% # of self certifications received by state in fiscal year that have been reviewed.	Data Quality	Data Verification	Change to a count of the number of title V certifications reviewed and include as a compliance monitoring metric. Move to Data Completeness (Metric 1)
6	6. Quality of Inspection or Compliance Evaluation Reports. Degree to which inspection or compliance evaluation reports properly document observations, are completed in a timely manner, and include accurate description of observations.				
	Percentage of Compliance Monitoring Reports adequately documented in the files.	Evaluation of documentation in the file that is based on the elements in the EPA Compliance Monitoring Strategy.		Drop in Round 3	Its more important that CMRs provide sufficient documentation to determine compliance, which is covered by metric 6c.
6a	Full Compliance Monitoring Reports reviewed.	# of files reviewed with FCEs.	File Review	Drop in Round 3	The number of files reviewed will be considered in the calculation for metric 6b.
6b	Documentation of FCE elements.	% of FCEs in files reviewed that meet the definition of an FCE per the CMS policy.	File Review	Round 3 Metric	Change description.
6c	CMRs or facility files reviewed that provide sufficient documentation to determine compliance of the facility.	% of CMRs or facility files reviewed that provide sufficient documentation to determine compliance at the facility.	File Review	Round 3 Metric	
7	7. Identification of Alleged Violations. Degree to which compliance determinations are accurately made and promptly reported in the national database based upon compliance monitoring report observations and other compliance monitoring				
	Percentage of Compliance Monitoring Reports which identify potential violations in the file within a given time frame established by the Region and state, within 60 days.	Evaluation of documentation in the file that is based on the elements in the EPA Compliance Monitoring Strategy.		Drop in Round 3	Covered by metrics 7a, 7b, and 7c

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7a	Accuracy of compliance determinations.	% of CMRs or facility files reviewed that led to accurate compliance determinations.	File Review	Round 3 Metric	May need to address or further clarify in the Plain Language Guide.
7b	Timely reporting of violations of non-HPVs.	% of non-HPVs reviewed where the compliance determination was timely reported to AFS.		Drop in Round 3	Timeliness is covered by Metric 3. We have no means of determining if non-HPVs are reported in a timely manner. States are not required to link the violation to a discovery action.
7c	Violations reported to national database - AFS.	7c1. % of major/SM/NESHAP minor facilities federally reportable universe with an informal enforcement action during the review period and a violation identified, with noncompliance status vs. universe of major/SM facilities with FCE, stack test or informal/formal enforcement	Performance Measure	Round 3 Metric	Identifying/Reporting violations: To gauge whether states are identifying violations, a file review is appropriate. To gauge whether a state is reporting violations (i.e., changing the compliance status), requires use of a comparative indicator. This metric should be modified so that the numerator is a subset of the universe captured in the denominator. Then each indicator would be a separate submetric. Metric should capture: # of sources with informal action and violation / # of sources with informal action.
		7c2. % of all facilities with a failed stack test and a violation identified and with a noncompliance status vs. total universe of all facilities with stack test failures in reviewed FY.	Performance Measure	Round 3 Metric	Change description.
8	8. Identification of SNC and HPV. Degree to which the state accurately identifies significant noncompliance/high priority violations and enters information into the national system in a timely manner.				
8a	High priority violation discovery rate (per source universe - major)	Active major source with new HPVs identified in fiscal year by the State divided by the number of major sources.	Majors	Round 3 Metric	OC request to maintain this metric.
8b	High priority violation discovery rate (per source universe - synthetic minor)	New HPVs identified in fiscal year by the State divided by the number of SM sources.	SMs	Drop in Round 3	HPV identification is covered by metric 1g. This metric provide no additional value. 98% of the time, metrics 8a and 8e will capture any problems with HPV identification.
8c	HPV reporting indicator at majors (formal enforcement only)	Metric computes the percent (%) of formal actions taken at major sources during the FY that received a prior HPV listing, and benchmarks it to national average.	Majors with formal actions	Drop in Round 3	HPV identification is covered by metric 1g. This metric provide no additional value. 98% of the time, metrics 8a and 8e will capture any problems with HPV identification.
8d	HPV reporting indicator at majors (informal enforcement actions)	Metric computes the percent (%) of informal actions taken at major sources during the FY that did not receive a prior HPV listing, and benchmarks it to national average.	Majors with informal actions	Drop in Round 3	HPV identification is covered by metric 1g. This metric provide no additional value. 98% of the time, metrics 8a and 8e will capture any problems with HPV identification.

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8e	HPV reporting indicator at majors or synthetic miners with failed stack tests	Metric computes the % of facilities with failed stack test actions at major/SM sources during the previous 24-month the fiscal year of review period that received an HPV listing, and benchmarks it to national average.	Majors/SM with failed stack tests	Round 3 Metric	Metric should be modified to only include HPVs at major sources with failed stack tests. OC request to maintain this metric.
8f	Verify the accuracy of HPV determinations.	% of violations in files reviewed that were accurately determined to be HPVs.	File Review	Round 3 Metric	Assesses whether states are accurately identifying HPVs.
9	9. Enforcement Actions Promote Return to Compliance. Degree to which state enforcement actions include required corrective action (i.e., injunctive relief or other complying actions) that will return the facilities to compliance in a specified time frame.				
	Percentage of formal state enforcement actions that contain a compliance schedule of required actions or activities designed to return the source to compliance. This can be in the form of injunctive relief or other complying actions.	Evaluated based on file reviews protocol using EPA or equivalent state penalty policies for setting injunctive relief.		Drop in Round 3	This is a file review metric covered by 9a and 9b.
	Percentage of formal or informal enforcement responses that return sources to compliance.	Evaluated based on file review.		Drop in Round 3	This is a file review metric covered by 9a and 9b.
9a	Enforcement responses reviewed.	# of formal enforcement responses reviewed.	File Review	Drop in Round 3	The number of enforcement responses reviewed will be considered in the calculation for Metric 9b.
9b	Formal enforcement responses that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame (HPVs and non HPVs)	% of formal enforcement responses in files reviewed that include required corrective action (i.e., injunctive relief or other complying actions) that will return the facility to compliance in a specified time frame.	File Review	Round 3 Metric	Clarify the metric reflects the number of enforcement files reviewed.
10	10. Timely and Appropriate Action. Degree to which a state takes timely and appropriate enforcement actions in accordance with policy relating to specific media.				

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10a	Percent (%) of enforcement actions addressing HPV cases which do not meet timely or appropriate goals of the HPV Policy. Timely action taken to address HPVs.	% of HPVs identified during the review period, state/local only, that are addressed within 270 days. not meeting HPV Policy goals over a 2-FY period.	Performance Measure	Round 3 Metric	Modify the logic to include % of HPVs identified during the review period that DO meet the timeliness standard. Appropriateness can only be determined through file review. So, this metric would be comprised of two metrics, one that evaluates timeliness (10a), and one that evaluates appropriateness (10c). The logic should be modified to provide the number of HPVs that are addressed within 270 days. The addressing action could occur beyond the review period.
10b	Enforcement responses at HPVs (formal & Informal) taken in a timely manner as documented in the enforcement files reviewed.	% of enforcement responses (formal & informal) for HPVs reviewed that are addressed in a timely manner (i.e., within 270 days).	File Review	Drop in Round 3	Covered by 10a
10c	Enforcement responses for HPVs that are appropriate to the violations.	% of enforcement responses reviewed for HPVs that are appropriately to the violation(s) addressed.	File Review	Round 3 Metric	Clarify in guidance that reviewers should provide the numerator and denominator (i.e., provide the totals).
11	11. Penalty Calculation Method. Degree to which state documents in its files that initial penalty calculation includes both gravity and economic benefit calculations, appropriately using BEN model or other method that produces results consistent with national policy.				
	Percentage of formal enforcement actions that include calculation for gravity and economic benefit consistent with applicable policies.	File review based on file review protocol using national program policy or applicable state penalty policy.		Drop in Round 3	
11a	Penalty calculations reviewed that consider and include where appropriate gravity and economic benefit.	% of reviewed penalty calculations reviewed that consider and include where appropriate gravity and economic benefit.	File Review	Round 3 Metric	Evaluates the appropriateness of the penalty and the states ability to properly calculate both the economic benefit and gravity component of the penalty. Clarify in guidance that reviewer should provide the numerator and denominator (i.e., provide the totals).
12	12. Final Penalty Assessment and Collections. Degree to which differences between initial and final penalty are documented in the file along with a demonstration in the file that the final penalty was collected.				
12a	No activity indicator - Penalties assessed	No Penalties assessed by the state during the fiscal year.	Data Quality	Data Verification	Counts the number of formal enforcement actions with penalty assessed value. Change metric title to "Penalties Assessed."
12b	No Penalties normally included with formal enforcement actions at HPVs	Percent of enforcement actions taken at HPVs that carry any penalty. <i>This metric does not measure appropriateness of penalties, but does flag when additional review is necessary.</i>	Performance Measure	Drop in Round 3	This is more indicative of appropriateness of enforcement response, which is covered by metric 10.

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12c	Document the rationale for the initial and final assessed penalty that was collected.	% of penalties reviewed that document the difference and rationale between the initial and final assessed penalty.	File Review	Round 3 Metric	
12d	Penalties collected	% of files that document collection of penalty.	File Review	Round 3 Metric	