

Ethylene Oxide (EtO) Commercial Sterilization CAA Section 114 Information Collection Request (ICR) Supplement 1 - Section B, Table 3

Paperwork Reduction Act Burden Statement

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. mandatory under section 114(a) of Clean Air Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The average public reporting and recordkeeping burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering the data, reviewing the collected data, and reviewing and reporting the results. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Field Office, Paperwork Reduction Project (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number on the completed form to this address.

Introduction

The U.S. Environmental Protection Agency (EPA) is requesting facility data and information to inform the Technology Review process.

About this Supplement

This is a supplement to the Section 114 ICR. You may use this supplement if more space is needed to provide the data requested.

Please follow the instructions below if you prefer to use this supplement:

- (1) Fill out the Facility Details section in this supplement so that data entered here can be linked to your main questionnaire upon submission.
- (2) Validate your entries in Field B-1 of this supplement based on the main questionnaire. This means that every entry in Field B-1 in "Room Area" worksheet, Table 1, of the main questionnaire;
- (3) In the main questionnaire - Leave the original table BLANK in order to avoid duplicates. Be sure to select "Yes" in Cell F82 and Cell G82.

This supplement contains worksheets and data fields shaded in different colors:

Worksheets and data fields shaded in green indicate that facility shall provide inputs according to the corresponding instructions.
Worksheets and data fields shaded in gold contain instructions and supporting information that help facility with this questionnaire.
Data fields shaded in gray indicate that these either do not need to be filled out or will be automatically filled out based on facility information.
Data fields shaded in red by facility indicate that these fields contain confidential business information (CBI), and relevant data fields should be protected.
"Certification" worksheet in blue must be completed by facility before submission.

If any information entered contains CBI, be sure to select "Yes" in the designated cell (Cell N2) on the worksheet, shade all cells containing CBI, and mark the worksheet as "Confidential" in Section IV of the Instructions Document.

OMB Control No. 2060-NEW
Approval Expires mm/dd/yyyy

2060-NEW). Responses to this collection of information should be to a collection of information unless it displays a currently approved to be proximately 108 hours per response. Send comments regarding respondent burden to the Regulatory Support Division OMB control number in any correspondence. Do not send the

Project for 40 CFR part 63, subpart O, Ethylene Oxide (EtO) Comm

used in Section B (Room Area), Table 3 of the main questionnaire.

on submission;
3-1 of this supplement should be found in the same field (Field 3-1)
above the original table, indicating that this supplement is used.

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naire
ility's inputs in relevant fields
needs special handling *

Fields with CBI in red, then follow the instructions specified on

B-34	B-35		B-36
Repair method/procedure for the leaks identified	Average cost per repair for leaks identified		Are there any special components that are not readily available and need to be ordered from a specialty component supplier?
Description of the repair method/procedure for the leaks identified	Enter the dollar amount in this column	Specify the dollar year in this column	Select from the dropdown menu in this column

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Acknowledgment of CBI Handling

Before certifying and submitting this supplement, please make sure that you have **selected "Yes" in Cell N2 on the worksheet** your response.

When creating a **non-CBI version** of your response, please save this Excel workbook as a new copy following the naming convention **before are now showing "CBI" with a red shade, and any embedded CBI document is deleted**. Refer to Section IV in the Instructions.

Please submit both the CBI version and the non-CBI version of your response to EPA. The non-CBI version will be made available to the public.

By checking this box, I acknowledge that I have read, understand, and agree to the instructions and procedure

(Check this box only if this is the non-CBI version of your questionnaire) By checking this box, I confirm that all

Certification by Reporter

Complete the fields below for the person who completes the questionnaire and who is available for follow-up questions, if any, on the information provided in this questionnaire

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

Signature

Date

Certification by Professional Engineer

Complete the fields below for the professional engineer (PE) who certifies the information provided in this questionnaire

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

Signature

Date

et if CBI was entered, and shaded all fields that contain CBI in red. This should be the CBI version of

vention specified in Section V of the Instructions Document. Confirm that all fields that contained CBI
Instructions Document for full details.

able to the public.

: of handling CBI data and documents submitted within this response.

CBI data and documents have been deleted from this response.

Certification by Facility Personnel

Please complete the fields below for the facility personnel who certifies the information provided in this questionnaire (may be the owner or legal operator of the facility)

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

Signature

Date

Certification by Certified Industrial Hygienist

Complete the fields below for the certified industrial hygienist (CIH) who certifies the information provided in this questionnaire

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

Signature

Date