## 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 respon valid OMB control number. The average public reporting and recordkeeping burden for this collection of information is estimate on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minin Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OM completed form to this address.

#### Introduction

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

### **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 requeste

#### 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 up (2) Validate your entries in Field B-1 of this supplement based on the main questionnaire. This means that <u>every entry in Field B</u>-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 at

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 instruction Worksheets and data fields shaded in gold contain instructions and supporting information that help facility with this question. Data fields shaded in gray indicate that these either do not need to be filled out or will be automatically filled out based on faci Data fields shaded in red by facility indicate that these fields contain confidential business information (CBI), and relevant data "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 ce the worksheet or 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 of to, a collection of information unless it displays a currently of to be proximately 108 hours per response. Send comments nizing respondent burden to the Regulatory Support Division IB control number in any correspondence. Do not send the

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

ed 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

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

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## A. Facility Details

Table 1. Facility Information

Field #	A-1	A-2	A-3	A·
Data	Primary NAICS code	EIS ID	Facility name	Facility
		Enter EIS ID for the facility	,	Enter the street addr verified by U.S. Posta not include P.O. box
Response				

### B. Individual Room Area (All Areas where EtO is Used or Emitted)

Table 3. Leak Checks of Components in EtO Service

If leak checks are performed on multiple types of components in a room area, use another row in this table, repeat your entries

Field #	B-1	B-22	B-23	B-24
Data	Room area ID for all rooms and areas where EtO is used or emitted	Are leak checks performed in the room area?	Component type	Total component count
- <u> </u>	entries in this	Select from the dropdown menu in this column	If you select "Other (double click and	Specify the total number of component of this type
Response				

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Does any information entered on this worksheet contain confidential business information (CBI)? Specify in **Cell N2** on the right → **Be sure to shade each cell that contains CBI in red**Before saving the **non-CBI version** of your response, select and copy the Sample CBI Cell (**Cell O2**), and paste directly into each cell that contains CBI. **Make sure that all "CBI" cells are shaded in red** 

-4	A-5	A-6	A-7	A-8
address	Facility city	Facility state	Facility zip code	Phone number
ess of facility Il Service (USPS). Do in this field	, ,	dropdown menu in	code verified by U.S.	Provide a contact phone number at the facility

in Fields B-1 and B-22, then fill out the other fields as necessary

B-25	B-26	B-27	B-:	
What is the percentage of components that are included in regular leak checks?	Frequency of leak checks	Average length of time to perform leak checks	Instrument and standarc	
Specify the percentage of components that are included in regular leak checks (percent)	Specify how often leak checks are performed	Enter average length of time to perform leak checks per component type, per inspection (hours)	Briefly describe the instrument and standa	

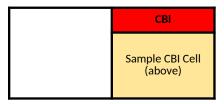
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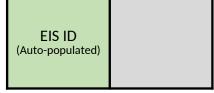
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20	D 00
28	B-29
I method for leak checks	Leak check procedure
ard method used for leak checks	Describe the leak check procedure for each room area. Specifically, provide any action levels

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B-	-30	B-31	B-32	
	per inspection	Average percentage of leaking components identified		
Enter the dollar amount in this column	Specify the dollar <u>year</u> in this column	Enter average percentage of leaking components identified during each leak check (percent)	If applicable, specify the definition or criteria of leak in the state that require leak checks, or the definition that facility refers to	






	B-33	
	Applicable state/local regulations	Rep
e/local regulations	Specify any state/local regulations applicable to your facility for leak checks	Provide a brief descri
e, recui regulations	any state, issuit egalations applicable to your racinty for reak circus	

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B-34	B-	35	B-:
air method/procedure for the leaks identified	Average cost pe iden	r repair for leaks tified	Are there any specia are not readily availa need to be ordere component r
iption of the repair method/procedure for the leaks identified	Enter the dollar <u>amount</u> in this column	Specify the dollar <u>year</u> in this column	Select from the dropdown menu in this column

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36		B-37
Ity components that able on site and that d in the event of a eplacement?	Are ther	e any other impediments that would prevent immediate repair of leaks?
take, on average,	Select from the dropdown menu in this column	List the impediments that would prevent immediate repair of leaks (if you select "Yes" on the left)

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1	1

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Acknowledgment of CBI Handling					
Before certifying and submitting this supplement, please make sure that you have <u>selected "Yes" in Cell N2 on the workshe</u> your response.					
When creating a before are now s	When creating a <u>non-CBI version</u> of your response, please save this Excel workbook as a new copy following the naming cor <u>before are now showing "CBI" with a red shade, and any embedded CBI document is <u>deleted.</u> Refer to Section IV in the In</u>				
Please submit bo	th the CBI version and the non-CBI version of your response to EPA. The non-CBI vers	ion will be made avai			
Вус	hecking this box, I acknowledge that I have read, understand, and agree to the instru	ctions and procedure			
( <u>Che</u>	eck this box only if this is the non-CBI version of your questionnaire) By checking this I	oox, I confirm that all			
Certification by	Reporter				
,	Nopolito.				
	elow for the person who completes the questionnaire and who is available for 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				
	Signature S				
	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	<mark>, and shaded all fields that contain CBI in red</mark> . This should be the <u>CBI version</u> of		
nvention specified in Section V of the Instructions Document. Confirm that <u>all fields that contained CBI</u> structions Document for full details.			
lable to the public.			
of handling CBI data and documents submitted within this response.			
CBI data and docume	ents 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		
	e 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		
	Date		

## **Certification by Certified Industrial Hygienist**

Date