# Ethylene Oxide (EtO) Commercial Sterilization CAA Section 114 Information Collection Request (ICR) Supplement 2 - Section B, Table 4

### 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 requests

#### 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 F120 aused.

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 4 of the main questionnaire.

on submission;

3-1 of this supplement should be found in the same field (Field

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Ils 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 4. Room Area Controls

If any of your room area is routed to more than 3 APCDs or more than 1 stack, use another row in this table, repeat the room ar

Field #	B-1	B-38		B-
Data	Room area ID for all rooms and areas where EtO is used or emitted	Is air from the room area vented to an APCD, used as cascading air, vented to the atmosphere, or handled in any other ways?		APCD 1 for
Instruction	Ensure that all entries in this column can be found in the main questionnaire, "Room Area" worksheet, Table 1, Field B-1. Please double check before submission	Select from the dropdown menu in this column	permit description, if available. Otherwise, use a	Select from the drop column If you select "Other ( type here)", be sure 1 response between th Example: "Other (you
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

## ea ID in Field B-1, then fill out the other fields as necessary

39	9 B-40			
room area			APCD 2 for room area (if any)	
down menu in this  double click and to enter your te parentheses ar APCD)"	Enter the <u>average</u> air flow routed from the room to this APCD (actual cubic feet per minute, acfm)	permit description, if available. Otherwise, use a	Select from the dropdown menu in this column  If you select "Other (double click and type here)", be sure to enter your response between the parentheses Example: "Other (your APCD)"	Enter the <u>average</u> air flow routed from the room to this APCD (actual cubic feet per minute, acfm)

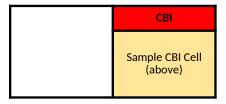
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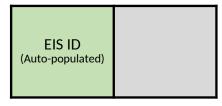
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B-41	B-42	B-43
APCD 3 for room area (if any)	Material of duct work for room area venting	Total length of duct work for room area venting
APCD ID. Enter from permit description, if available. Otherwise, use a unique identifier for each APCD  Select from the dropdown menu in this column  If you select "Other (double click and type here)", be sure to enter your response between the parentheses Example: "Other (your APCD)"  Enter the average air flow routed from the room to this APCD  (actual cubic feet per minute, acfm)	Specify the material of duct work	Enter the <u>total</u> length of duct work <b>(feet)</b>

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B-44	B-45	B-46	B-47	B-48	B-49
Average thickness of duct work for room area venting	Is the cross section of duct work for room area venting circular or rectangular?	Diameter of duct work ( <u>For circular duct</u> work only)	Cross-sectional height of duct work (For rectangular duct work only)	Cross-sectional width of duct work ( <u>For rectangular</u> duct work only)	Are the dimensions of duct work constant throughout?
Enter the <u>average</u> thickness of duct work ( <b>inches</b> )	Select from the dropdown menu in this column	work	Enter the <u>average</u> cross-sectional height of duct work <b>(feet)</b>		Select from the dropdown menu in this column

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	B-50		B-51		B-52	
	Diameter of duct work ( <u>For circular duct work only</u> )		Cross-sectional height of duct work ( <u>For rectangular duct work only</u> )		Cross-sectional width of duct work ( <u>For rectangular duct work only</u> )	
		diameter of duct	Enter the <u>maximum</u> cross-sectional height of duct work	cross-sectional		Enter the <u>minimum</u> cross-sectional width of duct work
	(feet)	(feet)	(feet)		(feet)	(feet)
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B-53	B-54	B-	55	B-	56
Installation year of duct work	Lifetime of duct work	Capital cost of duct work for room area venting (estimated or actual)  Installation cost of duct work for room area venting (estimated or actual)			
year in which duct work was installed	Enter the expected lifetime of duct work (years)	Enter the dollar <u>amount</u> in this column	Specify the dollar year in this column	Enter the dollar <u>amount</u> in this column	Specify the dollar <u>year</u> in this column

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B-57	B-58		
Room area air used as cascading air for reuse in another room or unit (For cascading only)	Stack ID to which the <u>uncontrolled</u> room area vents ( <u>For room area</u> <u>vented to the</u> <u>atmosphere only</u> )		
Specify the room area ID or unit ID the air is vented to if the room area air is used as cascading air for reuse in another room or unit (i.e., vented as the input air to another area). If more than one room area/unit is involved, list all the IDs separated by commas	description, if	Enter the stack height (feet)	

B-59			B-60		
Stack parameter (For room area vented to the atmosphere only)			ordinates a vented to the ere only)		
Enter the stack diameter (feet)	Enter the temperature at stack outlet (Fahrenheit)	velocity at stack outlet (feet/second)	volumetric flow rate	<u>6th</u> decimal point	Enter the longitude of stack. Specify to the <u>6th</u> decimal point

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B-60.1	B-61		
Distance from room area outlet to stack (For room area vented to the atmosphere only)			
Enter the distance from outlet of the room area to the stack (feet)	Provide a brief description of any air pollution control or handling procedure if air from this room area is not: vented to an APCD; used as cascading air; or vented to the atmosphere	Is there a structure or approach to capture the air emitted from the room area? Select from the dropdown menu in this column	
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	B-62	
	Room Air Capture	
If yes, specify the	If yes, specify the structure type or	If yes, specify the method(s) used to
capture efficiency	approach used to capture the room area	verify the capture efficiency of room air
for this room area	(e.g., permanent total enclosure)	(e.g., Method 204)
(%)		

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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 workshe your response.					
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 both the CBI version and the non-CBI version of your response to EPA. The non-CBI version will be made avail					
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 h	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				
	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 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				
	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