

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 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 aspect of this collection of information, including suggestions for reducing the burden, to Washington Field Office, Paperwork Project Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number and the date of 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 F120; used.

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 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 data;
Data fields shaded in red by facility indicate that these fields contain confidential business information (CBI), and relevant data fields in the
"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 in 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 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

found 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
above the original table, indicating that this supplement is

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ility's inputs in relevant fields
needs special handling *

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

B-57	B-58	
<p>Room area air used as cascading air for reuse in another room or unit (For cascading only)</p>	<p>Stack ID to which the <u>uncontrolled</u> room area vents (For room area vented to the atmosphere only)</p>	
<p>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 <u>separated by commas</u></p>	<p>Enter from permit description, if available. Otherwise, use a unique identifier for each stack</p>	<p>Enter the stack <u>height (feet)</u></p>

B-60.1	B-61	
Distance from room area outlet to stack (For room area vented to the atmosphere only)	Other handling of air from room area	
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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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