

# 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 Number 1545-0047) 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 this OMB control number. The estimated average burden for reporting and recordkeeping for this collection of information is estimated to be approximately 108 hours per response. For more information on this collection of information, contact the Regulatory Support Division Director, EPA, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to the EPA.

## Introduction

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

## 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 r

### 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.
- (2) Validate your entries in Field B-1 of this supplement based on the main questionnaire. This means that every entry in this 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 Ce

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 other information.  
Data fields shaded in red by facility indicate that these fields contain confidential business information (CBI), and relevant information.  
"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 each worksheet, show the Instructions Document to create the non-CBI version of your response.**

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

Control No. 2060-NEW). Responses to this collection of information mandatory under section of information unless it displays a currently valid OMB control number. The average public response. Send comments on the Agency's need for this information, the accuracy of the provided information, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, DC 20460, or by email to [epa-omb@epa.gov](mailto:epa-omb@epa.gov), or by mail to this address.

Review project for 40 CFR part 63, subpart O, Ethylene Oxide (EtO) Commercial Sterilization source

Requested in Section B (Room Area), Table 4 of the main questionnaire.

Questionnaire upon submission;  
Information in Field B-1 of this supplement should be found in the same field (Field B-1) in "Room Area"

Indicate in F130 above the original table, indicating that this supplement is used.

Instructions
Questionnaire
Information on facility's inputs in relevant fields
Important data needs special handling *

*Indicate in red all cells with real CBI data in the CBI version, then follow the instructions in Section*








































































































56	B-57
ct work for room area ated or actual)	Room area air used as cascading air for reuse in another room or unit (For cascading only)
Specify the dollar year in this column	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>








































































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[Click here to go to "Introduction"](#)

## Acknowledgment of CBI Handling

Before certifying and submitting this questionnaire, please make sure that you have **selected "Yes" in Cell N2 on all**

Refer to Section V in the Instructions Document when creating the non-CBI version of your response. Confirm that **g** **"Documents" worksheet** before saving the non-CBI version.

Please submit both the CBI and non-CBI version of your response to the 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 pr

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

  

## 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



*the worksheets where CBI data were entered, and shaded in red all cells with real CBI data* in the CBI version of your r  
*all cells that contained CBI before look the same as the Sample CBI Cell (Cell O2), and any attached CBI document is de*

lable to the public.

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

all CBI data and documents have been removed from this response.

### Certification by Facility Personnel

*Please complete the fields below for the facility personnel who certifies the information provided  
(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 know  
accurate, and complete.

Signature

Date

## Certification by Certified Industrial Hygienist

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

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

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

Signature

Date

response.

*leted from the*

*d in this questionnaire*

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