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

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 questionnaire.

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) In the main questionnaire - Leave the original table BLANK in order to avoid duplicates. Be sure to select "Yes" in Cell F10 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 d to, a collection of information unless it displays a currently d to be proximately 108 hours per response. Send comments nizing respondent burden to the Regulatory Support Division B control number in any correspondence. Do not send the

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

ed in Section I (EtO Monitoring), Table 1 of the main

on submission; yove the original table, indicating that this supplement is used.

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lity's inputs in relevant fields
needs special handling *

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
Instruction		Enter EIS ID for the facility	Enter facility name	Enter the street addr verified by U.S. Posta not include P.O. box
Response				

I. EtO Monitoring

Table 1. Personal Monitoring (Badges) for EtO

List all personal monitoring events during the last 5 years

Field #	I-1	I-2	I-2.1
Data	Unique ID	Date	Room area(s) involved and time spent on this personal (badge
	report or documentation, if	personal monitoring event	Specify ID(s) of the room area(s) involved in this personal (badg and provide an estimate of the percentage of time spent in eac parentheses "()". If there are multiple room areas involved, sep by commas (,). Example: "Room Area 1 (40%), Room Area 2 (25 (35%)". Ensure that all entries in this column can be found in the main c "Room Area" worksheet, Table 1, Field B-1. Please double checl
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

	I-3	I-3
e) monitoring event	Description of Work Conditions	Sampling method c monit
e) monitoring event, h room area in arate your entries %), Room Area 3 <u>questionnaire,</u> k before submission	Provide a brief description of the work conditions of facility during each personal monitoring event	Specify the sampling personal (badge) mo

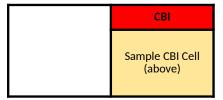
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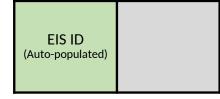
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3.1	I-3.2		I-4		
of personal (badge)	Level of detection (LOD) as required by	Monitoring result		
toring	the sampli	ng method			
method used for the	Enter the <u>value</u> of	Enter the <u>unit</u> of	Enter the <u>average</u>	Enter the <u>maximum</u>	Enter the minimum
nitoring	LOD in this column	LOD in this column	concentration		concentration
			monitored (ppm)		monitored (ppm)
			(ppiii)	(ppiii)	(ppiii)
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I-5	I-6	I-
Monitoring result flag	Averaging periods	Instrur
Specify any action level, error, or flag of monitoring result	Specify any averaging periods for each personal monitoring event	Specify the instrument used during each personal monitoring event
monitoring result	personal monitoring event	personal monitoring event

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nent 1		Instrument 2 (if any)		
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Enter the <u>value</u> of detection level of instrument	Specify the <u>unit</u> of detection level of instrument	Specify the instrument used during each personal monitoring event	Enter the <u>value</u> of detection level of instrument	Specify the <u>unit</u> of detection level of instrument

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Acknowledgm	ent of CBI Handling			
Before certifying your response.	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	non-CBI version of your response, please save this Excel workbook as a new copy follo howing "CBI" with a red shade, and any embedded CBI document is deleted. Refer t	owing the naming cor to Section IV in the In		
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	box, I confirm that all		
0				
Certification by Complete the fields be follow-up questions,	Reporter 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	l, and shaded all fields that contain CBI in red. This should be the CBI version of
nvention specified in structions Document	Section V of the Instructions Document. Confirm that <u>all fields that contained CBI</u> 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 questionnaire (may b	fields below for the facility personnel who certifies the information provided in this 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
	Date

Date