## 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 Con 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 reporting and recordkeeping burden for this collection of information is estimated to be proximately 108 hours per respondent setimated to the Regulatory Support Division Direction of the Regulatory Support Division Direction of the Regulatory Support Division Direction, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to the

#### 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 question (2) 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 instances and data fields shaded in gold contain instructions and supporting information that help facility with this quality Data fields shaded in gray indicate that these either do not need to be filled out or will be automatically filled out based Data fields shaded in red by facility indicate that these fields contain confidential business information (CBI), and releva "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, she V of the Instructions Document to create the non-CBI version of your response.

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

Itrol 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 onse. Send comments on the Agency's need for this information, the accuracy of the provided ector, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, nis address.

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

requested in Section I (EtO Monitoring), Table 1 of the main questionnaire.

naire upon submission;

Il F10 above the original table, indicating that this supplement is used.

structions

uestionnaire

d on facility's inputs in relevant fields

nt data needs special handling <sup>\*</sup>

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

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## A. Facility Details

Table 1. Facility Information

Field #	A-1	A-2	A-3
Data	Primary NAICS code	EIS ID	Facility name
		Enter EIS ID for the facility	Enter facility name
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	
Data	Unique ID	Date	Room area(s) involved and time spent or	
Instruction	or documentation, if available. Otherwise,	Enter date of the personal monitoring event (mm/dd/yyyy)	Specify ID(s) of the room area(s) involved in this provide an estimate of the percentage of time sthere are multiple room areas involved, separated 1 (40%), Room Area 2 (25%), Room Area 3 Ensure that all entries in this column can be four worksheet, Table 1, Field B-1. Please double che	
Response				

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Does any information entered on this worksheet contain confidential bu the right → **Be sure to shade in red all cells with real CBI data in the CB** After creating the **non-CBI version**, select and copy the Sample CBI Cell ( real CBI data. **Make sure all cells that contained CBI look the same as t** non-CBI version of your response

A-4	A-5	A-6	A-7
Facility address	Facility city	Facility state	Facility zip code
Enter the street address of facility verified by U.S. Postal Service (USPS). Do <u>not</u> include P.O. box in this field	, ,	dropdown menu in	Enter facility zip code verified by U.S. Postal Service (USPS)

2.1	I-3	
n this personal (badge) monitoring event	Description of Work Conditions	
personal (badge) monitoring event, and spent in each room area in parentheses "()". If te your entries by commas (,). Example: "Room (35%)".  Ind in the main questionnaire, "Room Area" eck before submission	Provide a brief description of the work conditions of facility during each event	
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Isiness information (CBI)? Specify in Cell N2 on BI version

[Cell O2) and paste directly into each cell with the Sample CBI Cell (Cell O2) before saving the

Sample CBI Cell (above)

A-8
Phone number
Provide a contact phone number at the facility

	I-3.1	I-3.2	
	Sampling method of personal (badge) monitoring	Level of detection (LOD) as required by the sampling method	
personal monitoring	Specify the sampling method used for the personal (badge) monitoring	Enter the <u>value</u> of LOD in this column	Enter the <u>unit</u> of LOD in this column

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EIS ID (Auto-populated)

	I-4		I-5
Monitoring result		Monitoring result flag	
Enter the <u>average</u> concentration monitored (ppm)	Enter the <u>maximum</u> concentration monitored (ppm)	Enter the minimum concentration monitored (ppm)	Specify any action level, error, or flag of monitoring result

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I-6	I-7	
Averaging periods	Instrument 1	
Specify any averaging periods for each personal monitoring event	Specify the instrument used during each personal monitoring event	Enter the <u>value</u> of detection level of instrument

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	I-8		
	Instrumen	t 2 (if any)	
Specify the <u>unit</u> of detection level of instrument	personal monitoring event	Enter the <u>value</u> of detection level of instrument	Specify the <u>unit</u> of detection level of instrument






## **Ethylene Oxide (EtO) Commercial Sterilization CAA Section 114 Information Collection Request (ICR)**

Click here to go to "Introduction"

Acknowledgme	nt of CBI Handling
Before certifying an	d submitting this questionnaire, please make sure that you have <u>selected "Yes" in Cell N2 on all</u>
Refer to Section V ir "Documents" works	the Instructions Document when creating the <u>non-CBI version</u> of your response. Confirm that <u>a</u> <u>sheet</u> 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 che	cking this box, I acknowledge that I have read, understand, and agree to the instructions and pro
( <u>Check</u>	this box only if this is the non-CBI version of your response) By checking this box, I confirm that
C	
Certification by R	eporter
Complete the fields belo questions, if any, on the	ow for the person who completes the questionnaire and who is available for follow-up 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 questionnaire	pelow for the professional engineer (PE) who certifies the information provided in this
Name	
Title	
Organization	
Email	
Phone	
Fax	
General comment	S
	I certify that the statements and information are to the best of my knowledge and belief true accurate, and complete.

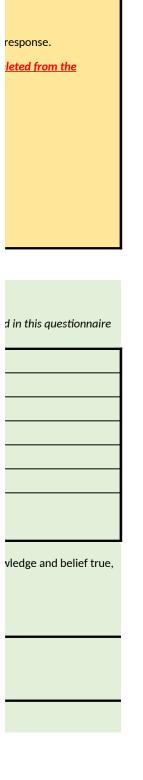
Signature

Date

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l cells that contained CBI before look the sam	e as the Sample CBI Cell (Cell O2), and any attached CBI document is de
ble to the public.	
cedure of handling CBI data and documents su	ubmitted within this response.
all CBI data and documents have been remove	d from this response.
Certification by F	acility Personnel
Please complete the fie (may be the owner or l	elds below for the facility personnel who certifies the information provided egal 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 knov accurate, and complete.
	Signature
	Signature
	Signature Date

Certification by Certified Industrial Hygienist			
Complete the fields belo questionnaire	ow for the certified industrial hygienist (CIH) who certifies the informatio		
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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



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vledge and belief true,