

# Initial Applicability Form

## National Emission Standards for Hazardous Air Pollutants for Hospital Ethylene Oxide Sterilization

40 CFR Part 63 Subpart WWWW

(<http://www.epa.gov/fedrgstr/EPA-AIR/2007/December/Day-28/a25233.pdf>)

1. Hospital Name: \_\_\_\_\_

2. Owner/Operator Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. Address (physical location) of facility: \_\_\_\_\_

6. Are you subject to the Hospital Ethylene Oxide (EO) Sterilization NESHAP?  Yes  No

You are subject to the NESHAP if you own or operate an EO sterilization facility at your hospital. If you answer No, go directly to part 13.

7. Compliance Date (check one):  Existing source: Dec. 29, 2008  New source: \_\_\_\_\_  
(Date of startup)

8. Total annual actual EO usage at the facility: \_\_\_\_\_ pounds

**9. An Initial Notification of Compliance Status is due:**

- On or before June 25, 2009 if you are an existing source.<sup>a</sup>  
 180 days after the compliance date if you are a new source.<sup>b</sup>

10. Number of EO sterilizers: \_\_\_\_\_

11. Number of separate aeration units: \_\_\_\_\_

**12. For each sterilizer, please provide:**

No.	Sterilizer volume:	No. sterilization cycles/yr:	EO vented to add-on APCD: <sup>c</sup>	Type of add-on APCD (if applicable): <sup>d</sup>
1	ft <sup>3</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	ft <sup>3</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	ft <sup>3</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	ft <sup>3</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	ft <sup>3</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	ft <sup>3</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**13. Sign this form on the next page and submit it to DEQ. Keep a copy of this form for your records.**

**CERTIFICATION**

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in this report and the supporting enclosures are true, accurate and complete.

**Print the name and title of the “Responsible Official\*” for the hospital:**

Name of Responsible Official (print or type)	Title	Phone Number
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\*A “Responsible Official” can be:

- The president, vice-president, secretary, or treasurer of the company who owns the facility
- The owner of the facility
- The plant engineer or supervisor
- A government official if the facility is owned by the Federal, State, City, or County government
- A ranking military officer if the facility is located on a military base

Signature of “Responsible Official”	Date
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**Mail or fax a copy to:**

Department of Environmental Quality  
Attn: Jerry Ebersole  
811 SW Sixth Ave  
Portland, OR 97204  
Fax: 503-229-5675

**Footnotes:**

- a) You are an existing source if you commenced construction or reconstruction before November 6, 2006. If you are an existing source, your compliance date is December 29, 2008.
- b) You are a new source if you commenced construction or reconstruction on or after November 6, 2006. If you are a new source, your compliance date is December 28, 2007 or upon startup if startup occurs after December 28, 2007.
- c) Confirm whether EO emissions from the sterilization unit are vented to an add-on air pollution control device (APCD) that reduces EO emissions to the atmosphere.
- d) Identify the type of add-on APCD using to reduce EO emissions to the atmosphere (e.g., catalytic oxidizer; or acid-water scrubber; if other type of APCD, please identify the type).