

Source Category Description:

Hospitals performing sterilization of medical equipment using ethylene oxide.

1. Qualifications: For each qualification statement listed below, answer “yes” or “no” in the right-hand column.

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| a. | Are there any other activities performed by the applicant that are listed in OAR 340-216-0020, Table 1? | |
| b. | Are there one or more sterilizers using ethylene oxide? | |
| d. | Is there any control equipment (acid-water scrubbers, catalytic oxidizers, etc.)? | |
| g. | Is the facility currently in compliance with DEQ regulations? | |
| h. | Have there been any violations at the facility in the last five years? | |
| i. | If there have been violations, have they been resolved? | |
| j. | Is a completed Land Use Compatibility Statement attached? | |

2. Plant Start-up: Provide the date the ethylene oxide sterilization facility began or will begin operation:

3. Sterilizer Usage: For ethylene oxide sterilizations units that are not controlled with any control equipment (acid-water scrubbers, catalytic oxidizers, etc.), enter the following information for the past three months. Attach another sheet if necessary to address additional units.

| Month | No. of loads | No. of full loads | Ethylene oxide usage | Reason(s) for not conducting full loads |
|-------|--------------|-------------------|----------------------|---|
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4. Sterilization units: Enter the sterilizer ID, date installed, and type of associated control devices (acid-water scrubbers, catalytic oxidizers, etc.) if any.

| Sterilizer ID | Installed (mo/yr) | Size (volume) | No. of aeration units | Control devices |
|---------------|-------------------|---------------|-----------------------|-----------------|
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5. Permit Requirements:

All conditions of the General ACDP apply to the source, unless they are listed below. These permit conditions may or may not apply to the facility, depending on the actual processes, controls, and compliance determination methods. For each permit condition listed below, indicate whether the condition applies to your plant by providing the requested information.

| Permit Condition | Applicability question: | Answer: |
|------------------|--|---------|
| 2.1. | Is the facility located in Clackamas, Columbia, Multnomah, or Washington Counties? (yes/no) | |
| 4.1, 4.2, & 5.1 | Does the facility operate a sterilization unit(s) with an air pollution control device (acid-water scrubbers, catalytic oxidizers, etc.)? (yes/no) | |
| 4.1, 4.2, & 5.1 | If yes, what type of air pollution control device does the facility use to control ethylene oxide? (acid-water scrubber, catalytic oxidizer, both) | |
| 7.1 & 7.2 | If the facility is an existing source, when was the Initial Notification of compliance status submitted? | |
| 7.1 & 7.2 | If the facility is a new source, attach a copy of the Initial | |

| | | |
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| | Notification of Compliance Status to this form and write "attached" in the Answer box. | |
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6. Certification:

I hereby certify that the information contained in this application and the schedules and exhibits appended hereto are true and correct to the best of my knowledge and belief.

Typed name and title

Signature

Date