

# Annual Reporting Form: Hospital Ethylene Oxide Sterilizers

AQGP-R20

1. Source Number: \_\_\_\_\_ 2. Reporting period: (calendar year): \_\_\_\_\_

### 3. Company information:

Legal Name:	Other Company Name (if different than legal name):		
Mailing Address:	Site Address (if different than mailing address):		
City, State, Zip Code:	City:	County (required)	Zip Code:

### 4. Site Contact Person:

Name:	Telephone number:
Title:	Email / Fax Number:

### 5. The number of sterilization cycles conducted during the previous calendar year:

Month	Total Cycles	Cycles without operational control device	Cycles without operational control device that were not full loads*
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total			

\*If any cycles were completed without an operational control device and were not full loads, records must be retained in accordance with the Continuous Compliance Demonstration permit condition including a statement. Are these records retained on site? (Check one) Yes  No  N/A

6. Total amount of ethylene oxide used in the last calendar year: \_\_\_\_\_ pounds

7. The stack exit point height for ethylene oxide emissions is: \_\_\_\_\_ (Check one): Feet  Meters

8. If installed on site, were all air pollution control devices operated and maintained according to manufacturer's recommended procedures? (Check one) Yes  No  N/A
9. Were any air pollution, odor, or nuisance-related complaints received during the calendar year? (Check one) Yes  No . If yes, include a summary below:

10. Were there any permit deviations or equipment malfunctions that had the potential to cause an increase in emissions? (Check one) Yes  No . If yes, include a summary below:

11. Were there any changes to plant processes, production levels, equipment changes, materials used, or pollution control equipment? (Check one) Yes  No . If yes, include a summary below and identify which changes may have affected air emissions:

12. Was any major maintenance performed on pollution control equipment during the calendar year? (Check one) Yes  No  N/A . If yes, include a summary below:

13. By signing below, I hereby certify that I have personally examined and am familiar with the information submitted in this report and that the information contained in this report is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Name of Responsible Official

\_\_\_\_\_  
Title of Responsible Official

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

**Submit reporting form to the appropriate Regional Office by selecting the county where the facility is located.**

<b>Select County:</b>
Oregon Department of Environmental Quality