NESHAP for HOSPITAL ETHYLENE OXIDE STERILIZERS-SUBPART WWWWW
STATE OF NORTH CAROLINA

INITIAL NOTIFICATION FORM (*PAGE 1 OF 2*)
(SUBMIT BY October 15, 2008)

A. FACILITY INFORMATION:

Facility Name:_____

Facility ID No.: _____

Facility Owner/Operator: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Facility Contact: _____ Title: _____

Phone Number: _____ Facility County: _____

Compliance Date: December 29, 2008 (existing sources) OR upon startup (new sources)

B. IS YOUR FACILITY SUBJECT TO NATIONAL EMISSION STANDARDS FOR HOSPITAL ETHYLENE OXIDE STERILIZERS (GACT SUBPART WWWWW) ? (CHECK ONE):

- ❑ Yes*
- ❑ I am unsure of my status and would like additional information.
- ❑ No - This facility does not conduct ethylene oxide sterilization.
- ❑ No - This facility is not a hospital.
- ❑ No - (Other) _____

* Reminder, if you are subject to GACT WWWWW, An Initial Notification of Compliance Status is also due by June 27, 2009 to both the EPA and NCDAQ. See the cover letter for details.

C. STERILIZER INQUIRY: For each hospital ethylene oxide sterilizer, please provide the following information (copy this form as needed):

Sterilizer ID No.				
Volume				

CY 2007 ETO usage in pounds				
Is there is a control device on the sterilizer exhaust? If yes, please describe. List ETO control efficiency (%) if known.				
Is this a combination unit? (aeration and sterilization take place in the same unit)				
Is there is a control device on the aeration exhaust? If yes, please describe. List ETO control efficiency (%) if known.				
Comments				

D. SIGNATURE OF RESPONSIBLE PERSON OR COMPANY OFFICIAL:

_____

Date:

(Print): _____

Title:

Return this form to:

Patrick Knowlson
NC Division of Air Quality
1641 Mail Service Center
Raleigh, NC 27699-1641

If you have questions about this form, please contact Patrick Knowlson via phone at (919) 715-0659 or via e-mail at patrick.knowlson@ncdenr.gov