

Tennessee Sample Initial Notification of Compliance Status (INOCs) for Hospital Sterilizers Using Ethylene Oxide

Due No Later than June 25, 2009

Submit to:

Tennessee Department of Environment and Conservation
Division of Air Pollution Control (APC)
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 15th Floor
Nashville, TN 37243
Attention: APC Hospital Sterilizer Point of Contact

U.S. Environmental Protection Agency (EPA) or Email: CCG-ONG@EPA.GOV
Sectors Policies and Programs Divisions
Attn: Mr. David Markwordt,
Hospital Sterilizers Project Leader
Research Triangle Park, NC 27711

As required by the Hospital Sterilizer area source rule (40 CFR, part 63, subpart WWWW), this is an initial notification of Compliance Status, whereby I/we certify that our Hospital/Facility is an area source and in compliance with rule requirements.

Provide Name and Title of Owner/Administrator or Operator and mailing address.:

Provide the name of the hospital and physical location address:

Our compliance is based on:

- Management practice** to only run full sterilization loads with common aeration time or provide records when required to deviate if medically necessary.
- Air Pollution Control Device** (APCD) is used to reduce ethylene oxide emissions.

Select one of the following statements that accurately describes your facility and applicable compliance date:

- Constructed or reconstructed before November 6, 2006, it is an existing sterilization facility. Compliance due date is December 29, 2008.
- Constructed or reconstructed on or after November 6, 2006, it is a new source sterilization facility, and we understand that we are required to be in compliance at initial start-up of our EO sterilizers. Our compliance due date is at start-up.

Please describe your sterilization facility:

Provide a description of your sterilization facility. List the EO sterilization units, volume of each unit, the number of sterilization cycles per year (if applicable) and indicate if unit has a control device (CD) or uses an aeration unit (AU). Attach additional sheet(s) if needed:

Number of Aeration Units:

Number of Sterilization Units:

List Sterilizer Units (Number or other identifier)	Volume of Sterilizer Unit	Sterilization cycles per year	EO vented to add-on Air Pollution Control Device? Yes/No	Type of add on Control Device (if applicable)

Please provide the amount of ethylene oxide used annually: _____

Please select one of the following certification statements:

- Sterilizing full loads of items with common aeration time except under medically necessary circumstances;
- Operating the sterilization units with an add-on air pollution control device (APCD) required by a local state or local air regulation and that you are operating in accord with State or local regulation and following APCD manufacture recommended procedures;
- Operating the sterilization units with an add-on air pollution control device (APCD) (but are not subject to a State or local air regulation to do so), venting EO emissions from each sterilization unit to the add-on APCD, operating the APCD during all sterilization processes, and following APCD manufacture recommended procedures.

By submitting this notification to APC and EPA, I/we certify that our sterilizer unit(s) is/are in compliance.

Signature

Title

Date

Note: Your initial notice of compliance status is due to APC and EPA by June 25, 2009 – (existing source) or within 180 days from your initial start-up or compliance date for a new source. Also you should keep a copy of this document for your records.