



Proposed Amend Rule 1405 - Facility Survey Form

Section A – Facility Contact Information

A1. Facility name	
A2. Facility address	
A3. Mailing address	
A4. Facility contact name	
A5. Contact title	
A6. Contact phone number	
A7. Contact email address	

Section B – Facility Operations

B1. # of employees at facility	
B2. # of buildings and square footage	
B3. Facility perimeter barriers	<input type="checkbox"/> Fence/wall <input type="checkbox"/> Open area <input type="checkbox"/> Others
B4. Daily hours of operation	
B5. Weekly operating schedule	
B6. Types of products sterilized	
B7. # of external rollup (dock) doors	
B8. How often are rollup doors open?	
B9. Does facility meet the definition of a “small business” in accordance with South Coast AQMD Rule 102?	<input type="checkbox"/> YES, facility has 10 or fewer employees and \$500,000 or less in total gross annual receipts <input type="checkbox"/> NO

Section C – EtO Throughput

C1. Identify and quantify in pounds (lbs) forms of EtO used at facility in calendar year 2021:	
<input type="checkbox"/> 100% EtO	lbs
<input type="checkbox"/> 20% EtO, balance CO2	lbs
<input type="checkbox"/> 8.5% EtO, balance CO2	lbs
<input type="checkbox"/> Other. Please describe.	lbs

Section D – EtO Storage

D1. EtO container type(s) used onsite	
D2. EtO container size(s) used onsite	
D3. Maximum allowable quantity of EtO onsite	lbs
D4. Typical quantity of EtO onsite	lbs
D5. Describe container storage area (e.g., indoors, outdoors, fire cabinets)	
D6. EtO supplier(s)	
D7. Describe handling of empty EtO containers	
D8. Describe methods and frequency of detecting leak in EtO containers	



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Section E – Preconditioning Procedures

E1. Typical preconditioning time	hours
E2. Preconditioning area dimensions	
E3. Preconditioning temperature	°F
E4. Preconditioning relative humidity	%
E5. Areas ventilated to atmosphere?	<input type="checkbox"/> YES, please describe: <input type="checkbox"/> NO

Section F – Sterilization Procedures

F1. # of sterilization chambers permitted	
F2. # of active sterilization chambers	
F3. # of inactive sterilization chambers	
F4. Identify steps utilized during sterilization:	
<input type="checkbox"/> Initial Evacuation	<input type="checkbox"/> Gas Dwell <input type="checkbox"/> Gas Injection
<input type="checkbox"/> Nitrogen Gas Wash(es)	<input type="checkbox"/> Humidification <input type="checkbox"/> Air Wash(es)
<input type="checkbox"/> Other:	
F5. What is the typical EtO level in chamber room during unloading?	<input type="checkbox"/> below 0.5 ppm <input type="checkbox"/> 0.5 - 1 ppm <input type="checkbox"/> >1 - 5 ppm <input type="checkbox"/> above 5 ppm <input type="checkbox"/> not monitored
F6. Chamber unloading methods (e.g., hand, pallet jack, forklift)	

Section G – Aeration Procedures

G1. Identify and describe aeration used after sterilization (e.g. heated or unheated, ventilation):	
<input type="checkbox"/> Fully enclosed aeration room(s)	
<input type="checkbox"/> Aeration area(s) created with tenting or strip curtains	
<input type="checkbox"/> Dedicated aeration chamber(s)	
<input type="checkbox"/> Aeration cycles integrated with sterilization chamber	
<input type="checkbox"/> Other. Please describe.	
G2. Aeration area dimensions	
G3. Aeration temperature	°F
G4. Aeration relative humidity	%
G5. What is the typical EtO level in aeration room	<input type="checkbox"/> below 0.5 ppm <input type="checkbox"/> 0.5 - 1 ppm <input type="checkbox"/> >1 - 5 ppm <input type="checkbox"/> above 5 ppm <input type="checkbox"/> not monitored
G6. Minimum aeration time	
G7. Typical aeration time	
G8. Is there a maximum allowable aeration time for your products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
G9. Is it feasible to increase the aeration time to 7-10 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO, explain:



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Section H – Post-Aeration (Warehousing of Sterilized Products) Procedures

H1. How are sterilized products stored after aeration?	
<input type="checkbox"/> Open outdoor area(s) (e.g., in the open air or under tenting)	
<input type="checkbox"/> Enclosed outdoor area(s) (e.g., shipping containers)	
<input type="checkbox"/> Open indoor area(s) (e.g., loading dock)	
<input type="checkbox"/> Enclosed indoor area(s) (e.g., storage rooms or cabinets)	
H2. Post-aeration area dimensions	
H3. Post-aeration temperature	°F
H4. Post-aeration relative humidity	%
H5. If monitored, what is the typical EtO level in post-aeration areas?	<input type="checkbox"/> below 0.5 ppm <input type="checkbox"/> 0.5 - 1 ppm <input type="checkbox"/> >1 - 5 ppm <input type="checkbox"/> above 5 ppm <input type="checkbox"/> not monitored
H6. Typical amount of time products remains onsite following aeration	

Section I – Capture of EtO Emissions

I1. Identify if area is equipped with method to capture EtO emissions and describe (e.g., vacuum system, hoods, negative pressure, permanent total enclosure)	
<input type="checkbox"/> Preconditioning area(s)	
<input type="checkbox"/> Sterilization chamber(s)	
<input type="checkbox"/> Sterilization/production area(s)	
<input type="checkbox"/> Aeration area(s)	
<input type="checkbox"/> Post-aeration area(s)/warehousing	
<input type="checkbox"/> Vacuum pump room(s)	
<input type="checkbox"/> EtO storage area(s)	
<input type="checkbox"/> Other. Please describe.	

Section J – Control of EtO Emissions

J1. Identify EtO control technologies used onsite, location of control device, and testing		
<input type="checkbox"/> Acid-water scrubber	Control efficiency from most recent source test:	%
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Year of Test:
<input type="checkbox"/> Oxidizer/abator	Control efficiency from most recent source test:	%
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Year of Test:
<input type="checkbox"/> Dry bed scrubber	Control efficiency from most recent source test:	%
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Year of Test:
<input type="checkbox"/> Peak shaver	Control efficiency from most recent source test:	%
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Year of Test:
<input type="checkbox"/> Other (e.g., filter). Please describe.		
<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		
J2. Have any control devices had a loss of power or other malfunction in 2020-2021?	<input type="checkbox"/> NO <input type="checkbox"/> YES. Please list the events and if EtO was released without control.	



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Section K – Monitoring of EtO

K1. Identify methods of EtO area monitoring and describe their implementation		
<input type="checkbox"/> Handheld EtO detector	# available onsite	
	Alarm setpoints	
	Frequency	
<input type="checkbox"/> Combustible gas monitors	# of monitoring sites	
	Alarm setpoints	
	Frequency	
	Location of monitors	
<input type="checkbox"/> Gas chromatography (GC) monitoring	# of monitoring sites	
	Alarm setpoints	
	Frequency	
	Location of monitors	
<input type="checkbox"/> Canisters	Contractor(s) used	
	Frequency	
<input type="checkbox"/> Other. Please describe.		

Section L – Miscellaneous

L1. Identify liquid onsite	Identify location	Identify container type
<input type="checkbox"/> Vacuum pump working fluid	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Acid-water scrubber liquor	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Ethylene glycol	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Other:	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Open <input type="checkbox"/> Closed
2. Facility equipped with emergency backup power or generator?	<input type="checkbox"/> YES. List the equipment and the operations it supports during power outage: <input type="checkbox"/> NO	
3. Trade secret data claimed?*	<input type="checkbox"/> YES. List the sections (e.g., F4, L2) with trade secret data: <input type="checkbox"/> NO	
Any other pertinent information regarding operations		

Section M – Diagrams

M1. Provide a copy of the following documents with this facility survey if available			
<input type="checkbox"/> Process Flow Diagram	<input type="checkbox"/> Facility Diagram	<input type="checkbox"/> Floorplan	<input type="checkbox"/> Other: