



South Coast Air Quality Management District  
**Form 400-E-8**  
**Ethylene Oxide Sterilizer**

This form must be accompanied by a completed Application for a Permit to Construct/Operate - Forms 400-A, Form 400-CEQA, and Form 400-PS.

**Mail To:**  
 SCAQMD  
 P.O. Box 4944  
 Diamond Bar, CA 91765-0944  
 Tel: (909) 396-3385  
 www.aqmd.gov

**Section A - Operator Information**

Facility Name (Business Name of Operator That Appears On Permit): \_\_\_\_\_ Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): \_\_\_\_\_

Address where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site): \_\_\_\_\_

Fixed Location      Various Locations

**Section B - Equipment Description**

Equipment	Manufacturer: _____	Model: _____	Serial No.: _____
Internal Dimensions of Sterilizer Chamber	Width: _____ ft. _____ in.	Length: _____ ft. _____ in.	Height: _____ ft. _____ in.
Sterilizer Heater Information	Operating Temperature: _____ °F	a. Electric: _____ KW b. Gas: _____ BTU/hr	c. Steam d. Other (specify): _____
Sterilizer Exhaust Blower Information	Capacity: _____ ACFM		
Internal Dimensions of Aeration Chamber	Width: _____ ft. _____ in.	Length: _____ ft. _____ in.	Height: _____ ft. _____ in.
Aeration Heater Information	Operating Temperature: _____ °F	a. Electric: _____ KW b. Gas: _____ BTU/hr	c. Steam d. Other (specify): _____
Aeration Exhaust Blower Information	Capacity: _____ ACFM		

**Section C - Operation Information**

Sterilant Gas Information	<p>a. Composition Ethylene Oxide (ETO): _____ % by weight:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>b. Maximum Temperature: _____ °F</p> <p>c. Pressure: _____ psi</p>
Sterilizer Vented Information	<p>Is Sterilizer vented to an external Air Pollution Control (APC) equipment?</p> <p>a. No</p> <p>b. Yes; Please Indicate Type of Control</p> <p style="padding-left: 40px;">Catalytic Afterburner</p> <p style="padding-left: 40px;">Condensation/Reclamation</p> <p style="padding-left: 40px;">Acid-water Scrubber</p> <p style="padding-left: 40px;">Other <sup>1</sup></p> <p><sup>1</sup> A separate permit is required</p>

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**Section C - Operation Information (cont.)**

Process Information	Weight of ETO: _____ lbs/load      Average Usage: _____ loads/day
	Maximum Usage: _____ loads/day
Operating Schedule	Normal:    _____ hours/day    _____ days/week    _____ weeks/yr
	Maximum:   _____ hours/day    _____ days/week    _____ weeks/yr

**Section D - Authorization/Signature**

I hereby certify that all information contained herein and information submitted with this application is true and correct.

Preparer Info	Signature: _____ Date: _____	Name: _____
	Title: _____ Company Name: _____	Phone #: _____ Fax #: _____
Contact Info	Name: _____	Phone #: _____ Fax #: _____
	Title: _____ Company Name: _____	Email: _____

THIS IS A PUBLIC DOCUMENT

Pursuant to the California Public Records Act, your permit application and any supplemental documentation are public records and may be disclosed to a third party. If you wish to claim certain limited information as exempt from disclosure because it qualifies as a trade secret, as defined in the District's Guidelines for Implementing the California Public Records Act, you must make such claim at the time of submittal to the District.

Check here if you claim that this form or its attachments contain confidential trade secret information.