



Texas Commission on Environmental Quality
Form OP-UA39
Sterilization Source Attributes

General:

This form is used to provide a description and data pertaining to all sterilization sources with potentially applicable requirements associated with a particular regulated entity number and application. Each table number, along with the possibility of a corresponding letter (i.e., Table 1a, Table 1b), corresponds to a certain state or federal rule. If the rule on the table is not potentially applicable to a sterilization source, then it should be left blank and need not be submitted with the application. If the codes entered by the applicant show negative applicability to the rule or sections of the rule represented on the table, then the applicant need not complete the remainder of the table(s) that corresponds to the rule. Further instruction as to which questions should be answered and which questions should not be answered are located in the “Specific” section of the instruction text. The following is included in this form:

Tables 1a - 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart O: National Emission Standards for Hazardous Air Pollutants for Ethylene Oxide
Commercial Sterilization and Fumigation Operations

The Texas Commission on Environmental Quality (TCEQ) Regulated Entity Number (RNXXXXXXXXXX) and the application area name from Form OP-1 (Site Information Summary) must appear in the header of each page for the purpose of identification for the initial submittal. The date of the initial form submittal must also be included and should be consistent throughout the application (MM DD YYYY). Leave the permit number blank for the initial form submittal. If this form is included as part of the permit revision process, enter the permit number assigned by the TCEQ, the area name (from Form OP-1), the date of the revision submittal, and the regulated entity number.

Unit attribute questions that do not require a response from all applicants are preceded by qualification criteria in the instructions. If the unit does not meet the qualification criteria, a response to the question is not required. Anytime a response is not required based on the qualification criteria, leave the space on the form blank.

Notwithstanding any qualification criteria in the form instructions or information provided in other TCEQ guidance, the applicant may leave an attribute question blank (or indicate “N/A” for “Not Applicable”) if the attribute is not needed for the applicable requirement determinations of a regulation for a unit.

In some situations, the applicant has the option of selecting alternate requirements, limitations, and/or practices for a unit. Note that these alternate requirements, limitations, and/or practices must have the required approval from the TCEQ Executive Director and/or the U.S. Environmental Protection Agency Administrator before the federal operating permit application is submitted.

The Texas Commission on Environmental Quality (TCEQ) **requires** that a Core Data Form be submitted on all incoming registrations unless **all** of the following are met: the Regulated Entity and Customer Reference Numbers have been issued by the TCEQ and no core data information has changed. The Central Registry, a common record area of the TCEQ, maintains information about TCEQ customers and regulated activities, such as company names, addresses, and telephone numbers. This information is commonly referred to as “core data.” The Central Registry provides the regulated community with a central access point within the agency to check core data and make changes when necessary. When core data about a facility is moved to the Central Registry, two new identification numbers are assigned: the *Customer Reference (CN) number* and the *Regulated Entity (RN) number*. The Core Data Form is required if facility records are not yet part of the Central Registry or if core data for a facility has changed. If this is the initial registration, permit, or license for a facility site, then the Core Data Form must be completed and submitted with application or registration forms. If

amending, modifying, or otherwise updating an existing record for a facility site, the Core Data Form is not required, unless any core data information has changed. To review additional information regarding the Central Registry, go to the TCEQ Web site at www.tceq.texas.gov/permitting/central_registry/index.html.

Specific:

**Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart O: National Emission Standards for Hazardous Air Pollutants for Ethylene Oxide
Commercial Sterilization and Fumigation Operations**

Process ID No.: Enter the identification number (ID No.) for the sterilization source (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP Index No.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Facility Type: Select one of the following options to describe the type of affected facility. Enter the code on the form.

Code	Description
BEE	Beehive fumigator
LAB	Research or laboratory facility as defined in Federal Clean Air Act § 112(c)(7)
HOSP	Hospital, doctor's office, clinic, or other facility whose primary purpose is to provide medical services to humans or animals
OTHER	Other type of sterilization or fumigation operation using ethylene oxide

▼ **Continue only if "Facility Type" is "OTHER."**

Facility Ethylene Oxide Usage: Select one of the following options to describe the ethylene oxide usage within all consecutive 12-month periods since December 6, 1996. Enter the code on the form.

Code	Description
1-	Ethylene oxide usage is less than 907 Kg (1 ton)
1-10	Ethylene oxide usage is greater than 907 Kg (1 ton) but less than 9070 Kg (10 tons)
10+	Ethylene oxide usage is greater than or equal to 9070 Kg (10 tons)

▼ **Continue only if "Ethylene Oxide Usage" is "1-10" or "10+."**

Sterilization Chamber Vent: Enter "YES" if the source utilizes a sterilization chamber vent. Otherwise, enter "NO."

▼ **Continue only if the response to "Sterilization Chamber Vent" is "YES."**

Sterilization Chamber Vent Control Device: Select one of the following options to describe the type of control technology used for the sterilization chamber vent. Enter the code on the form.

Code	Description
SCRUB	Acid-water scrubbers
OXIDIZ	Catalytic or thermal oxidation units
OTHER	Control technology other than acid-water scrubbers or catalytic or thermal oxidizers

Sterilization Chamber Vent Control Device ID No.: Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. If there is no control device, then leave this column blank.

**Table 1b: Title 40 Code of Federal Regulations Part 63 (40 CFR 63)
Subpart O: National Emission Standards for Hazardous Air Pollutants for Ethylene Oxide
Commercial Sterilization and Fumigation Operations**

Process ID No.: Enter the identification number (ID No.) for the sterilization source (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP Index No.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Chamber Exhaust Vent: Enter “YES” if the source utilizes a chamber exhaust vent. Otherwise, enter “NO.”

★ **Complete the rest of Table 1b only if the response to “Chamber Exhaust Vent” is “YES.”**

Manifolding Sterilization Emissions: Enter “YES” if the facility is manifolding ethylene oxide emissions from the chamber exhaust vent to a control device. Otherwise, enter “NO.”

Chamber Exhaust Vent Control Device: Select one of the following options to describe the type of control technology used. Enter the code on the form.

Code	Description
SCRUB	Acid-water scrubbers
OXIDIZ	Catalytic or thermal oxidation units
OTHER	Control technology other than acid-water scrubbers or catalytic or thermal oxidizers

Chamber Exhaust Vent Control Device ID No.: Enter the identification number (ID No.) for the control device to which emissions are routed. This number should be consistent with the control device identification number listed.

★ **Complete “Controlling Emissions from Sterilization Chamber Vent” only if “Manifolding Sterilization Emissions” is “YES” and “Facility Ethylene Oxide Usage” is “10+.”**

Controlling Emissions from Sterilization Chamber Vent: Enter “YES” if the source is manifolding ethylene oxide emissions from the chamber exhaust vent to a control device controlling emissions from the sterilization chamber vent. Otherwise, enter “NO.”

★ **Complete “Control Device to Comply with § 63.362(d)” only if the response to “Controlling Emissions from Sterilization Chamber Vent” is “NO.”**

Control Device to Comply With § 63.362(d): Enter “YES” if the owner or operator is determining the efficiency of the control device to comply with 40 CFR § 63.362(d). Otherwise, enter “NO.”

Monitoring Device Other Than Gas Chromatograph: Enter “YES” if the facility is demonstrating compliance with a monitoring device other than a gas chromatograph. Otherwise, enter “NO.”

**Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR 63)
Subpart O, National Emission Standards for Hazardous Air Pollutants for Ethylene Oxide
Commercial Sterilization and Fumigation Operations**

Process ID No.: Enter the identification number (ID No.) for the sterilization source (maximum 10 characters) as listed on Form OP-SUM (Individual Unit Summary).

SOP Index No.: Site operating permit (SOP) applicants should indicate the SOP index number for the unit or group of units (maximum 15 characters consisting of numeric, alphanumeric characters, and/or dashes prefixed by a code for the applicable regulation [i.e., 60KB-XXXX]). For additional information relating to SOP index numbers, please refer to the TCEQ website at www.tceq.texas.gov/assets/public/permitting/air/Guidance/Title_V/sop_initial.pdf.

Aeration Room Vent: Enter “YES” if the source utilizes an aeration room vent. Otherwise, enter “NO.”

▼ **Continue only if “Aeration Room Vent” is “YES” and “Facility Ethylene Oxide Usage” is “10+.”**

Aeration Room Vent Control Device: Select one of the following options to describe the type of control technology used for the aeration room vent. Enter the code on the form.

Code	Description
OXIDIZ	Catalytic or thermal oxidation units
OTHER	Control technology other than catalytic or thermal oxidation units

Aeration Room Vent Control Device ID No.: Enter the identification number (ID No.) for the control device to which emissions are routed (maximum 10 characters). This number should be consistent with the control device identification number listed on Form OP-SUM. If there is no control device, then leave this column blank.

Control Device to Comply With § 63.362(d): Enter “YES” if the owner or operator is determining the efficiency of the control device to comply with 40 CFR § 63.362(d). Otherwise, enter “NO.”

Monitoring Device Other Than Gas Chromatograph: Enter “YES” if the facility is demonstrating compliance with a monitoring device other than a gas chromatograph. Otherwise, enter “NO.”

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Federal Operating Permit Program

Table 1a: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart O: Standards for Hazardous Air Pollutants for Ethylene Oxide Commercial Sterilization and Fumigation Operations

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Process ID No.	SOP Index No.	Facility Type	Facility Ethylene Oxide Usage	Sterilization Chamber Vent	Sterilization Chamber Vent Control Device	Sterilization Chamber Vent Control Device ID No.

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**Table 1b: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart O: Standards for Hazardous Air Pollutants for Ethylene Oxide Commercial Sterilization and Fumigation Operations**

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Process ID No.	SOP Index No.	Chamber Exhaust Vent	Manifolding Sterilization Emissions	Chamber Exhaust Vent Control Device	Chamber Exhaust Vent Control Device ID No.	Controlling Emissions from Sterilization Chamber Vent	Control Device to Comply with § 63.362(d)	Monitoring Device Other Than Gas Chromatograph

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**Table 1c: Title 40 Code of Federal Regulations Part 63 (40 CFR Part 63)
Subpart O: Standards for Hazardous Air Pollutants for Ethylene Oxide Commercial Sterilization and Fumigation Operations**

Date:	Permit No.:	Regulated Entity No.:
Area Name:		Customer Reference No.:

Process ID No.	SOP Index No.	Aeration Room Vent	Aeration Room Vent Control Device	Aeration Room Vent Control Device ID No.	Control Device to Comply With § 63.362(d)	Monitoring Device Other Than Gas Chromatograph