



Lincoln-Lancaster County
Health Department

Lincoln-Lancaster County Health Department Air Quality Program 40 CFR Part 63 Subpart WWWW – Initial Notification / Notification of Compliance Status

What is the purpose of this rule?

- The United States Environmental Protection Agency (US EPA) issued [40 CFR Part 63, Subpart WWWW \(National Emission Standards for Hazardous Air Pollutants for Source Category: Hospital Ethylene Oxide Sterilizers\)](#) to establish emission limitations and operating limitations to reduce/control hazardous air pollutants (HAP) emitted from ethylene oxide sterilizers at hospitals that are 'area sources' of HAPs. An *area source* is a facility with total potential to emit less than 10 tons of any individual HAP, and less than 25 tons of total combined HAPs.

Who is subject to this rule?

- You are subject to this rule if you own or operate an ethylene oxide sterilization facility at an area source of HAP emissions. This rule applies to both 'existing' and 'new' sources, which are defined as follows:
 - Your source is 'existing' if you commenced construction or reconstruction of the affected source before November 6, 2006.
 - Your source is 'new' if you commenced construction or reconstruction of the affected source on or after November 6, 2006.

When am I required to comply with this rule?

- The compliance deadline for this rule has already passed. If you own/operate an 'existing' source, you must currently be in compliance. If you construct/start-up a new source, you must be in compliance upon start-up.

What is the purpose of this form, and when do I need to submit it?

- The purpose of this form is to notify the Lincoln-Lancaster County Health Department (LLCHD) and the US EPA that your facility is subject to the requirements of this rule, and to provide those agencies with needed information.
- You **must** complete and submit this form to both the LLCHD and US EPA as follows:
 - If you own/operate an 'existing' source, and you have not already completed and submitted this form, you must do so immediately.
 - If you construct and start-up a 'new' source, you must submit this form within 180 days of initial start-up.
- This document **must** be signed and certified by an individual who meets the definition of a 'Responsible Official' set forth in [Article 2, Section 1 of the Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards](#).

Where do I send the completed form?

- Send a copy of the signed and completed form to each of the following. Keep an additional copy for your records.

Lincoln-Lancaster County Health Department	US EPA Region 7
ATTN: Air Quality Program	ATTN: AWMD-APCO
3131 O Street	11201 Renner Blvd.
Lincoln, NE 68510	Lenexa, KS 66219

If you have any questions about this rule, or need any help completing this form, please call the LLCHD Air Quality Program at (402) 441-8040.

Section 4: Description of Affected Source

Please indicate the following for your hospital:

This facility is an 'area source' of HAPs, and utilizes an on-site ethylene oxide sterilization facility.

There are on ethylene oxide sterilization facilities located at this hospital.

Please provide the following information for all ethylene oxide sterilization equipment at your hospital. Duplicate this page if necessary.

Unit #	Sterilizer Volume (ft ³)	Number of Cycles/Year	Is the sterilizer vented to a control device?		Type of control device used (describe)
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Section 5: Compliance Certification

1. The compliance deadlines for Subpart WWWW have already passed. All existing sources are already required to be in compliance, and all new sources must be in compliance with Subpart WWWW upon start-up. Your facility must indicate compliance with the following requirements:

- You must sterilize full loads of items having a common aeration time, except under medically necessary circumstances.
- If you operate your sterilization unit(s) with an air pollution control device pursuant to a State or local regulation, you are required to operate the sterilization unit in accordance with your State or local regulation and follow control device manufacturer's recommended procedures.
- If you operate your sterilization unit(s) with an air pollution control device but are not subject to any State or local regulation, you are required to vent the ethylene oxide emissions from each sterilization unit to an add-on air pollution control device. You must certify that you are operating the control device during all sterilization processes and in accordance with manufacturer's recommended procedures.
- For each sterilization unit not equipped with an air pollution control device, you must demonstrate continuous compliance by recording the date and time of each sterilization cycle, whether each sterilization cycle contains a full load of items, and if not, a statement from a hospital central services staff, a hospital administrator, or a physician that it was medically necessary.
- Your records must be in a form suitable and readily available for expeditious review.
- You must keep each record for 5 years following the date of each record. You must keep each record onsite for at least 2 years after the date of each record. You may keep the records offsite for the remaining 3 years.

Please indicate which of the statement is true for your hospital:

This facility is in compliance with the requirements of Subpart WWWW.

This facility is not in compliance with the requirements of Subpart WWWW.