

Butte County
AIR QUALITY MANAGEMENT DISTRICT
2525 DOMINIC DRIVE, SUITE J CHICO, CALIFORNIA 95928
TELEPHONE (530) 891-2882 FAX (530) 891-2878

MEDICAL EQUIPMENT STERILIZATION
PRODUCTION DATA YEAR: _____

Please complete the following questions as applicable. Refer to recordkeeping conditions of your permit for further guidance.

Company/Facility Name: _____

Address/Location: _____

Permit to Operate #: _____

Unit Make and Model: _____

STERILIZER

Type of Sterilization Gas Used (Mixture/Concentrate;%) _____

Amount of Sterilization Gas Used _____ Lbs/Yr

Number of Charges _____ Charges/Yr

Name (Printed) _____ Title _____

Signature _____ Date _____

Production data provided on this form constitutes data used to calculate emission data as defined under Section 6254.7(e) of the Government Code and is considered trade secret information as defined under Section 6254.7(d) of the Government Code and is therefore exempt from disclosure under the provisions of the California Public Records Act.