

Butte County
AIR QUALITY MANAGEMENT DISTRICT

629 ENTLER AVENUE, SUITE 15 CHICO, CALIFORNIA 95928
TELEPHONE (530) 332-9400 FAX (530) 332-9417

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

The undersigned hereby acknowledges and agrees that an electronic copy of this signed document shall be enforceable in the same manner as the signed original document.

Name (Printed) _____ Title _____

Signature _____ Date _____

Production data provided on this form 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.