

**SAN DIEGO AIR POLLUTION CONTROL DISTRICT
COMPLIANCE DIVISION
INSPECTION CHECKLIST
FEE CODE 47 – ORGANIC GAS STERILIZERS / AERATORS**

Company Name (d.b.a.): _____

Company Representative: _____ Title: _____

Id #: _____ Permit #: _____ Date of Expiration: _____

Date of Inspection: _____

EQUIPMENT DESCRIPTION

1. Equipment same as described on permit to operate? _____ Yes No

If no, are changes i.c.w. Rule(s) 10(a) / 10(b)? _____ Yes No

Description of changes: _____

2. Are permit conditions current and enforceable? _____ Yes No

(If no, complete permit condition change request and describe changes in the comments section)

3. Current permit posted / available per Rule 10(c)? _____ Yes No

4. Ownership verified? _____ Yes No

EQUIPMENT INSPECTION

5. Control Equipment: (List Type): _____

6. Rule 50 Visible Emissions Compliance? _____ Yes No N/A

If no, Opacity: _____ % (See V/E Evaluation Sheet)

7. Records Kept? _____ Yes No N/A

8. _____ x _____ x _____ = _____
Cylinders Used Cylinder Size % Ethylene Oxide Max. Amt. of ETO Used

9. How often is sterilizer used? _____

COMPLIANCE ACTIONS

10. Notice to Comply Issued? _____ Yes No Document No. _____

Rules: _____

List NTC items below:

11. Notice of Violation Issued? _____ Yes No Document No. _____

Rules: _____

List NOV items below:

Additional Comments: _____

Inspectors signature County of San Diego Date of Report: _____

AQIII Initials: _____ Date: _____