

## **HUMAN CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)	
RE-INSPECTION (FUI) ARMS COMPLAINT NO:	
AIRS ID#: 0330091 DATE: <u>01/10/2008</u> ARRIVE: <u>8:56 am</u> DEPART: <u>10:15 a</u>	a <u>m</u>
FACILITY NAME: SOUTHEASTERN CREMATORY	
FACILITY LOCATION: 619 NEW WARRINGTON ROAD	
PENSACOLA 32506	
OWNER/AUTHORIZED REPRESENTATIVE: BEVERLY THOMPSON PHONE: (850)453-2321	
CONTACT NAME: Karl Ruhl PHONE: 8504532321	
ENTITLEMENT PERIOD: 4/21/2007 / 4/21/2012 (effective date) (end date)	
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)  ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE	
PADT II. TESTING/RECORDKEEPING REQUIREMENTS _ Rule 62,296 401 F A C	
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
(check ☑ appropriate box(es))  1. Were there any objectionable odor(s) detected?	☐ Yes ⊠ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	☐ Yes ⊠ No ☐Yes ⊠ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	☐Yes ⊠ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	☐Yes ☐ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	☐Yes ⊠ No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes       No         Yes       No         Yes       No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes       No         Yes       No         Yes       No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes       No
<ol> <li>(check ☑ appropriate box(es))</li> <li>Were there any objectionable odor(s) detected?</li></ol>	Yes       No         No       Yes

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
1. Is there Continuous Emissions Manitaring System (CEMS) equipment installed on each unit to record	tamparaturas in tha
1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber continuous.	emperatures in the
accordance with the manufacturer's instructions?	
a) Do temperature probes seem to be properly placed?	
b) Are the following records kept on file, available for inspection for at least two years following the re	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	⊠Yes ☐ No
2) Monitoring device	
3) Performance Testing Measurements	
4) CEMS Performance Evaluation	
5) All CEMS or monitoring device calibration checks	
6) Adjustments	⊠Yes ∐ No
7) Preventive maintenance performed on systems/devices	
8) Corrective maintenance performed on systems/devices	⊠Yes ☐ No
2. Was this crematory unit constructed: (check only one <b>☑</b> box)	
a) BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)	
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
3. If constructed <b>BEFORE</b> August 30, 1989 is the:	
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?	☐Yes ☐ No
b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F	
throughout the combustion process in the primary chamber?	☐Yes ☐ No
c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature	
is equal to or greater than <b>1400°F</b> ?	☐Yes ☐ No
d) required monitoring equipment installed and operational, and providing continuous monitoring to	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in the	
secondary chamber combustion zone according to the manufacturer's instructions?	☐Yes ☐ No
4. If constructed <b>ON</b> or <b>AFTER</b> August 30, 1989 is the:	
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence times.	ne
@ 1800° F?	Yes No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F	
throughout the combustion process in the primary chamber?	⊠Yes □ No
c) secondary chamber combustion zone temperature equal to or greater than <b>1600°F</b> before the crematic	
process begins in the primary chamber?	⊠Yes □ No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	
plastics used during the cremation of dead human bodies?	⊠Yes ☐ No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the	
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of	f
their use and for at least two years after their use?	Yes ☐ No
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at	<u> </u>
this location?	□Yes ⊠ No
6. Have all crematory operators been trained and certified by a Department-approved training program?	Yes ☐ No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the du	
of the operator's employment & for an additional two years after termination of employment?	⊠Yes ☐ No

1. Since the last inspection has there been	
a) installation of any new process equipment?	□Yes ⊠No
b) alterations to existing process equipment wit	hout replacement? \overline{\ov
c) replacement of existing equipment substantia	lly different than that noted on the most
recent notification form?	
d) If you answered $\underline{YES}$ to any of the above, di	
notification form and appropriate fee (Rule 6	
local program office?  2. If a crematory unit has been modified to the exter	
was required have all operators been retrained to	Appendix the modified limit/ IXIYES   INO
was required, have all operators been retrained to 3. In the case of new or modified equipment, where	
was required, have all operators been retrained to 3. In the case of new or modified equipment, where required, has the owner submitted copies of all o	a Department air construction permit was
3. In the case of new or modified equipment, where	a Department air construction permit was perator training certificates?   Yes  No
3. In the case of new or modified equipment, where required, has the owner submitted copies of all or	a Department air construction permit was perator training certificates?   Yes  No
3. In the case of new or modified equipment, where required, has the owner submitted copies of all of a) submitted within the 15 day required window	a Department air construction permit was perator training certificates? Yes No following the training? Yes No
3. In the case of new or modified equipment, where required, has the owner submitted copies of all or	a Department air construction permit was perator training certificates?   Yes  No
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units were preformed May 1, 2007, with 0% opacity.

As a reminder, creamation in the primary chamber shall not begin unless the secondary chamber combustion zone temperature is equal to or greater than 1600 degrees Fahrenheit.