

## **HUMAN CREMATORY**



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2)	COMPLAINT/DISCOVERY (CI)	
RE-INSPECTION (FUI)	ARMS COMPLAINT NO:	
AIRS ID#: 0050029 DATE: <u>06/05/2007</u>	ARRIVE: DEPART:	:
FACILITY NAME: GULF COAST CREMATORY SER	R	
<b>FACILITY LOCATION:</b> 2403 Harrison Ave		
PANAMA CITY 32405	5	
RESPONSIBLE OFFICIAL: RON BENTON	<b>PHONE:</b> (850)763-469	94
CONTACT NAME: Mitch Rose	<b>PHONE:</b> (850)763-469	94
REMITTANCE YEAR: ENTITLI	EMENT PERIOD: 11/11/2005 / 11/11 (end dat	
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PART I: INSPECTION COMPLIANCE STATUS (che	<u> </u>	LIANCE
DADT II. TESTING/DECODD/EEDING DECHIDEN	MENTS - Dulo 62 206 401 - F.A. C	
PART II: TESTING/RECORDKEEPING REQUIREM (check ☑ appropriate box(es))	MENTS – Rule 62-296.401, F.A.C.	
<ul><li>(check ☑ appropriate box(es))</li><li>1. Were there any objectionable odor(s) detected?</li></ul>		
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PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record	temperatures in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co	ombustion zone in
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	
measurements, maintenance, reports and records?	cording of such
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
8) Corrective maintenance performed on systems/devices	⊠Yes ☐ No
2. Was this crematory unit constructed: (check only one <b>box</b> )	
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 1600°F 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	y £
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	N 1 €2   140
this location?	□Vos ⋈ No
	∐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

PART IV: SPECIAL CONDITIONS AND PROCEDUR A. New or Modified Process Equipment	<u>ES</u> – Rule 62-296.401, F.A.C.	
1. Since the last inspection has there been		
a) installation of any new process equipment?		
b) alterations to existing process equipment without replacement?		
c) replacement of existing equipment substantially different than that noted on the most recent notification form?		
d) If you answered <b>YES</b> to any of the above, did		
notification form and appropriate fee (Rule 62 local program office?		
2. If a crematory unit has been modified to the extent		
was required, have all operators been retrained to o		
3. In the case of new or modified equipment, where a	Department air construction permit was	
required, has the owner submitted copies of all ope		
a) submitted within the 15 day required window f	following the training?	
Richard S. Brookins Jr.	06/05/2007	
RICHARU S. DIOOKIIIS JI.	00/03/2007	
Inspector's Name (Please Print)	Date of Inspection	
	06/08	
Inspector's Signature	Approximate Date of Next Inspection	
COMMENTS. Estile fail de markens and a LVE (a)	:- 2000	
COMMENTS: Facility failed to perform required VE testing in 2006		