

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) ARMS COMPLAINT NO:				
AIRS ID#: 0050029 DATE: 9/30/09 ARRIVE: DEPART: FACILITY NAME: GULF COAST CREMATORY SER FACILITY LOCATION: 2403 Harrison Ave PANAMA CITY 32405 OWNER/AUTHORIZED REPRESENTATIVE: RON BENTON PHONE: (850)763-4694 CONTACT NAME: Jason Lury ENTITLEMENT PERIOD: 11/11/2005 / 11/11/2010 (effective date) (end date)				
PART I: INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE				
 PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	Yes □No Yes □No Yes □No Yes □No Yes □No Yes □No Yes □No Yes □No			

PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

1. Is there Continuous Emissions Monitoring System (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 of				
accordance with the manufacturer's instructions?				
a) Do temperature probes seem to be properly placed?	\boxtimes Yes \square No			
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?	coruning of such			
	⊠Yes □ No			
 All measurements (including CEMS) Monitoring device 				
	⊠Yes □ No ⊠Yes □ No			
 3) Performance Testing Measurements 4) CEMS Performance Evaluation				
	$\bigvee Yes \square No$			
5) All CEMS or monitoring device calibration checks	$\bigvee Yes \square No$			
6) Adjustments	\boxtimes Yes \square No			
7) Preventive maintenance performed on systems/devices	\boxtimes Yes \square No			
8) Corrective maintenance performed on systems/devices	Yes 🗌 No			
2. Was this crematory unit constructed: (check only one \square 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 BEFORE 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 1400°F?	🛛 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 ON or AFTER August 30, 1989 is the:				
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time				
@ 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	on			
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	у			
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				
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	ration			
of the operator's employment & for an additional two years after termination of employment?	🛛 Yes 🗌 No			

PART IV: <u>SPECIAL</u> <u>CONDITIONS</u> <u>AND</u> <u>PROCEDURES</u> – Rule 62-296.401, F.A.C. A. New or Modified Process Equipment

A. <u>N</u>	ew or Modinea Process Equipment		
1.	Since the last inspection has there been		
	a) installation of any new process equipment?	Yes	No
	b) alterations to existing process equipment without replacement?	Yes	No
	c) replacement of existing equipment substantially different than that noted on the most recent notification form?	Yes	No
	d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete		_
	notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or		
	local program office?	Yes	No
2.	If a crematory unit has been modified to the extent that a Department air construction permit was required, have all operators been retrained to operate the modified unit?	□Yes	No
3.	In the case of new or modified equipment, where a Department air construction permit was required, has the owner submitted copies of all operator training certificates?	□Yes □Yes	No □No

Haley Duncan

Inspector's Name (Please Print)

9/30/09

Date of Inspection

September 2010

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Questions on this form that are not answered do not apply to this facility. Question 3 on Part II of this form was checked no because initial compliance was demonstrated after the facility had been in operation 177 days prior to obtaining the general permit. Also, the facility failed to preform required testing in 2006. Since then testing has been performed annually as required.