OWERTAL PROTECTION	
San Martin	
FLORIDA	

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) ARMS COMPLAINT NO:			
AIRS ID#: 0010057 DATE: 6/23/2009 ARRIVE: 11:55am DEPART: 12:15pm FACILITY NAME: FOREST MEADOWS FUNERAL HOME-GAINESVILLE FACILITY LOCATION: 725 NW 23RD AVE GAINESVILLE 32609 OWNER/AUTHORIZED REPRESENTATIVE: JON THOMAS PHONE: (352)378-2528 CONTACT NAME: PHONE: ENTITLEMENT PERIOD: 4/17/2009 /			
(effective date) (end date) PART I: INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE ININOR Non-COMPLIANCE IN COMPLIANCE ININOR Non-COMPLIANCE			
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es)) Image: Second Se			

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 co			
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)			
2) Monitoring device	Yes 🗌 No		
3) Performance Testing Measurements	∐Yes ∐ No		
4) CEMS Performance Evaluation	Yes No		
5) All CEMS or monitoring device calibration checks	Yes 🗌 No		
6) Adjustments	Yes 🗌 No		
7) Preventive maintenance performed on systems/devices	Yes No		
8) Corrective maintenance performed on systems/devices	🗌 Yes 🗌 No		
2. Was this crematory unit constructed: (check only one 🗹 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 <u>BEFORE</u> 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 <u>ON</u> or <u>AFTER</u> August 30, 1989 is the:			
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time	ne		
@ 1800 [°] F?	🗌 Yes 🗌 No		
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$			
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 duration			
of the operator's employment & for an additional two years after termination of employment?	🗌 Yes 🗌 No		

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

A. <u>New or Modified Process Equipment</u>		
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	No
a) submitted within the 15 day required window following the training?	Yes	No

Vincent Clark

Inspector's Name (Please Print)

Inspector's Signature

6/23/2009

Date of Inspection

Approximate Date of Next Inspection

COMMENTS: Crematory had been operating. Ashes were being removed. Preparing to cremate another body. Checked temperature charts for June 2009. All at 1700 degrees F.