



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO:

AIRS ID#: 0810087	DATE: <u>09-12-11</u>	ARRIVE: <u>1:20PM</u>	DEPART: <u>2:45PM</u>
FACILITY NAME: MANASOTA CREMATORY			
FACILITY LOCATION: 1221 53RD AVE E BRADENTON 34203-4807			
OWNER/AUTHORIZED REPRESENTATIVE: DAVID CARROLL		PHONE: (941)755-2688	
Email:		Mobile:	
CONTACT NAME: JAN MILLER		PHONE: (941)753-0272	
Email:		Mobile:	
ENTITLEMENT PERIOD: 6/26/2009 / 6/26/2014 (effective date) (end date)			

Facility Section

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING (check only one box for each question)

1. Name(s) of facility representative(s): Mr. Jan Miller
 Brief Notes: Cremation Unit Operator

2. Is the Authorized Representative still DAVID CARROLL? ----- Yes ..No
 If no, who is?: _____

If different, did the facility provide an administrative update within 30 days? ----- Yes ..No

3. Is the facility contact still JAN MILLER? ----- Yes ..No
 If no, who is?: _____

4. Will facility be conducting VE test(s) during today's inspection? ----- Yes ..No
 If yes, was the compliance authority notified at least 15 days in advance? ----- Yes ..No

Emissions Unit Section
2 – Human Crematory-prim/2ndary chambers, NG fired, N stack

PART I: FILE REVIEW PRIOR TO INSPECTION

1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? ----- Yes ..No
- b. If yes, were design calculations provided then to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? ----- Yes ..No
2. Crematory unit installed after February 1, 2007? ----- Yes ..No
3. Date of last inspection: 12/30/09
4. Past Visible Emissions (VE) tests:
 - a. Was a VE test performed within each of the past 4 calendar years? ----- Yes ..No
 - b. Has a VE test been performed yet within the current calendar year? ----- Yes ..No
 - c. If first year of operation, was a VE test performed within 30 days of commencing operation? ----- N/A Yes ..No
 - d. Date of last VE test: 6-7-11
 - e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ----- Yes ..No
 - f. Did the facility demonstrate compliance during the last VE test? ----- Yes ..No

If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING

1. Was a visible emissions test conducted by the facility for this unit during this site visit? ----- Yes ..No
 - a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ----- Yes ..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
 - c. The visible emission test resulted in an opacity of _____ % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- Yes ..No
(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)
2. Was a visible emissions test conducted by the inspector during this site visit? ----- Yes ..No
 - a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ----- Yes ..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
 - c. The visible emission test resulted in an opacity of _____ % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- Yes ..No
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? ----- Yes ..No
 If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS

1. Were there any objectionable odors detected? ----- Yes ..No
 An upwind/downwind survey of the facility was conducted. The observed parameters were:
 Downwind odor level detected- _____ Wind direction - _____ Upwind odor level detected- _____ (1-10)
2. Continuous Monitoring Systems –
 - a. Is a continuous temperature monitoring system installed on each unit to record temperatures in the secondary chamber in accordance with the manufacturer's instructions? ----- Yes ..No
 - b. Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at 1,800¹ 1,600² degrees was determined? ----- Yes ..No
(Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

- c. Are the following records kept on file, available for inspection, for at least the past two years?
- 1) All temperature measurements ----- Yes ..No
 - 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations ----- Yes ..No
 - 3) All CEMS or monitoring device calibration checks (last performed on ()) ----- Yes ..No
 - 4) Adjustments ----- Yes ..No
 - 5) Preventive maintenance performed on systems/devices ----- Yes ..No
 - 6) Corrective maintenance performed on systems/devices ----- Yes ..No
- d. Are the temperature charts properly documented with operator name, operator indication of when cremation in the primary chamber was begun, date, time, and temperature markings ----- Yes ..No
- e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3) ----- Yes ..No
- (1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically control combustion based on continuous in-stack opacity measurement? ----- Yes ..No
 - (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? ----- Yes ..No
 - (3) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? ----- Yes ..No

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES

1. If the application to construct was **BEFORE** August 30, 1989 is the:
- a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber? ----- Yes ..No
 - b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremation process begins in the primary chamber? ----- Yes ..No
2. If the application to construct **ON** or **AFTER** August 30, 1989 is the:
- a. 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
 - b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber? ----- Yes ..No

PART V: ALLOWED MATERIALS

1. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? ----- Yes ..No
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? ----- Yes ..No
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? Yes ..No

PART VI: EQUIPMENT MAINTENANCE

1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----- Yes ..No
2. Is there a written plan onsite which addresses the operating procedures during startup,
shutdown and malfunction? ----- Yes ..No
3. Does the crematory allow for a visible check on the flame characteristics? ----- Yes ..No
If no, skip a. - b.
- a. Was the flame characteristic visually checked at least once during each operating shift? ----- Yes ..No
- b. Was the flame adjusted when necessary? ----- Yes ..No

PART VII: EU INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

Emissions Unit Section
3 – Human Crematory-primary/2ndary chambers, NG fired, S Stack

PART I: FILE REVIEW PRIOR TO INSPECTION

(check only one box for each question)

1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? ----- Yes ..No
- b. If yes, were design calculations provided then to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? ----- Yes ..No
2. Crematory unit installed after February 1, 2007? ----- Yes ..No
3. Date of last inspection: 12/30/11
4. Past Visible Emissions (VE) tests:
 - a. Was a VE test performed within each of the past 4 calendar years? ----- Yes ..No
 - b. Has a VE test been performed yet within the current calendar year? ----- Yes ..No
 - c. If first year of operation, was a VE test performed within 30 days of commencing operation? ----- N/A Yes ..No
 - d. Date of last VE test: 06/07/11
 - e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ----- Yes ..No
 - f. Did the facility demonstrate compliance during the last VE test? ----- Yes ..No

If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING

(check only one box for each question)

1. Was a visible emissions test conducted by the facility for this unit during this site visit? ----- Yes ..No
 - a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ----- Yes ..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
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(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour)
2. Was a visible emissions test conducted by the inspector during this site visit? ----- Yes ..No
 - a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ----- Yes ..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
 - c. The visible emission test resulted in an opacity of _____ % for the highest six minute average.
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 If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS

(check only one box for each question)

1. Were there any objectionable odors detected? ----- Yes ..No
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 - b. Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at 1,800¹ 1,600² degrees was determined? ----- Yes ..No
(Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

- c. Are the following records kept on file, available for inspection, for at least the past two years?
- 1) All temperature measurements ----- Yes ..No
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 - 4) Adjustments ----- Yes ..No
 - 5) Preventive maintenance performed on systems/devices ----- Yes ..No
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(check only one box for each question)

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 - a. 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
 - b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber? ----- Yes ..No

PART V: ALLOWED MATERIALS

(check only one box for each question)

- 1. *Other than* human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? ----- Yes ..No
- 2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? ----- Yes ..No
If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? Yes ..No

PART VI: EQUIPMENT MAINTENANCE

(check only one box for each question)

- 1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----- Yes ..No
- 2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----- Yes ..No
- 3. Does the crematory allow for a visible check on the flame characteristics? ----- Yes ..No
 If no, skip a. - b.
 - a. Was the flame characteristic visually checked at least once during each operating shift? ----- Yes ..No
 - b. Was the flame adjusted when necessary? ----- Yes ..No

PART VII: EU INSPECTION COMPLIANCE STATUS (check only one box)

- IN COMPLIANCE
- MINOR Non-COMPLIANCE
- SIGNIFICANT Non-COMPLIANCE

Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES

(check only one box for each question)

Administrative Changes:

- 1. Were there any changes in the name, address, or phone number of the facility or authorized representative not associated with a change in ownership or with a physical relocation of the facility or any emissions units or operations comprising the facility; or any other similar minor administrative change at the facility? ---- Yes ..No
- 2. If yes, did the facility provide written notification within 30 days of the change? ----- Yes ..No

New or Modified Process Equipment or Change in Ownership:

- 3. Since the last registration form submittal has there been ----- Yes ..No
 - a. Installation of any new process equipment? ----- Yes ..No
 - b. Alterations to existing process equipment without replacement? ----- Yes ..No
 - c. Replacement of existing equipment with equipment that is substantially different? ----- Yes ..No
 - d. A change in ownership? ----- Yes ..No
- If the any answer to 3a. - d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change? ----- Yes ..No

Chris Haines & Joe Panetta

9-12-11

Inspector's Name (Please Print)

Date of Inspection

Chris Haines *Joe Panetta*

9-12-14

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Joe Panetta and I (Chris Haines) arrived at the facility for an unannounced inspection at approximately 1:20PM. We walked to the back of the facility to where the cremation unit was located. No objectionable odors or opacity from the stacks were witnessed. We met with Mr. Jan Miller upon entering the building and introduced ourselves. We asked to see the required records and paperwork for the cremation units. The required paperwork was in order and the temperature charts were marked correctly. When I asked Mr. Miller for the MSDS sheets regarding body bags, he said he would have to look for them. The MSDS sheets were faxed to me later that day, 09/12/11 (SEE ATTACHED). After reviewing Mr. Miller's records, I gave him my card and concluded our meeting with me. We left the facility at approximately 2:45PM.

Manasota Memorial Crematory
Phone (941) 753-0272 Fax # (941) 756-2474

Fax Cover Sheet

TO: CHAS HAWES

FROM: JAN MILLER

SUBJECT:

 MSDS INFO.

 9.13.11
DATE

OF PAGES INCLUDING COVER 23

MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 243609 75C1 Endicott Cherry w/Handles
- 243611 76C1 Endicott Cherry w/Handles
- 148218 71C3 Endicott Cherry

Please Include: Company Name: Batesville Casket Company, Inc.

 Address: One Batesville Boulevard

 Contact: Kris Reynolds


 Telephone #: (812) 934-7235

 FAX #: (812) 934-8240

NOTE: This MDS is to be furnished to each crematory for each separate container used for cremation.

The crematory will maintain copies of this MDS for the duration this product is used and for a period of at least two (2) years after this product's use is ceased.

This is to certify that this product does not contain more than 0.5% by weight of chlorinated plastics.

By:  _____
 Kris Reynolds

Title: Product Manager

MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 243618 65C1 Clarion Pine w/Handles
- 146895 61C3 Clarion Pine

Please Include: Company Name: Batesville Casket Company, Inc.

Address: One Batesville Boulevard

Contact: Kris Reynolds

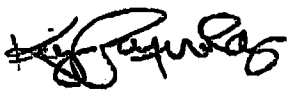
Telephone #: (812) 934-7235

FAX #: (812) 934-8240

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By:  _____
Kris Reynolds

Title: Product Manager

MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 243622 47C1 Serenity w/Handles

Please Include: Company Name: Batesville Casket Company, Inc.

 Address: One Batesville Boulevard

 Contact: Kris Reynolds


 Telephone #: (812) 934-7235

 FAX #: (812) 934-8240

NOTE: This MDS is to be furnished to each crematory for each separate container used for cremation.

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This is to certify that this product does not contain more than 0.5% by weight of chlorinated plastics.

By:  _____
 Kris Reynolds

Title: Product Manager

MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 100116 **Basic Alternative Container**

Please Include:

Company Name: Batesville Casket Company, Inc.

Address: One Batesville Boulevard

Contact: Kris Reynolds

Telephone #: (812) 934-7235

FAX #: (812) 934-8240

NOTE: This MDS is to be furnished to each crematory for each separate container used for cremation.

The crematory will maintain copies of this MDS for the duration this product is used and for a period of at least two (2) years after this product's use is ceased.

This is to certify that this product does not contain more than 0.5% by weight of chlorinated plastics.

By: _____


Kris Reynolds

Title: Product Manager

**MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation**

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 243624 2VC3 Bradbury Pecan

Please include: Company Name: Batesville Casket Company, Inc.

 Address: One Batesville Boulevard

 Contact: Kris Reynolds


 Telephone #: (812) 934-7235

 FAX #: (812) 934-8240

NOTE: This MDS is to be furnished to each crematory for each separate container used for cremation.

The crematory will maintain copies of this MDS for the duration this product is used and for a period of at least two (2) years after this product's use is ceased.

This is to certify that this product does not contain more than 0.5% by weight of chlorinated plastics.

By:  _____
 Kris Reynolds

Title: Product Manager

**MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation**

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 243623 7W58 Mason Cherry

Please Include: Company Name: Batesville Casket Company, Inc.

 Address: One Batesville Boulevard

 Contact: Kris Reynolds


 Telephone #: (812) 934-7235

 FAX #: (812) 934-8240

NOTE: This MDS is to be furnished to each crematory for each separate container used for cremation.

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By:  _____
Kris Reynolds

Title: Product Manager

**MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation**

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 243625 5BV3 Sawyer Oak

Please Include:

Company Name: Batesville Casket Company, Inc.

Address: One Batesville Boulevard

Contact: Kris Reynolds


Telephone #: (812) 934-7235

FAX #: (812) 934-8240

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By:  _____
Kris Reynolds

Title: Product Manager

**MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation**

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 240219 41C5 Mission
240393 41C6 Mission Full Couch

Please Include:

Company Name: Batesville Casket Company, Inc.

Address: One Batesville Boulevard

Contact: Kris Reynolds

Telephone #: (812) 934-7235

FAX #: (812) 934-8240

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By:  _____
Kris Reynolds

Title: Product Manager

MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - 239319 44C4 Rockwood
239805 44C5 Rockwood Full Couch

Please Include: Company Name: Batesville Casket Company, Inc.

 Address: One Batesville Boulevard

 Contact: Kris Reynolds

 Telephone #: (812) 934-7235

 FAX #: (812) 934-8240

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By:  _____
 Kris Reynolds

Title: Product Manager

MANUFACTURER'S DATA SHEETS (MDS)
Containers Used for Cremation

Date: - September 13, 2011

Container Manufacturer - Batesville Casket Company, Inc.

Telephone # - (812) 934-7235

Fax #: - (812) 934-8240

Container Trade Name - Options by Batesville Cremation Caskets

Container Model Number - **216213 Brighton**

Please Include: Company Name: Batesville Casket Company, Inc.

 Address: One Batesville Boulevard

 Contact: Kris Reynolds


 Telephone #: (812) 934-7235

 FAX #: (812) 934-8240

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Date: - September 13, 2011
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Telephone # - (812) 934-7235
Fax #: - (812) 934-8240
Container Trade Name - Options by Batesville Cremation Caskets
Container Model Number - **216195 Taylor**

Please Include: Company Name: Batesville Casket Company, Inc.
 Address: One Batesville Boulevard
 Contact: Kris Reynolds
 Telephone #: (812) 934-7235
 FAX #: (812) 934-8240

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