HUMAN CREMATORY
COMPLIANCE INSPECTION CHECKLIST

Environmental Compliance

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

FACILITY: Cemetery Management, Inc. **DBA/Site Name:** **Bay Area Crematory**		**DISTRICT:** Southwest
ADDRESS: 5862 Ulmerton Road Clearwater, FL		**CONTACT PHONE:** 531-8200
ARMS NO: 1030017 006	**PERMIT NO:** **1030017-006-AG**	**Expiration Date:** 11/10/2012 **Renewal Date:** 10/10/2012 **Test Date:** 12/8/2000

EMISSION UNIT DESCRIPTION: Human Crematory: IE & E Model IE-43-SSP (Super Power-Pak), 300 pound batch operated at 1600 degrees minimum secondary chamber temperature

INSPECTION DATE:	***INSPECTION COMPLIANCE STATUS (check ☐ only one box)***
3/7/11	☒ In Compliance; ☐ Minor Non-Compliance; ☐ Significant Non-Compliance

PART I: General Review:

1.	Permit File Review	☒Yes	☐ No
2.	Introduction and Entry ***Comments:*** *This emission unit was inspected to determine the annual compliance status. I met with the crematory manager, Mr. William Wood for the inspection of the facility and emission unit.*	☒Yes	☐ No
3.	**Is the Authorized Representative still Robert E. Simpson?** ***Comments:*** *Mr. Simpson stills the Authorized Representative.*	☒Yes	☐ No
4.	**Is the facility contact still William Wood?** ***Comments:*** *Mr. Wood stills the facility contact.*	☒Yes	☐ No
5.	**If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days?** [62-210.310(2)(d), F.A.C.]	☐Yes	☐ No

PART II: TESTING REQUIREMENTS – Rule 62-296. *401(5)*, F.A.C.
(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Compliance Demonstration [62-296.401(5)(h), F.A.C.]

1. ☐ ***New Facility*** / ☐ ***New Process Equipment***–
   Did this facility demonstrate initial compliance no later than 30 days after beginning operation?---------- ☐ *Yes* ☐ *No*
2. ☒ ***Existing Facilities***
   Was an annual visible emissions compliance test conducted on each crematory unit for each calendar year: ----- ☒ *Yes* ☐ *No*

Test Reports

1. *Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity*, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period*? [62-296.401(5)(b)1., F.A.C.]*---------- ☒ *Yes* ☐ *No*
   The last visible emission test resulted in an opacity of ___0_____% for the highest six minute average.
2. *Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [62-296.401(5)(g)]* ☒ *Yes* ☐ *No*
3. *Was the department notified at least 15 days prior to the test? [62-297.310(4)(a)9. F.A.C.]*---------- ☒ *Yes* ☐ *No*
4. *Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b)* ---------- ☒ *Yes* ☐ *No*
5. *Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C]*------ ☒ *Yes* ☐ *No*
6. *Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?*----- ☒ *Yes* ☐ *No*

PART II: TESTING REQUIREMENTS – Rule 62-296. *401(5)*, F.A.C.
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

a) The visible emission test resulted in an opacity of ___0_____% for the highest six minute average.
b) Did the test indicate the facility is operating in compliance with the opacity standard? ---------- ☒ *Yes* ☐ *No*

7. *Is there any reason to ask for a special test to determine compliance with the PM and CO standards?* ---------- ☐ *Yes* ☒ *No*

PART III: OPERATING/RECORDKEEPING REQUIREMENTS
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. *Were there any objectionable odor(s) detected?* ---------- ☐ *Yes* ☒ *No*
An upwind/downwind survey of the facility was conducted. The observed parameters were:
Downwind odor level detected- 0__; Wind direction - S____ Upwind odor level detected-_____ (1-10)

2. ***Continuous Monitoring System*** *– [62-296.401(5)(i), F.A.C.]*
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 ☐ 1,800[1] ☒1,600[2] degrees was determined? ---------- ☒ *Yes* ☐ *No*
c) Are the following records kept on file, available for inspection for at least two years following the recording of such measurements, maintenance, reports and records?
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 (12/30/10) ---------- ☒ *Yes* ☐ *No*
4) Adjustments ---------- ☒ *Yes* ☐ *No*
5) Preventive maintenance performed on systems/devices ---------- ☒ *Yes* ☐ *No*
6) Corrective maintenance performed on systems/devices ---------- ☒ *Yes* ☐ *No*
7) 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*
8) Are all the above records available for at least 2 years? ---------- ☒ *Yes* ☐ *No*
a) Date range for records reviewed: From: __9/12/10___ To: __3/7/10_____
9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c) ---------- ☐ *Yes* ☒ *No*
a) 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*
b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ? ---------- ☐ *Yes* ☐ *No*
c) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? ---------- ☐ *Yes* ☐ *No*

1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89

3. *Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.]* ***(check only one □ box)***
a) ☐ ***BEFORE*** *August 30, 1989?* ***(If this box checked, continue on to #4 and skip #5)***
b) ☒ ***ON*** *or* ***AFTER*** *August 30, 1989?* ***(If this box checked, skip #4 and continue on to #5)***

4. *If the application to construct was* ***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*

5. *If the application to construct* ***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) 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 cremation process begins in the primary chamber?* ---------- ☒ *Yes* ☐ *No*

PART III: OPERATING/RECORDKEEPING REQUIREMENTS
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

6. *Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet?* ---------- ☒ *Yes* ☐ *No*
   [62-296.401(5)(d), F.A.C.]
   a) *If the answer to question 6 above is YES, is certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of 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*

PART IV: Equipment Maintenance
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Equipment Maintenance: – [62-296.401(5)(e), F.A.C.]

1. *Is the crematory unit maintained in accordance with the manufacturer's specifications?* ---------- ☒ *Yes* ☐ *No*
2. *Are there maintenance/repair/adjustment records kept onsite for at least 2 years?* ---------- ☒ *Yes* ☐ *No*
3. *Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?* ---------- ☒ *Yes* ☐ *No*
4. *Does the crematory allow for a visible check on the flame characteristics?* ---------- ☒ *Yes* ☐ *No*
   If yes go to 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 V: Special Conditions And Procedures
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Administrative Changes:

1. *Were there any change 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? [62-210.310(2)(d), F.A.C.]* ------ ☐ *Yes* ☐ *No*

Permit Effective Period *– [62-210.310(3)(a), F.A.C.]*

1. *Is the general permit for this facility still within the 5 year effective period?* ---------- ☒ *Yes* ☐ *No*
2. *Did the facility submit the new re-registration form at least 30 days prior to permit expiration?* ---------- ☐ *Yes* ☐ *No*

New or Modified Process Equipment or Change in Ownership *- [62-210.310 (2)(b)2, F.A.C]*

C.. *Since the last registration form submittal 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 with equipment that is substantially different?* ---------- ☐ *Yes* ☒ *No*
   d) *A change in ownership?* ---------- ☐ *Yes* ☒ *No*
   If the any of the answers to 1a) – 1)d is ***Yes*** *to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.* ---------- ☐ *Yes* ☐ *No*

Noncompliance Notice: *- [62-210.310(3)(i), F.A.C.]*

1. *Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit?* ---------- ☐ *Yes* ☒ *No*
   If the answer is ***Yes****, proceed to a) and b).*
   a) *Did the owner or operator provide immediate notification to the Department?* ---------- ☐ *Yes* ☐ *No*
   b) *Did the notification include:*
      1. *A description of and cause of noncompliance?* ---------- ☐ *Yes* ☐ *No*
      2. *Dates and times of noncompliance; or if not corrected, the anticipated time noncompliance is expected to continue and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance?* ---------- ☐ *Yes* ☐ *No*

PART VI: Comments
An AQD VE test was performed during this site visit. An opacity of 0% was observed.
Reviewed temperature charts for the months of 9/18/10 to 3/7/11.
Certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastic was kept onsite
The emission unit was calibrated on 12/30/10, See attached calibration data sheets.
Exit Interview: During the closing conference, I informed Mr. William Wood, facility appears to be in compliance at this time.

Mike Ojo Thomas — **Inspector's Name**

3/9/11 — **Date of Inspection**

Inspector's Signature

Approximate Date of Next Inspection

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