

HUMAN CREMATORY COMPLIANCE INSPECTION CHECKLIST



			Environment			
INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)						
RE-INSPECTION (FUI) ARMS COMPLAINT NO:						
FACILITY: Director's Services, Inc.		DISTRICT:				
DBA/Site Name: Director's Services	-Pinellas County	Southwest				
ADDRESS: 3121 44th Avenue No	orth	CONTACT PHONE				
St. Petersburg, FL		727-527-5667				
ARMS NO:	PERMIT NO:	Expiration Date:	6/24/2017			
1030035 001	1030035-006-AG	Renewal Date:	5/25/2017			
	<u> </u>	Test Date:	8/9/2012			
<i>EMISSION UNIT DESCRIPTION:</i> Ur Northernmost unit. Operating temp >/=	nit B: Human Crematory, IE&E, Model IE- = 1400 dF by rule	-43 (300 lb max. batch	ı load),			
INSPECTION DATE:	INSPECTION COMPLIANCE STATUS (c	heck 🗆 only one box)				
12-19-12	In Compliance; Minor Non-Comp	pliance; 🗌 Significant N	Jon-Compliance			
	PART I: General Review:	-	~			
1. Permit File Review			Yes No			
2. Introduction and Entry			Yes No			
Comments: This inspection was performed in order to determine if this facility has been operating within applicable regulations. Mr. Phillip Rouzer (manager) was present during the facility inspection of the emission unit.						
3. Is the Authorized Representative st			Yes No			
Comments : Mr. Rouzer is stills the A	Authorized Representative.					
The e-mail address is:			<u> </u>			
4. Is the facility contact still: Phillip F			Yes No			
<i>Comments:</i> Mr. Rouzer is stills the factor of the e-mail address is:	acility contact.					
	he facility provide an administrative update	within 30 days?	Yes No			
ΡΑ RT ΙΙ· ΤΕ	<u> STING REQUIREMENTS</u> – Rule 62-296. 4					
	<u>extended box is checked, this would</u>		e)			
Compliance Demonstration [62-296.401(5) 1.)(h), F.A.C.]					
2. Existing Facilities Was an annual visible emissions compli	iance test conducted on each crematory unit for	r each calendar year:	🛛 Yes 🗌 No			
minute average, except that visible emis six minutes in any one-hour period? [6.	t(s) demonstrate compliance with the 5 percent ssions not exceeding 15% opacity shall be allow 2-296.401(5)(b)1., F.A.C.]	wed for up to	🗙 Yes 🔲 No			
	erating at a capacity of one (1) adult-sized cade					
<i>3. Was the department notified at least 15</i>	days prior to the test? [62-297.310(4)(a)9. F.A	1. <i>C</i> .]	🛛 Yes 🗌 No			
	he department as soon as practical, but no late		🛛 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)					
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.		🗌 Yes 🖾 No			
	 a) The visible emission test resulted in an opacity of _n/a% for the highest six minute average. b) Did the test indicate the facility is operating in compliance with the opacity standard? 	TYes X N/A			
7	Is there any reason to ask for a special test to determine compliance with the PM and CO standards?				
<i>/</i> ·	Is mere any reason to ask for a special test to actermane compliance with the 1 m and 00 standards.				
	PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> (check [] appropriate box(es), if a shaded box is checked, this would indicate noncomplianc	ee)			
1.	Were there any objectionable odor(s) detected?	$\neg \neg \neg$ Yes \bowtie No			
	An upwind/downwind survey of the facility was conducted. The observed parameters were: Downwind odor level detected- $0_{;}$ Wind direction - $N_{;}$ Upwind odor level detected- $0_{;}$ (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 $\boxtimes 1,800^1 \square 1,600^2$ degrees was determined? c) Are the following records kept on file, available for inspection for at least two years following the	res I No			
	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 <u>(10-13-08)</u>				
	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?	\sim \boxtimes $Tes \square No$			
	a) Date range for records reviewed: From:12-1-11 To:12/19/12				
	a) Date range for records reviewed: From:12-1-11 To:12/19/12 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?				
	<i>b) Is the</i> system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity ?	X 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) ∑ <u>BEFORE</u> August 30, 1989? (If this box checked, continue on to #4 and skip #5) b) □ <u>ON</u> or <u>AFTER</u> August 30, 1989? (If this box checked, skip #4 and continue on to #5) 				
4.	If the application to construct was <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 $1400^{\circ}F$				
	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 <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					
	@ 1800° F?	🗌 Yes 🗌 No			
	b) actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$				
	<i>throughout the combustion process in the primary chamber? </i> <i>c) secondary chamber combustion zone temperature equal to or greater than</i> 1600°F <i>before the cremation</i>	🗋 Yes 🔝 No			

PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> (check [] appropriate box(es), if a shaded box is checked, this would indicate noncompliance)				
	process begins in the primary chamber? 🗌 Yes 🔲 No			
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?			

PART IV: <u>Equipment Maintenance</u>

(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? X Yes No Does the crematory allow for a visible check on the flame characteristics?
4.	Does the crematory allow for a visible check on the flame characteristics? \boxtimes Yes \square No If yes go to a) – b)
	 a) Was the flame characteristic visually checked at least once during each operating shift? X Yes No b) Was the flame adjusted when necessary? X Yes No

PART V: Special Conditions And Procedures (check appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Administrative Changes:

 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 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?				
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?				
 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: 				

 and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance?
 Image: Steps and Step

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

Mike Ojo Thomas

Inspector's Name

Inspector's Signature Approximate Date of I H:\USERS\WPDOCS\Airqual\Air_Compliance\AQI\1030035 001 84666.doc

Approximate Date of Next Inspection

12/19/12

Date of Inspection