

## HUMAN CREMATORY COMPLIANCE INSPECTION CHECKLIST



			Environment
INSPECTION TYPE: ANNUAL (	(INS1, INS2) COMPLAINT/D	ISCOVERY (CI)	Compliance
RE-INSPEC	CTION (FUI) ARMS COMPLA	AINT NO:	
FACILITY: Eternal Rest Funeral H		DISTRICT:	
DBA/Site Name: Suncoast Crema	atory	Southwest	
ADDRESS: 2966 Belcher Roa		CONTACT PHON	E:
Dunedin, FL		727-733-2300	
ARMS NO:	PERMIT NO:	Expiration Date:	9/28/2012
1030217 001	1030217-004-AG	<b>Renewal Date:</b>	8/29/2012
1030217 001	1050217-004-AG	Test Date:	12/15/2000
	Incinerator, Human: Industrial & En a 1600 degree F Minimum Secondary		E43-PPII Cremator.
INSPECTION DATE:	INSPECTION COMPLIANCE ST	TATUS (check 🗆 only one box)	
7/1/11	🖾 In Compliance; 🗌 Minor N	Ion-Compliance; 🗌 Significant	Non-Compliance
	PART I: General Review:		
1. Permit File Review			Yes No
2. Introduction and Entry			$\square$ Yes $\square$ No
<i>Comments:</i> I met with Charles Scalisi who pro	ovided me with the requested documents/r	ecords and showed me the crema	atory unit.
3. <i>Is</i> the Authorized Representativ	Ĩ		Yes No
Comments:			
4. <i>Is</i> the facility contact still <u>Charl</u> <i>Comments:</i>	es Scalisi?		Yes No
5. If the answer to 3 or 4 is "No", c [62-210.310(2)(d), F.A.C.]	lid the facility provide an administrativ	e update within 30 days?	Yes No
PART II	: TESTING REQUIREMENTS – Rule	62-296, <i>401(5</i> ), F.A.C.	
	e box(es), if a shaded box is checked, th		ce)
Compliance Demonstration [62-296.40	D(5)(h), F.A.C.		
1. New Facility / New Process	Equipment–		
Did this facility demonstrate initial	compliance no later than 30 days after be	ginning operation?	🗌 Yes 🔲 No
2. <b>Existing Facilities</b> Was an annual visible emissions co	mpliance test conducted on each cremato	ry unit for each calendar year:	Xes 🗌 No
minute average, except that visible six minutes in any one-hour period.	test(s) demonstrate compliance with the semissions not exceeding 15% opacity shall [62-296.401(5)(b)1., F.A.C.]	ll be allowed for up to	🖂 Yes 🗌 No
2. Was the test conducted with the uni	t operating at a capacity of one (1) adult-	sized cadaver? [62-296.401(5)(g	y)] 🛛 Yes 🗌 No
3. Was the department notified at leas	t 15 days prior to the test? [62-297.310(4	)(a)9. F.A.C.]	Xes 🗌 No
4. Was the required test report filed w test was completed? [62-297.310(8]	ith the department as soon as practical, b )(b)	ut no later than 45 days after the	🛛 Yes 🔲 No
5. Was the facility visible emissions te	st(s) conducted according to EPA Method	19? [62-297.401(9)(c), F.A.C]	Xes No
6. Was a visible emissions test(s) cond	lucted by the inspector during this site visi	it according to EPA Method 9?	🗌 Yes 🖂 No

PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. 401(5), F.A.C. (check [] appropriate box(es), if a shaded box is checked, this would indicate noncompliance)			
<i>a)</i> The visible emission test resulted in an opacity of% for the highest six minute average. <i>b)</i> Did the test indicate the facility is operating in compliance with the opacity standard? Yes _ Yes			
7. Is there any reason to ask for a special test to determine compliance with the PM and CO standards?	]Yes 🛛 No		
PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> (check			
<ol> <li>Were there any objectionable odor(s) detected?</li> <li>An upwind/downwind survey of the facility was conducted. The observed parameters were: Downwind odor level detected- 0 ; Wind direction - <u>calm</u> Upwind odor level detected- 0 (1-10)</li> </ol>	]Yes 🛛 No		
<ol> <li>Continuous Monitoring System - [62-296.401(5)(i), F.A.C.]</li> <li>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?</li></ol>	Yes       No         Yes       No <td< td=""></td<>		
<ul> <li>1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89</li> <li>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)</li> </ul>			
<ul> <li>4. If the application to construct was <u>BEFORE</u> August 30, 1989 is the:</li> <li>a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?</li> <li>b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber?</li></ul>	Yes 🗌 No		
<ul> <li>5. If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the:</li> <li>a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time</li> <li>(a) 1800° F?</li></ul>	Yes 🗌 No		

PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u>
(check $\Box$ 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? X 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?	
	b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location? Yes 🛛 No	

## **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?
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?
	<ul> <li>a) Was the flame characteristic visually checked at least once during each operating shift? Yes No</li> <li>b) Was the flame adjusted when necessary? Yes No</li> </ul>

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? X Yes       No         2. Did the facility submit the new re-registration form at least 30 days prior to permit expiration? Yes       Yes		
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 <u>Yes</u> to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change □ Yes □ No		
<ul> <li>Noncompliance Notice: - [62-210.310(3)(i), F.A.C.]</li> <li>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).</li> <li>a) Did the owner or operator provide immediate notification to the Department? □ Yes □ No b) Did the notification include:</li> </ul>		
<ul> <li>1. A description of and cause of noncompliance? Yes No</li> <li>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</li> </ul>		

## PART VI: Comments

All temperature charts were very well documented with start, end, operator initials, etc. Also, none of the charts showed a temperature drop except for one that was consistent with a power outage and it was documented on the chart.

*Exit Interview:* I informed Mr. Scalisi the facility appears to be in compliance at this time.

Shannon Ransom

Inspector's Name

7/1/11

Date of Inspection

**Inspector's Signature** 

**Approximate Date of Next Inspection** 

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