OWNERIAL PROTECTION
San I
FLORIDA

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) ARMS COMPLAINT NO:	
AIRS ID#: 1150023 DATE: 01/05/2010 ARRIVE: ~10:00 am DEPART: ~11:30 a	am
FACILITY NAME: HAWKINS FUNERAL HOME	
FACILITY LOCATION: 135 N Lime Ave	
SARASOTA 34237-6121	
OWNER/AUTHORIZED REPRESENTATIVE: WAYNE HAWKINS PHONE: (941)365-1767	
CONTACT NAME: Peter PHONE: (941)365-1767	
ENTITLEMENT PERIOD: 4/26/2008 / 4/26/2013 (effective date) (end date)	
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) □ IN COMPLIANCE □ MINOR Non-COMPLIANCE □ SIGNIFICANT Non-COMPLIANCE	
PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))	
(check ☑ appropriate box(es))1. Were there any objectionable odor(s) detected? [🗌 Yes 🖂 No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter) 	
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? 	∐Yes ∏ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? 3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.) [2] 	
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	∐Yes ∏ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	Yes ☐ No Yes ☐ No Yes ☐ No Yes ☐ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.) [4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.) [a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by volume, dry basis, corrected to 7% O₂ on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)? [⊠Yes □ No ⊠Yes □ No ⊠Yes □No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? [2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? [3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.) [4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.) [a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by volume, dry basis, corrected to 7% O₂ on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)? [b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)? [c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft³) of flue gas, corrected to 7% O₂ and tested according to EPA Method 5 	 Yes □ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	Yes □ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	 Yes □ No
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	 Yes □ No

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 of	
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	
measurements, maintenance, reports and records?	Jording of such
1) All measurements (including CEMS)	□Yes □ No
2) Monitoring device	$\Box \operatorname{Yes} \Box \operatorname{No}$
3) Performance Testing Measurements	= =
 4) CEMS Performance Evaluation 	Yes No
	Yes No
5) All CEMS or monitoring device calibration checks6) Adjustments	Yes No
	$\Box Yes \Box No$
7) Preventive maintenance performed on systems/devices	$\Box Yes \Box No$
8) Corrective maintenance performed on systems/devices	Yes No
2. Was this crematory unit constructed: (check only one \square 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 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
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	n
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	ĩ
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 du	
of the operator's employment & for an additional two years after termination of employment?	🛛 Yes 🗌 No

A. <u>New or Modified Process Equipment</u>	<u>ES</u> – Rule 62-296.401, F.A.C.	
1. Since the last inspection has there been	_	-
a) installation of any new process equipment?		
b) alterations to existing process equipment with		No
 c) replacement of existing equipment substantiall recent notification form? 		s 🖾 No
d) If you answered YES to any of the above, did		
notification form and appropriate fee (Rule 62	1	
local program office?		No
2. If a crematory unit has been modified to the extent		
was required, have all operators been retrained to o		No
3. In the case of new or modified equipment, where a		_
required, has the owner submitted copies of all ope		
a) submitted within the 15 day required window for	Collowing the training? Yes	s 🛄No
		01/05/2010
Debbie Telemeco Anders and Michael Storino		01/05/2010
Inspector's Name (Please Print)	Date of Inspection	
	~2011	

FF.