

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2)	
AIRS ID#: 1150035 DATE: 01/30/2007 ARRIVE: ~9:25 am DEPART: ~12:00 FACILITY NAME: FARLEY FUNERAL HOME) <u>pm</u>
FACILITY LOCATION: 265 NOKOMIS AVE. S. VENICE 34285-	
RESPONSIBLE OFFICIAL: DAVID FARLEY PHONE: (813)488-2291	
CONTACT NAME: John Williams PHONE:	
REMITTANCE YEAR: 2011 ENTITLEMENT PERIOD: 1/12/2006 / 1/12/2011 (end date)	
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE	3
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?————————————————————————————————————	
the test was completed?	☐Yes ☐ No

RT III: OPERATING/RECORDKEEPING REQUIREMENTS – 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	temperatures in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co	
accordance with the manufacturer's instructions?	□Yes ⊠ No
a) Do temperature probes seem to be properly placed?	☐Yes ☐ No
b) Are the following records kept on file, available for inspection for at least two years following the re-	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	
2) Monitoring device	☐Yes ☐ No
3) Performance Testing Measurements	Yes No
4) CEMS Performance Evaluation	Yes No
5) All CEMS or monitoring device calibration checks	☐Yes ☐ No
6) Adjustments	☐Yes ☐ No
7) Preventive maintenance performed on systems/devices	Yes No
8) Corrective maintenance performed on systems/devices	☐Yes ☐ No
2. Was this crematory unit constructed: (check only one ☑ 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	M
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 tin	
@ 1800° F?	☐Yes ☐ No
b) 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
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic	
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	
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?	\boxtimes Yes \boxtimes 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

1. Since the last inspection has there been	
a) installation of any new process equipment?	
b) alterations to existing process equipment withc) replacement of existing equipment substants	
recent notification form?	
d) If you answered YES to any of the above, d	
	62-4.050, F.A.C.) to the appropriate DEP or
local program office?	
If a crematory unit has been modified to the exterior was required, have all operators been retrained to	
3. In the case of new or modified equipment, where	
required, has the owner submitted copies of all of	perator training certificates? Yes No
required, has the owner submitted copies of all of a) submitted within the 15 day required window	perator training certificates?
required, has the owner submitted copies of all (a) submitted within the 15 day required window	perator training certificates? Yes No v following the training? Yes No
a) submitted within the 15 day required window	v following the training? Yes No
a) submitted within the 15 day required window	perator training certificates?
a) submitted within the 15 day required window	v following the training? Yes No
a) submitted within the 15 day required window Debbie Telemeco-Anders, ESII	V following the training?
a) submitted within the 15 day required window Debbie Telemeco-Anders, ESII	v following the training? □Yes □No 01/30/2007
a) submitted within the 15 day required window Debbie Telemeco-Anders, ESII	V following the training?
a) submitted within the 15 day required window Debbie Telemeco-Anders, ESII Inspector's Name (Please Print)	## O1/30/2007 Date of Inspection
a) submitted within the 15 day required window Debbie Telemeco-Anders, ESII Inspector's Name (Please Print) Inspector's Signature	## O1/30/2007 Date of Inspection