

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2)	-	Y (CI)				
AIRS ID#: 0170014 DATE: <u>1-24-12</u> FACILITY NAME: HOOPER FUNERAL HOME-INV FACILITY LOCATION: 501 W MAIN ST	ARRIVE: <u>10:30AM</u> VERNESS	DEPART: <u>12:30PM</u>				
INVERNESS 34450 OWNER/AUTHORIZED REPRESENTATIVE: DWIGHT HOOPER PHONE: (352)726-2271 Email: Mobile: CONTACT NAME: DWIGHT HOOPER PHONE: (352)726-2271 Email: Nobile: ENTITLEMENT PERIOD: 12/14/2007 / 12/14/2012 (effective date) (end date)						
Facility Section						
PART I: INSPECTION COMPLIANCE STATUS (check						
PART II: <u>ONSITE INTRODUCTORY MEETING</u>		(check 🗹 only one box for each question)				

1. Name(s) of facility representative(s): Mr. Tony Bencir

Brief Notes: Cmremation Unit Operator

2.	Is the Authorized Representative still DWIGHT HOOPER? If no, who is?:	Yes Yes	No
3.	If different, did the facility provide an administrative update within 30 days? Is the facility contact still DWIGHT HOOPER?	☐ Yes ⊠ Yes	□No □No
4.	Will facility be conducting VE test(s) during today's inspection?	Yes Yes	⊠No □No

Emissions Unit Section <u>1 – POWER PAK INCINERATOR MODEL IE-43</u>

PART I: <u>FILE REVIEW PRIOR TO INSPECTION</u> (aback 🗹 and	•
$\begin{array}{c} \textbf{FART I: } \underline{\textbf{FILE KEVIEW FRICK TO INSPECTION}} \\ \text{(check } \blacksquare only box for each question for each question of the second s$	y one stion)
 a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? Yes b. If yes, were design calculations provided then to confirm a sufficient volume in the 	No
secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? Yes 2. Crematory unit installed after February 1, 2007? Yes 3. Date of last inspection: 04-01-09	No No
b. Has a VE test been performed yet within the current calendar year? Yes c. If first year of operation, was a VE test performed within 30 days of commencing	No No
d. Date of last VE test: 2-21-11	No No
	No
PART II: VISIBLE EMISSIONS TESTING (check I only box for each question of each question of each question of each question of the ea	y one stion)
a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? 🔲 Yes	No No No
 c. The visible emission test resulted in an opacity of % for the highest six minute average. d. Did the visible emission test demonstrate compliance with the limit? Yes (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour) 	No
a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [] Yes	No No No
	No
	No
PART III: MONITORING/RECORDKEEPING REQUIREMENTS (check I only box for each question of the provided set of the provided	y one stion)
	No
An upwind/downwind survey of the facility was conducted. The observed parameters were: Downwind odor level detected- Wind direction - Upwind odor level detected- (1-10)	
2. Continuous Monitoring Systems –	
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	No

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)

c.	Are the following records kept on file, available for inspection, for at least the past two years?		
	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 (9-24-10)	🛛 Yes	No
	4) Adjustments	Yes Yes	No
	5) Preventive maintenance performed on systems/devices	Yes Yes	No
	6) Corrective maintenance performed on systems/devices	🛛 Yes	No
d.	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
e.	Was the crematory unit installed after $2/1/07$? If no, skip e.(1) – (3)	Yes	🖾No
	(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatica	lly	
	control combustion based on continuous in-stack opacity measurement?	🛛 Yes	No
	(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity		
	exceeds 15% opacity ?	🛛 Yes	🗌No
	(3) Has the opacity measurement system been cleaned and checked for proper operation in		
	accordance with the manufacturer's recommended maintenance schedule?	🛛 Yes	🗌No

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES

(check \square only one box for each question)

1.	If the application to construct was <u>BEFORE</u> August 30, 1989 is the: a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber? X Yes	DNo
	 b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremation process begins in the primary chamber? Xestimate and the primary chamber in the primary chamber in the primary chamber is the primary chamber is the primary chamber is the primary chamber in the primary chamber is the primary chamber is the primary chamber in the primary chamber is the primary chamber is the primary chamber in the primary chamber in the primary chamber is the primary chamber in the primary chamber in the primary chamber is the primary chamber in the primary chamber in the primary chamber is the primary chamber in the primary	No
2.	If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the: a. 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
	 b. secondary chamber combustion process in the primary chamber?	No

PART V: <u>ALLOWED MATERIALS</u>		(check 🗹 box for each	
1.	<i>Other than</i> human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit?	Yes	🖾No
2.	Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer?		□No □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check ☑ box for each	•
1. Is the crematory unit maintained in accordance with the manufacturer's specifications?	- 🛛 Yes	No
2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?	- 🛛 Yes	No
3. Does the crematory allow for a visible check on the flame characteristics? If no, skip a. – b.	- 🗌 Yes	🖾No
a. Was the flame characteristic visually checked at least once during each operating shift?b. Was the flame adjusted when necessary?		□No □No

PART VII: <u>EU INSPECTIO</u>	N COMPLIANCE STATUS (check	\checkmark only one box)
IN COMPLIANCE	MINOR Non-COMPLIANCE	SIGNIFICANT Non-COMPLIANCE

Facility Section (continued)

Administrative Changes: 1. Were there any changes 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 2. If yes, did the facility provide written notification within 30 days of the change? Yes Yes 3. Since the last registration form submittal has there been Yes Yes a. Installation of any new process equipment? Yes Yes b. Alterations to existing process equipment without replacement? Yes Yes c. Replacement of existing equipment with equipment that is substantially different? Yes Yes d. A change in ownership? Yes Yes d. A change in ownership?	SPECIAL CONDITIONS AND PROCEDURES	(check ☑ box for each	only one question)
operations comprising the facility; or any other similar minor administrative change at the facility? Yes XNo 2. If yes, did the facility provide written notification within 30 days of the change? Yes XNo New or Modified Process Equipment or Change in Ownership: Yes XNo 3. Since the last registration form submittal has there been Yes XNo b. Alterations to existing process equipment without replacement? Yes XNo c. Replacement of existing equipment with equipment that is substantially different? Yes XNo d. A change in ownership?	1. Were there any changes in the name, address, or phone number of the facility or authorized representat		
3. Since the last registration form submittal has there been Yes XNo a. Installation of any new process equipment? Yes XNo b. Alterations to existing process equipment without replacement? Yes XNo c. Replacement of existing equipment with equipment that is substantially different? Yes XNo d. A change in ownership? Yes XNo	operations comprising the facility; or any other similar minor administrative change at the facility?	Yes	_
a. Installation of any new process equipment? Yes b. Alterations to existing process equipment without replacement? Yes c. Replacement of existing equipment with equipment that is substantially different? Yes d. A change in ownership? Yes	New or Modified Process Equipment or Change in Ownership:		
submitted 30 days prior to the change? YesNo	 a. Installation of any new process equipment? b. Alterations to existing process equipment without replacement? c. Replacement of existing equipment with equipment that is substantially different? d. A change in ownership? If the any answer to 3a d. is Yes , was a new registration form and the appropriate fee 	- Yes Yes Yes Yes Yes	⊠No ⊠No ⊠No ⊠No

Chris Haines

Inspector's Name (Please Print)

avr.

1-24-12

Date of Inspection

1-24-15

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: I (Chris Haines) arrived at the facility in order to perform an inspection before the upcoming due date of 4-1-12 for inspection. I first met with Mr. Brian Ledsome, one of the funeral directors who then referred me to Mr. Tony Bencini who was one of the main crematory operators. Mr. Bencini showed me the cremation unit and all of the records for the past two years. We were also able to locate all of the MSDS Sheets. Once I had reviewed his records and advised him on a few small preferable changes to improve the clarity of the temperature records, I concluded my visit with Mr. Bencini at approximately 12:30PM.