SOMERIU WOLCHOW	HUMAN	CREMATORY	<u>e</u>
FLORIDA	COMPLIANCE INS	COMPLIANCE INSPECTION CHECKLIST	
INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/DISCOVERY (CI)	Compliance
	RE-INSPECTION (FUI)	ARMS COMPLAINT NO	
AIRS ID#: 0170024	DATE: <u>11.03.2009</u> A	RRIVE: <u>0800</u> DEPART: <u>1155</u>	
FACILITY NAME: ST	RICKLAND FUNERAL HOME		
FACILITY LOCATION	N: 1901 S.E. Highway 19		
	CRYSTAL RIVER 34429		
OWNER/AUTHORIZE	D REPRESENTATIVE: C. STRIC	CKLAND PHONE: (352)795-2	2678
CONTACT NAME: 1	yman Strickland	PHONE: (352)79520	678
ENTITLEMENT PERI	OD: 10/29/2005 / 10/29/2010 (effective date) (end date)		
PART I. INSPECTION	COMPLIANCE STATUS (check	$\sqrt{1}$ only one box)	
IN COMPLIAN	_		PLIANCE
PART II: <u>TESTING/RI</u> (check ☑ appropria	CORDKEEPING REQUIREMEN ate box(es))	<u>TS</u> – Rule 62-296.401, F.A.C.	
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PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. Cont.	
(check 🗹 appropriate box(es))	
2) Monitoring device	
3) Performance Testing Measurements	
4) CEMS Performance Evaluation	
5) All CEMS or monitoring device calibration checks	🗙 Yes 🗖 No
6) Adjustments	- X Yes 🛛 No
7) Preventive maintenance performed on systems/devices	XYes 🛛 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) X 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 $1400^{\circ}F$	
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 ?d) required monitoring equipment installed and operational, and providing continuous monitoring to	🖵 Yes 🖵 No
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 ON or AFTER August 30, 1989 is the:	
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence tin	ne
@ 1800º F? under review	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?	
c) secondary chamber combustion zone temperature equal to or greater than $1600^{\circ}F$ before the crematic	
process begins in the primary chamber?	🖾 Yes 🖵 No
plastics used during the cremation of dead human bodies?Does not use plastic bags during cremation-	
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? Does not use plastic bags during cremation	Yes I No
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at	- -
this location?	🖵 Yes 🗵 No

PART IV: EQUIPMENT MAINTENANCE – Rule 62-296.401, F.A.C.	
1. Is the crematory unit maintained in proper working order?	\Box_{No}
2. Are there maintenance record kept onsite?Xyes	
3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?Information located in manual	\square_{No}

PART V: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-210.310(2), F.A.C.		
A. <u>New or Modified Process Equipment</u>		
1. Since the last inspection has there been		
a) installation of any new process equipment?	Yes	XNo
b) alterations to existing process equipment without replacement?	UYes	×No
c) replacement of existing equipment substantially different than that noted on the most		
recent notification form?	U Yes	\mathbf{X}_{No}
d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or		
local program office?	N/A U Yes	□ _{No}

COMMENTS: Arriving at facility I met with Lyman Strickland intermittently while he performed some daily functions. I explained to Mr. Strickland the information that I was required to observe for the yearly inspection, and then I explained the Department was requiring the measurements of the crematory units. Mr. Strickland was able to provide the required documents while I observed the Visible Emissions Test that was conducted. After the VE test was complete I continue with records review and observed chart records from 09/01/2008 through 12/31/2008 and 08/01/2009 through 10/31/2009. According to this checklist the facility seems to be incompliance. This was also a crematory initiative inspection. The crematory initiative inspection may or may not prove that the thermocouple(s) are properly placed. If necessary that will be addressed after the measurements are reviewed by Department Staff.

Joseph V. Panetta_

Inspector's Name

11/03/2009_

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection