

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISCOVERY ARMS COMPLAINT NO:	Y (CI)							
AIRS ID#: 0170031 DATE: <u>10-13-11</u>	ARRIVE: <u>3:00PM</u>	DEPART: <u>3:30PM</u>							
FACILITY NAME: CHAS E DAVIS FUNERAL HOME									
FACILITY LOCATION: 3075 SO FLORIDA A	AVE								
INVERNESS 3345	0								
OWNER/AUTHORIZED REPRESENTATIVE: C Email: CONTACT NAME: CHARLES DAVIS Email: ENTITLEMENT PERIOD: 6/20/2008 / 6/20/20 (effective date) (end date	Mobile: PHONE: Mobile:	(904)739-9032 (352)726-8323							
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE									
PART II: ONSITE INTRODUCTORY MEETING		(-11-1 7)							
Name(s) of facility representative(s): Mr. Charles I Brief Notes:	<u>Davis</u>	(check ☑ only one box for each question)							
2. Is the Authorized Representative still CHARLES D. If no, who is?:	AVIS?	YesNo							
If different, did the facility provide an administrative. 3. Is the facility contact still CHARLES DAVIS? If no, who is?:	e update within 30 days?	YesNo YesNo							
4. Will facility be conducting VE test(s) during today's If yes, was the compliance authority notified at least	s inspection?t 15 days in advance?								

Emissions Unit Section 1 – 150 LB/HR HUMAN CREMATORY PROPANE FIRED

PA	ART I: FILE REVIEW PRIOR TO INSPECTION	(check ✓ box for each	•
1.	 a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? b. If yes, were design calculations provided then to confirm a sufficient volume in the 	⊠ Yes	□No
3 .	secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?	⊠ Yes ⊠ Yes	□No □No
4.	Past Visible Emissions (VE) tests: a. Was a VE test performed within each of the past 4 calendar years? b. Has a VE test been performed yet within the current calendar year? c. If first year of operation, was a VE test performed within 30 days of commencing	Yes Yes	□No □No
	operation? ————————————————————————————————————	☐ Yes	□No
	e. Was the VE test: 6-7-11 e. Was the VE test report filed with the compliance authority no later than 45 days after the test? f. Did the facility demonstrate compliance during the last VE test? If no, what was the problem (if known)?	· X Yes	□No □No
P	ART II: <u>VISIBLE EMISSIONS TESTING</u>	(check ☑ box for each	only one question)
1.	Was a visible emissions test conducted by the facility for this unit during this site visit?a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver?b. Was the visible emissions test conducted according to EPA Method 9?	- 🗌 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?		□No
2.	Was a visible emissions test conducted by the inspector during this site visit?	- Yes Yes	□No □No □No □No
3.	Is there any reason to ask for a special test to determine compliance with the PM and CO stand	ard <u>s?</u>	_
	If yes, what reason?	Yes	⊠No
			•
P	ART III: MONITORING/RECORDKEEPING REQUIREMENTS	(check 🗹 box for each	only one question)
1.	Were there any objectionable odors detected? An upwind/downwind survey of the facility was conducted. The observed parameters were: Downwind odor level detected- Wind direction - Upwind odor level detected-	Yes (1-10)	⊠No
a	Continuous Monitoring Systems — 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 - ⊠ Yes	□No

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)			
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4 4 6 3 1 1			
c. Are the following records kept on file, available for inspection, for at least the past two years?			
1) All temperature measurements	\boxtimes	Yes	□No
2) all continuous monitoring systems, monitoring devices, and performance testing measurements;	57 ,	- -	
monitoring system all continuous performance evaluations		Yes Voc	□No
3) All CEMS or monitoring device calibration checks (last performed on (09/09)		Yes Yes	□No □No
5) Preventive maintenance performed on systems/devices		yes Yes	□No
6) Corrective maintenance performed on systems/devices		Yes	□No
- •	K 3i -	103	L
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	X	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 automatical		£7 _{~4}	□No
control combustion based on continuous in-stack opacity measurement?	×	Y es	□No
exceeds 15% opacity?		Veg	□No
(3) Has the opacity measurement system been cleaned and checked for proper operation in		100	LJ170
accordance with the manufacturer's recommended maintenance schedule?	X Y	Ves	□No
The way and an an and an and an		100	<u></u>
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PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	•	eck 🗹	only one
	box to	or each	question)
			1
1. If the application to construct was BEFORE August 30, 1989 is the:			
a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F	П,		- NT.
throughout the combustion process in the primary chamber?	-	Yes	∐No
b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremati process begins in the primary chamber?		Yes	□No
	۔ با	I CS	∐ ₁₄₀
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	- 7 ,	_	
throughout the combustion process in the primary chamber?	<u> </u>	Yes	∐No
b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremati			NT.
process begins in the primary chamber?	× 1	Y es	□No
PART V: <u>ALLOWED MATERIALS</u>	•		only one
	box f	or each	question)
<u> </u>			_
1. Other than human or fetal remains with appropriate containers or clothing, are any materials,			
including biomedical wastes, incinerated in the unit?	· 🔲 ን	Yes	⊠No
No. —			ì
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated	~7 ·		
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated plastics as certified by the manufacturer? ———————————————————————————————————		Yes Yes	□No □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check ☑ box for each	only one		
1. Is the crematory unit maintained in accordance with the manufa	acturer's specifications?	∀ Yes	question)	
2. Is there a written plan onsite which addresses the operating pro-		Z 100		
shutdown and malfunction?		⊠ Yes	□No	
3. Does the crematory allow for a visible check on the flame charal If no, skip a. – b.	acteristics?	☐ Yes	⊠No	
a. Was the flame characteristic visually checked at least once of b. Was the flame adjusted when necessary?	luring each operating shift?	Yes Yes	□No □No	
PART VII: EU INSPECTION COMPLIANCE STATUS (che	ck 🗸 only one hox)			
IN COMPLIANCE MINOR Non-COMPLIANCE	_	IANCE		
MINORITOR DEPT.				
Facility Section	on (continued)			
CDECTAL COMPUTIONS AND PROCEDURES				
SPECIAL CONDITIONS AND PROCEDURES		(check 🗹 box for each	•	
Administrative Changes:	•		-	
1. Were there any changes in the name, address, or phone number	of the facility or authorized representat	ive 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? YesNo				
2. If yes, did the facility provide written notification within 30 day New or Modified Process Equipment or Change in Ownership:	ys of the change?	· [Yes	□No ·	
3. Since the last registration form submittal has there been		Yes	⊠ No	
a. Installation of any new process equipment?				
c. Replacement of existing equipment with equipment that is substantially different? 🔲 Yes 🔯No				
d. A change in ownership? ————————————————————————————————————			⊠No	
submitted 30 days prior to the change?		☐ Yes	□No	
Chris Haines	10-13-11			
Inspector's Name (Please Print)	Date of Inspection			
(lin Hours	10-13-14			
Inspector's Signature	Approximate Date of Next Insp	pection		

COMMENTS: I (Chris Haines) arrived at the facility at approximately 3:00PM and met Mr. Charles Davis. He escorted me to the back of the facility where the cremation unit was located. I noted that the unit had an opacity monitor though it was not required. The unit also allowed for a visual check of the flame, which was done once the unit was started up by the operator. I then checked over Mr. Davis's records, operation/malfunction procedure, daily and monthly maintenance records and his service records stapled in. The MSDS sheets were also located in the binder with the rest of his records. I concluded my meeting with Mr. Davis at approximately 3:30PM.