

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE :	ANNUAL (INS1, INS2)) X COMPLAINT	/DISCOVERY (CI)		
	RE-INSPECTION (FUI)	ARMS COMP	LAINT NO:		
AIRS ID#: 0530039 DAT	FE: <u>02082010</u>	ARRIVE: <u>0840</u>	DEPART: 1245		
FACILITY NAME: BREWER & SONS FUNERAL HOME					
FACILITY LOCATION:	: 1190 S. BROAD	STREET			
	BROOKSVILLE	34601-3110			
OWNER/AUTHORIZED) REPRESENTATIVE:	: BARRY BREWER	PHONE: (352)796-4991		
CONTACT NAME: Ta	.mmy Tolbert		PHONE: 352-796-4991		
ENTITLEMENT PERIOD: 02/26/2010 / 02/26/2015					
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)					
☐ IN COMPLIANC	☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE				
PART II: TESTING/REC		<u>UIREMENTS</u> – Rule 62-	296.401, F.A.C.		
			A. FDA M. (L. 10 / D. C. Chartes	☐ Yes ⊠ No	
62-297, F.A.C.)?			to EPA Method 9 (Ref.: Chapter	⊠ Yes □ No	
3. Was all emissions testing conducted with the source operating at the manufacturers recommended capacity?					
4. Was the Department notified at least 15 days prior to the date of the last formal compliance test?					
the test was completed:					

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 re	cord temperatures in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary cham	
accordance with the manufacturer's instructions?	
a) Do temperature probes seem to be properly placed?- To be determined by crematory initiative	
b) Are the following records kept on file, available for inspection for at least two years following	
measurements, maintenance, reports and records? NA this inspection was a crematory initiative	inspection Yes N
2) Monitoring device	Yes No
Performance Testing Measurements CEMS Performance Evaluation	
5) All CEMS or monitoring device calibration checks	
6) Adjustments	
7) Preventive maintenance performed on systems/devices	
8) Corrective maintenance performed on systems/devices	
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)	
b) 12 or or interest inguition, 1707. (If this box elected, ship no and continue on to nay	
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	o F?
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 $1400^{\circ}\mathrm{F}$?	
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 i	
secondary chamber combustion zone according to the manufacturer's instructions?	
4. If any standard ON on A FIFED Assessed 20, 1000 in the	
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 residen	aa tima
@ 1800° F?	
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600 °	
throughout the combustion process in the primary chamber?	
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cre	
process begins in the primary chamber?	
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	d
plastics used during the cremation of dead human bodies?	
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer th	
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the durat	
their use and for at least two years after their use?	
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated	
this location?	□Yes ⊠ No

PART IV: SPECIAL CONDITIONS AND PROCEDURES	<u>S</u> – Rule 62-296.401, F.A.C.			
A. New or Modified Process Equipment				
1. Since the last inspection has there been				
a) installation of any new process equipment?				
b) alterations to existing process equipment withoutc) replacement of existing equipment substantially				
recent notification form?				
d) If you answered YES to any of the above, did the	ne owner submit a new and complete			
notification form and appropriate fee (Rule 62-4 local program office?				
2. If a crematory unit has been modified to the extent the				
was required, have all operators been retrained to operate the modified unit? Yes No				
3. In the case of new or modified equipment, where a D				
required, has the owner submitted copies of all opera a) submitted within the 15 day required window follows:				
a) submitted within the 15 day required wines 15	lowing the training.			
Joseph V Panetta	12/22/2009			
Inspector's Name (Please Print)	Date of Inspection			
Inspector's Signature	Approximate Date of Next Inspection			
COMMENTS: This inspection was prompted by a VE notific	cation and the MNC issues from the 12.22.2009 Crematory imitative			
only inspection. A VE test was performed and audited this day,	, along with a complete inspection Checked charts from 10/29/09			
	nuse the Department has addressed the missing VE and the operating			
w/o titlement issues by sending out a warning letter. Also I put	this facility incompliance until the calculations prove or disprove			
that the thermocouple(s) are properly placed. The location of the reviewed by Department Staff. At that time it will be determined to the control of the con	the thermcouples will be addressed after the measurements are			