

## HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:					
AIRS ID#: 0830080 DATE: 01/11/2007       ARRIVE:       DEPART:         FACILITY NAME: FERO FUNERAL HOME - DUNNELLON CREMATORY         FACILITY LOCATION:       7620 S US HWY 41         DUNNELLON       34432-         RESPONSIBLE OFFICIAL: WILLIAM WARD       PHONE: (352)489-536.					
CONTACT NAME: Matt EganPHONE:REMITTANCE YEAR:ENTITLEMENT PERIOD: 12/29/2005 (effective date)/ 12/29/2005 (end date)					
PART I: INSPECTION COMPLIANCE STATUS (check I only one box)         IN COMPLIANCE       MINOR Non-COMPLIANCE         SIGNIFICANT Non-COMPLIANCE					
<ul> <li>PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected?</li></ul>	apter $\Box$ Yes       No         cted 60 $date?$ date?       No         fing       Yes       No         F.A.C.)       Yes       No         by $\Box$ Yes       No         ethod       Yes       No         Sper       Yes       No $\Box$ Yes       No         sper       Yes       No $\Box$ Yes       No				

## PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record				
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?				
a) Do temperature probes seem to be properly placed?				
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)	🛛 Yes 🗌 No			
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 <b>BEFORE</b> 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				
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 time				
@ 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	n			
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	у			
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?	🛛 Yes 🗌 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?	$\square$ Yes $\square$ 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			

## PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C. A. New or Modified Process Equipment

1 1.0	<u>Itew of modified Process Equipment</u>		
	1. Since the last inspection has there been		
	a) installation of any new process equipment?	Yes	No
	b) alterations to existing process equipment without replacement?	Yes	No
	c) replacement of existing equipment substantially different than that noted on the most recent notification form?	Yes	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?	Yes	No
	2. If a crematory unit has been modified to the extent that a Department air construction permit 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 Department air construction permit was		
	required, has the owner submitted copies of all operator training certificates?	Yes	No
	a) submitted within the 15 day required window following the training?	Yes	No

Joseph V. Panetta

Inspector's Name (Please Print)

01/11/2007

Date of Inspection

2008

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**