



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO: _____

AIRS ID#: 1050179	DATE: <u>9-27-11</u>	ARRIVE: <u>8:34AM</u>	DEPART: <u>10:05AM</u>
FACILITY NAME: KERSEY FUNERAL HOME-MEMORIAL CREMATORY			
FACILITY LOCATION: 108 E LAKE STELLA DR AUBURNDALE 33823-3320			
OWNER/AUTHORIZED REPRESENTATIVE: STEPHEN SHAFFER		PHONE: (813)225-4676	
Email:		Mobile:	
CONTACT NAME: DAVID KERSEY		PHONE: (863)967-1167	
Email:		Mobile:	
ENTITLEMENT PERIOD: 8/16/2010 / 8/16/2015 (effective date) (end date)			

Facility Section

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING (check only one box for each question)

1. Name(s) of facility representative(s): Mr. Bob Hauck
 Brief Notes: Funeral Director

2. Is the Authorized Representative still STEPHEN SHAFFER? ----- Yes ..No
 If no, who is?: _____

 If different, did the facility provide an administrative update within 30 days? ----- Yes ..No

3. Is the facility contact still DAVID KERSEY? ----- Yes ..No
 If no, who is?: _____

4. Will facility be conducting VE test(s) during today's inspection? ----- Yes ..No
 If yes, was the compliance authority notified at least 15 days in advance? ----- Yes ..No

Emissions Unit Section

1 -- Human Crematory-prim/2ndarychmbrsLPG150lbs/hrw/opac/temp.m&r

PART I: FILE REVIEW PRIOR TO INSPECTION

(check only one
box for each question)

1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? ----- Yes ..No
- b. If yes, were design calculations provided then to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? ----- Yes ..No
2. Crematory unit installed after February 1, 2007? ----- Yes ..No
3. Date of last inspection: 12/15/09
4. Past Visible Emissions (VE) tests:
 - a. Was a VE test performed within each of the past 4 calendar years? ----- Yes ..No
 - b. Has a VE test been performed yet within the current calendar year? ----- Yes ..No
 - c. If first year of operation, was a VE test performed within 30 days of commencing operation? ----- N/A Yes ..No
 - d. Date of last VE test: 9-27-11
 - e. Was the VE test report filed with the compliance authority no later than 45 days after the test? ----- Yes ..No
 - f. Did the facility demonstrate compliance during the last VE test? ----- Yes ..No

If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING

(check only one
box for each question)

1. **Was a visible emissions test conducted by the facility for this unit during this site visit?** ----- Yes ..No
 - a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? ----- Yes ..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..No
 - c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
 - d. Did the visible emission test demonstrate compliance with the limit? ----- Yes ..No
(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)
2. **Was a visible emissions test conducted by the inspector during this site visit?** ----- Yes ..No
 - a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? ----- Yes ..No
 - b. Was the visible emissions test conducted according to EPA Method 9? ----- Yes ..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 ..No
3. **Is there any reason to ask for a special test to determine compliance with the PM and CO standards?** ----- Yes ..No
If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS

(check only one
box for each question)

1. **Were there any objectionable odors detected?** ----- Yes ..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 time at 1,800¹ 1,600² degrees was determined? ----- Yes ..No
(Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)

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 (9-18-11)) ----- Yes ..No
 - 4) Adjustments ----- Yes ..No
 - 5) Preventive maintenance performed on systems/devices ----- 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 automatically 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 only one box for each question)

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 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 cremation process begins in the primary chamber? ----- Yes ..No
2. If the application to construct **ON** or **AFTER** 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 zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber? ----- Yes ..No

PART V: ALLOWED MATERIALS

(check only one box for each question)

1. *Other than* 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? ----- Yes ..No
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? Yes ..No

PART VI: EQUIPMENT MAINTENANCE

(check only one box for each question)

- 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? ----- Yes ..No
If no, skip a. - b.
- a. Was the flame characteristic visually checked at least once during each operating shift? ----- Yes ..No
- b. Was the flame adjusted when necessary? ----- Yes ..No

PART VII: EU INSPECTION COMPLIANCE STATUS (check only one box)

- IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES

(check only one box for each question)

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 ..No
- 2. If yes, did the facility provide written notification within 30 days of the change? ----- Yes ..No

New or Modified Process Equipment or Change in Ownership:

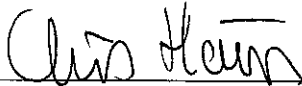
- 3. Since the last registration form submittal has there been ----- Yes ..No
 - a. Installation of any new process equipment? ----- Yes ..No
 - b. Alterations to existing process equipment without replacement? ----- Yes ..No
 - c. Replacement of existing equipment with equipment that is substantially different? ----- Yes ..No
 - d. A change in ownership? ----- Yes ..No
- If the any answer to 3a. - d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change? ----- Yes ..No

Chris Haines

9-27-11

Inspector's Name (Please Print)

Date of Inspection

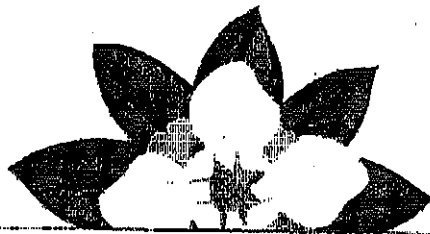


9-27-14

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: I (Chris Haines) arived at the facility in order to perform a Visible Emissions Test audit. I met with Mr. Todd Clark from Southern Environmental Services, Inc. who was performing the VE Test, I audited his measurements for the hour-long VE Test. After, I went back inside the facility and met with Mr. Bob Hauck. I asked him for the temperature/maintenance/repair records as well as the MSDS sheets for any bodybags burned at the facility. He was able to find all of the records with the exception of the MSDS sheets at the time of the inspection. I concluded my inspections at the facility at approximately 10:10AM. He later faxed the MSDS Sheets to me as proof that he had them.



KERSEY

FUNERAL HOME & CREMATORY

863-967-1167

Fax # 863-967-7580

Facsimile Transmittal Sheet

To: Chris Harris From: Bob Hauch

Company: Fla EPA Date: 9/27/11

Fax # 813-632-7668 # of Pages 3

Re: MSDS - Body Bags

URGENT FOR REVIEW PLEASE REPLY

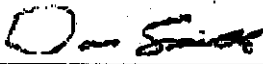
Comments

Hi Chris,
Here's the MSDS for Body Bags
used in the Crematory.
Thanks,
Bob Hauch

BSDE-60-CF-BP

MATERIAL SAFETY DATA SHEET

QUICK IDENTIFIER (in Plain Common Name)

Manufacturer's Name		Dura-Skrim 688		R688	
Address		Emergency Telephone Numbers		800-635-3456	
P.O. Box 5107		Other Information		605-335-0174	
Sioux Falls, SD 57117		1812 "E" Avenue		Sioux Falls, SD 57104	
Signature of Person Responsible for Preparation		Date Prepared		November 1, 2004	
					

Section 1 IDENTIFICATION

Supplier Name (Used on Label)	Dura-Skrim 688	CAS Number(s)	26221-73-8
(Trade Name & Synonyms)		Chemical Family	23038-59-9
Chemical Name	Copolymer of Ethylene and Octene-1 film 80%	Chemical Name	Polyolefin
Formula	(CH2 - CH2) n	Family	Polyester

Section 2 HAZARDOUS INGREDIENTS

Principal Hazardous Component(s) - Chemical and Common Name	None	Threshold Limit Value (units)	None
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Section 3 PHYSICAL & CHEMICAL CHARACTERISTICS (Fire & Explosion Data)

Boiling Point	Not Applicable (N/A)		Specific Gravity	N/A	Vapor Pressure, mmHg	N/A
Percent Volatile by Volume (%)	N/A	Vapor Density	N/A	Evaporation Rate	N/A	
Solubility in Water	Insoluble in Water		Reactivity in Water	N/A		
Appearance and Odor	Black, odorless reinforced plastic film.					
Flash Point	N/A	Flammability Limits in Air, by Volume (%)	Lower: N/A	Upper: N/A	Auto Ignition Temperature	>660°F (estimated based upon raw material AIT)
Extinguisher Media	Use water spray or dry chemical					

Special Fire Fighting Proceed. Fire fighters should wear a self-contained breathing apparatus when there is a possibility of exposure to smoke, fumes or hazardous decomposition products. If possible, water should be applied as a spray from a fogging nozzle since this material is a surface burning material.

Unusual Fire and Explosion Hazards None Known

Section 4 PHYSICAL HAZARDS

Stability Unstable	<input type="checkbox"/>	Conditions to Avoid	Temperatures over 570°F may release combustible gases.
Stable	<input checked="" type="checkbox"/>		
Incompatibility (Materials to Avoid)	None Known		
Hazardous Decomposition Products	Combustion will produce CO2, CO and organic vapors		
Hazardous Polymerization	May Occur	<input type="checkbox"/>	Conditions to Avoid
	Not Occur	<input checked="" type="checkbox"/>	N/A

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Part Number R6DB

Section 5. HEALTH HAZARDS

Threshold Limit Value	N/A				
Signs and Symptoms of Exposure					
1. Acute Overexposure	Not Determined		2. Chronic Overexposure	Not Determined	
Medical Conditions Aggravated by Exposure	There are no known medical conditions aggravated by exposure to this product.				
Chemical Listed as Carcinogen or Potential Carcinogen	National Toxicology Program	Not Listed	L.A.R.C. Monographs	Not Listed	OSHA Not Listed
OSHA Permissible Exposure Limit	None	ACGIH Threshold Limit Value	None	Other Expos. Limit Used	None
Emergency and First Aid Procedures	Most problems will result from exposure to molten materials.				
1. Inhalation	N/A				
2. Eyes	If contacted by molten material, immediately flush eyes with plenty of cool water for at least 15 minutes. Do not permit victim to rub eyes. Immediately seek medical attention.				
3. Skin	If contact by molten material, cool immediately with cool water. Do not attempt to remove any solidified material. Immediately seek medical attention.				
4. Ingestion	If material is ingested, contact a physician or Poison Control Center as appropriate whenever any foreign object is swallowed.				

Section 6. SPECIAL PROTECTION INFORMATION

Respiratory Protection (Specify Type)	During Thermal Processing				
Ventilation	Local Exhaust	Mechanical (General)	Special	Other	
N/A	N/A	N/A	N/A	N/A	
Protective Gloves	Wear protective gloves during thermal processing.		Eye Protection	Wear eye protection during thermal processing.	
Other Protective Clothing or Equipment	none				

Section 7. SPECIAL PRECAUTIONS AND SPILL/LEAK PROCEDURES

Precautions to be Taken in Handling and Storage	none
Other Precautions	None
Steps to be Taken in Case Material is Released or Spilled	N/A
Waste Disposal Methods	Dispose in accordance with local, state and federal regulations

IMPORTANT - Do not leave blank spaces. If information is unavailable, unknown or does not apply, so indicate

