WHENTIN PROTECTION	
Some Carles	
FLORIDA	

ANIMAL CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:		
AIRS ID#: 0111026 DATE: <u>3/11/11</u> ARRIVE: <u>1230</u> DEPART:	230	
FACILITY NAME: HUMANE SOCIETY OF BROWARD COUNTY		
FACILITY LOCATION: 2070 GRIFFIN RD		
FORT LAUDERDALE 33312		
OWNER/AUTHORIZED REPRESENTATIVE: CHRISTOPHER AGOSTINO       PHONE: (954)         Email:       Mobile:         CONTACT NAME:       SHARRON CARMICHAEL       PHONE: (954)         Email:       Mobile:         Email:       Mobile:         Email:       Mobile:         (effective date)       (end date)		
Facility Section         PART I: INSPECTION COMPLIANCE STATUS (check I only one box)         IN COMPLIANCE       MINOR Non-COMPLIANCE         SIGNIFICANT Non-COMPLIANCE       SIGNIFICANT Non-COMPLIANCE		
PART II: ONSITE INTRODUCTORY MEETING         1. Name(s) of facility representative(s): Bob Ansell         Brief Notes:	(check 🗹 only one box for each question)	
<ol> <li>Is the Authorized Representative still CHRISTOPHER AGOSTINO?</li> <li>If no, who is?:</li> </ol>	YesNo	
If different, did the facility provide an administrative update within 30 days? 3. Is the facility contact still SHARRON CARMICHAEL? If no, who is?: <u>and Bob Ansell</u>		
4. Will facility be conducting VE test(s) during today's inspection?	- Yes SNo YesNo	

## **Emissions Unit Section** <u>3 - CRAWFORD C-1000P ANIMAL CREMATORY</u>

PART I: FILE REVIEW PRIOR TO INSPECTION	(check 🗹	only one
1. a. Complete AC application or, if no AC permit, initial GP registration received on or	box for each question)	
after August 30, 1989?	Xes 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. Manufacturer's recommended capacity: <u>200</u> lbs for batch unit lbs/hr for ram-charged unit.		
3. Crematory unit installed after February 1, 2007?	Yes	🖾No
4. Date of last inspection: $3/8/10$		
5. 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	Xes Yes	No
d. Date of last VE test: 4/6/10	—	—
e. Was the VE test report filed with the compliance authority no later than 45 days after the test?	Xes 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: <u>VISIBLE EMISSIONS TESTING</u>	(check 🗹 box for each	only one question)
<b>1. Was a visible emissions test conducted by the facility for this unit during this site visit?</b>	Yes	🖾No
<ul><li>b. Was the operating capacity greater than the manufacturer's recommended capacity?</li><li>c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?</li></ul>	_	□No □No
<ul> <li>d. Was the visible emissions test conducted according to EPA Method 9?</li> <li>e. The visible emission test resulted in an opacity of% for the highest six minute average.</li> <li>f. Did the visible emission test demonstrate examples and the limit?</li> </ul>	∐ Yes	L.No
f. Did the visible emission test demonstrate compliance with the limit?		LNo
<b>2. Was a visible emissions test conducted by the inspector during this site visit?</b>	Yes	🖾No
<ul><li>b. Was the operating capacity greater than the manufacturer's recommended capacity?</li><li>c. Was the test conducted with the unit operating at a capacity that is representative of normal operations?</li><li>d. Was the visible emissions test conducted according to EPA Method 9?</li></ul>	<ul><li>Yes</li><li>Yes</li><li>Yes</li></ul>	□No □No □No
<ul> <li>e. The visible emission test resulted in an opacity of% for the highest six minute average.</li> <li>f. Did the visible emission test demonstrate compliance with the limit?</li> <li>(5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes</li> </ul>	Yes in any one-hour)	No
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar	ds?	🖾No
If yes, what reason? <u>Testing will be conducted 4/20/11</u>		

PART III: MONITORING/RECORDKEEPING REQUIREMENTS	(check 🗹 only one box for each question)	
<ol> <li>Were there any objectionable odors detected?</li></ol>		⊠No
while direction - $\underline{\mathbf{w}}$ Downwhile odor level detected - $\underline{\mathbf{v}}$ Opwhile odor level detected - $\underline{\mathbf{v}}$ Scale. 1-1	u (wust)	
<ul> <li>2. Continuous Monitoring Systems –         <ul> <li>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?</li> <li>b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at □ 1,800<sup>1</sup> □ 1,600<sup>2</sup> degrees was determined?</li></ul></li></ul>	⊠ Yes ⊠ Yes	□No □No
<ul> <li>c. Are the following records kept on file, available for inspection, for at least the past two years?</li> <li>(1) All temperature measurements</li></ul>	Yes	No
<ul> <li>(2) All continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations</li></ul>	- 🛛 Yes - 🗌 Yes - 🔲 Yes	No No No No No
<ul> <li>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</li> <li>e. Was the crematory unit installed after 2/1/07? If no, skip e.(1) - (3)</li></ul>	☐ Yes cally	□No ⊠No
<ul> <li>control combustion based on continuous in-stack opacity measurement?</li></ul>	/	No
accordance with the manufacturer's recommended maintenance schedule?	- 🗌 Yes	No
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check 🗹 box for each	-
<ol> <li>If the application to construct was <u>BEFORE</u> August 30, 1989 is the:         <ul> <li>a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F throughout the combustion process in the primary chamber?</li> <li>b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crema process begins in the primary chamber?</li> </ul> </li> </ol>		□No
<ul> <li>2. If the application to construct <u>ON</u> or <u>AFTER</u> August 30, 1989 is the:</li> <li>a. the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber?</li></ul>		No
	(check 🗹	only one
PART V: <u>ALLOWED MATERIALS</u>	box for each	(question)
<ol> <li>Besides animal remains and, if applicable, the bedding associated with the animals and appropriate co are any other materials, including biomedical wastes, incinerated in the unit?</li> <li>If yes, what other materials?</li> </ol>		⊠No
<ol> <li>Do containers contain no more than 0.5 percent by weight chlorinated plastics as certified by the manufacturer?</li></ol>	? Yes	⊠No □No

PART VI: <u>EQUIPMENT MAINTENANCE</u>	(check ☑ box for each	•
<ol> <li>Is the crematory unit maintained in accordance with the manufacturer's specifications?</li> <li>Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?</li> <li>Does the crematory allow for a visible check on the flame characteristics?</li> <li>If no, skip a b.         <ul> <li>a. Was the flame characteristic visually checked at least once during each operating shift?</li> <li>b. Was the flame adjusted when necessary?</li> </ul> </li> </ol>	- 🛛 Yes - 🗌 Yes - 🗌 Yes	□No □No ⊠No □No □No
PART VII: EU INSPECTION COMPLIANCE STATUS (check 🗹 only one box)		

IN	COMPLIANCE
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MINOR Non-COMPLIANCE

SIGNIFICANT Non-COMPLIANCE

## Facility Section (continued)

SPECIAL CONDITIONS AND PROCEDURES	(check 🗹 box for each	only one question)
<ul> <li><u>Administrative Changes</u>:</li> <li>1. Were there any changes in the name, address, or phone number of the facility or authorized representati associated with a change in ownership or with a physical relocation of the facility or any emissions units operations comprising the facility; or any other similar minor administrative change at the facility?</li> </ul>	s or Ves	XNo
2. If yes, did the facility provide written notification within 30 days of the change? New or Modified Process Equipment or Change in Ownership:	∐ Yes	LNo
<ul> <li>3. Since the last registration form submittal has there been</li></ul>		<ul> <li>∴No</li> <li>∴No</li> <li>∴No</li> <li>∴No</li> <li>∴No</li> <li>∴No</li> </ul>

C.Pitters

Inspector's Name (Please Print)

## 3/11/11

Date of Inspection

3/11/12

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**