

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

<u>IN</u>	SPECTION TYPE:	ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/D ARMS COMPLA		Y (CI)				
ΑI	IRS ID#: 0111026 DA	TE: <u>03/25/2014</u>	ARRIVE: <u>09:30</u>		DEPART: <u>12:00</u>				
FACILITY NAME: HUMANE SOCIETY OF BROWARD COUNTY									
FA	FACILITY LOCATION: 2070 GRIFFIN RD								
		FORT LAUDERDA	LE 33312						
CO	Email:	D REPRESENTATIVE: (HARRON CARMICHAEL OD: 6/28/2013 / 6/28/2 (effective date) (end date)	2018	Mobile:	HONE: (954)989-3977 (954)989-3977				
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE									
	Name(s) of facility rep Brief Notes:	resentative(s):			(check ☑ box for each	•			
2.	Is the Authorized Reprise If no, who is?:	resentative still CHRISTOPF	HER AGOSTINO?		Xes	□No			
3.		cility provide an administrativ still SHARRON CARMICHA				□No □No			
4.		cting VE test(s) during today ance authority notified at leas				□No □No			

Emissions Unit Section 3 -CRAWFORD C-1000P ANIMAL CREMATORY

PART I: FILE REVIEW PRIOR TO INSPECTION	(check 🗹 box for each	only one
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
 Manufacturer's recommended capacity:	☐ Yes	⊠No
5. 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? N/A d. Date of last VE test: 3/19/2013 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?		□No
If no, what was the problem (if known)?	⊠ Yes	∐No
PART 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. Operating capacity during test? bs for batch unit bs/hr for ram-charged unit	⊠ Yes	□No
b. Was the operating capacity greater than the manufacturer's recommended capacity?c. Was the test conducted with the unit operating at a capacity that is representative of normal operations? d. Was the visible emissions test conducted according to EPA Method 9?		⊠No □No □No
e. The visible emission test resulted in an opacity of $\underline{0}$ % for the highest six minute average. f. 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-nour)	
2. Was a visible emissions test conducted by the inspector during this site visit?a. Operating capacity during test?		⊠No
b. Was the operating capacity greater than the manufacturer's recommended capacity?c. Was the test conducted with the unit operating at a capacity that is representative of normal operations? d. Was the visible emissions test conducted according to EPA Method 9?	Yes	⊠No □No □No
e. The visible emission test resulted in an opacity of 0 % for the highest six minute average. f. Did the visible emission test demonstrate compliance with the limit? (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes	⊠ Yes	□No
	-	
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standar	rds?	⊠No
If yes, what reason?		

	(check 🗹 box for each	(check ☑ only one box for each question)	
1. Were there any objectionable odors detected?		⊠No	
An upwind/downwind survey of the facility was conducted. The observed parameters were:		210	
Wind direction - <u>NW</u> Downwind odor level detected- <u>0.0</u> Upwind odor level detected- <u>0.0</u>	Scale: 1-10 (worst)		
2. Continuous Monitoring Systems –			
a Is a continuous temperature monitoring system installed on each unit to record temperatures in		_	
secondary chamber in accordance with the manufacturer's instructions?		□No	
b Is the temperature probe properly placed, at least at the distance where the 1.0 second gas resident			
time at $\boxtimes 1,800^1 \ \Box \ 1,600^2$ degrees was determined?	X Yes	□No	
(Application of initial notification. Teerved on of after 6/35/6/, Teerved before 6/35/6/)			
c. Are the following records kept on file, available for inspection, for at least the past two years?	_		
(1) All temperature measurements		□No	
(2) All continuous monitoring systems, monitoring devices, and performance testing measuren			
monitoring system all continuous performance evaluations		∐No	
(3) All CEMS or monitoring device calibration checks (last performed on)	X Yes	□No	
(4) Adjustments	X Yes	□No	
(5) Preventive maintenance performed on systems/devices	X Yes	□No	
(6) Corrective maintenance performed on systems/devices	X Yes	□No	
d. Are the temperature charts properly documented with operator name, operator indication of	<u></u>		
when cremation in the primary chamber was begun, date, time, and temperature markings		□No	
e. Was the crematory unit installed after 2/1/07 ? If no, skip e.(1) – (3)		⊠No	
(1) Is the crematory unit equipped and operated with a pollutant monitoring system to aut			
control combustion based on continuous in-stack opacity measurement?		□No	
(2) Is the system calibrated to restrict combustion in the primary chamber whenever any			
exceeds 15% opacity?		□No	
(3) Has the opacity measurement system been cleaned and checked for proper operation accordance with the manufacturer's recommended maintenance schedule?		□No	
accordance with the manufacturer's recommended maintenance schedule:			
	(check 🗹	only one	
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	box for each	question)	
1. If the application to construct our PEFORE Assessed 20, 1000 is the			
1. If the application to construct was BEFORE August 30, 1989 is the:	7		
a. actual operating temperature of the secondary chamber combustion zone no less than 1400°1		□ No	
a. actual operating temperature of the secondary chamber combustion zone no less than 1400°1 throughout the combustion process in the primary chamber?	Yes	□No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the 	cremation Yes		
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the process begins in the primary chamber?	cremation Yes	□No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the process begins in the primary chamber? 2. If the application to construct ON or AFTER August 30, 1989 is the: 	cremation Yes		
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?		□No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	☐ Yes cremation ☐ Yes 00°F ☐ Yes		
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	☐ Yes cremation ☐ Yes 00°F ☐ Yes cremation	□No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes 00°F ∑ Yes cremation Yes	□No □No □No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the process begins in the primary chamber? 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 160 throughout the combustion process in the primary chamber? b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the process begins in the primary chamber? 	Yes cremation Yes Yes Yes Yes Yes Yes (check ☑	NoNoNo only one	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes 00°F ∑ Yes cremation Yes	NoNoNo only one	
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 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes O0°F Yes cremation Yes Cremation Yes (check box for each	No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes O0°F Yes cremation Yes Cremation Yes (check box for each	NoNoNo only one	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes O0°F Yes cremation Yes Cremation Yes (check box for each	No	
a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes O0°F Yes cremation Yes Cremation Yes (check box for each	No	
 a. actual operating temperature of the secondary chamber combustion zone no less than 1400°I throughout the combustion process in the primary chamber?	Yes cremation Yes OO°F Cremation Yes OCHECK Door box for each iate containers, Yes	No	

PART VI: EQUIPMENT MAINTENANCE	(check only one box for each question)					
 Is the crematory unit maintained in accordance with the manufacture. Is there a written plan onsite which addresses the operating proced shutdown and malfunction? Does the crematory allow for a visible check on the flame character. If no, skip a. – b. 	ures during startup,	∑ Yes □ Yes	□No □No □No			
a. Was the flame characteristic visually checked at least once duri b. Was the flame adjusted when necessary?	∑ Yes ☐ Yes	∐No ∏No				
PART VII: EU INSPECTION COMPLIANCE STATUS (check	only one box)					
☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE	SIGNIFICANT Non-COMPL	IANCE				
Facility Section (continued) SPECIAL CONDITIONS AND PROCEDURES (check V only one						
STECHTE COMBITTONS IN DIRECTED CHEE		(check ☑ box for each	•			
 Administrative Changes: Were there any changes in the name, address, or phone number of associated with a change in ownership or with a physical relocation operations comprising the facility; or any other similar minor admit 2. If yes, did the facility provide written notification within 30 days on the New or Modified Process Equipment or Change in Ownership:	n of the facility or any emissions unitinistrative change at the facility? of the change? ment? s substantially different? form and the appropriate fee	ts or Yes Yes Yes Yes Yes Yes Yes Yes Yes	 ∴.No ∴.No ∴.No ∴.No ∴.No ∴.No ∴.No ∴.No 			
C.Pitters	03/25/2014					
Inspector's Name (Please Print)	Date of Inspection					
	03/25/2015					
Inspector's Signature Approximate Date of Next In						
COMMENTS:						