

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)		
RE-INSPECTION (FUI) ARMS COMPLAINT NO:		
AIRS ID#: 0112078 DATE: <u>05/29/2008</u> ARRIVE: <u>9.30</u> DEPART: <u>12.30</u>		
FACILITY NAME: BROWARD PET CEMETARY		
FACILITY LOCATION: 11455 NW 8TH ST		
PLANTATION 33306		
OWNER/AUTHORIZED REPRESENTATIVE: ERNEST SEILER PHONE: (954)476-0743		
CONTACT NAME: Sandy Ketcham PHONE:		
ENTITLEMENT PERIOD: 12/31/2004 / 12/31/2009 (effective date) (end date)		
PART I: <u>INSPECTION COMPLIANCE STATUS</u> (check ✓ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE		
PART II: TESTING/RECORDKEEPING REQUIREMENTS _ Rulo 62,296 401 E A C		
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))		
(check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	☐ Yes	⊠ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	_	NoNo
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes	□ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	 ∐Yes	_
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	— □Yes tule □Yes	□ No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	Yes ule ⊠Yes ———————————————————————————————————	No No No No
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	— □Yes tule □Yes	NoNoNo
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	☐Yes Lule EYes ☐Yes ☐Yes ☐Yes ☐Yes	NoNoNoNoNoNoNo
 (check appropriate box(es)) Were there any objectionable odor(s) detected?	☐Yes Lule ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes	
 (check ☑ appropriate box(es)) Were there any objectionable odor(s) detected?	☐Yes Lule Yes Yes Yes Yes Yes Yes Yes Y	NoNoNoNoNoNoNo

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – 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	record temperatures in the
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary cha	mber combustion zone in
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	
measurements, maintenance, reports and records?	B
1) All measurements (including CEMS)	\(\times Yes \) \(\times No \)
2) Monitoring device	
3) Performance Testing Measurements	
4) 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) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
3. If constructed BEFORE August 30, 1989 is the:	
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 16	00°F ?
b) actual operating temperature of the secondary chamber combustion zone no less than 1400 °F	
throughout the combustion process in the primary chamber?	
c) cremation in the primary chamber begun after the secondary chamber combustion zone temper	
is equal to or greater than 1400°F?	Yes No
d) required monitoring equipment installed and operational, and providing continuous monitoring	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained	
secondary chamber combustion zone according to the manufacturer's instructions?	
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 reside @ 1800° F?	
b) the actual operating temperature of the secondary chamber combustion zone no less than 160	
throughout the combustion process in the primary chamber?	
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the c	remation
process begins in the primary chamber?	\(\sum Yes \(\subseteq \) No
5. Are appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorina	ited
plastics used during the cremation of dead animals?	
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer	•
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the dur	
their use and for at least two years after their use?	
b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than	1 3 mils
thick?	
c) Are dead animals, which have been used for medical or commercial experimentation, or other	r
materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location	
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	
7. Have all crematory operators been trained and certified by a Department-approved training progra	ım? ⊠Yes □ No
a) Are copies of the training certificates all crematory operators kept on file at the facility for the	e duration
of the operator's employment & for an additional two years after termination of employment	?

PART IV: SPECIAL CONDITIONS AND PROCEDUMA. New or Modified Process Equipment	RES – Rule 62-296.401, F.A.C.		
Since the last inspection has there been a) installation of any new process equipment? b) alterations to existing process equipment without replacement? c) replacement of existing equipment substantially different than that noted on the most recent notification form?			⊠No ⊠No ⊠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 ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes	⊠No ⊠No ⊠No ⊠No
Courtney Pitters	05/29/2008		
Inspector's Name (Please Print)	Date of Inspection		
	05/29/2009		
Inspector's Signature	Approximate Date of Next Inspe	ection	
COMMENTS: VE Testing to be conducted in the future.			