A AND
FLORIDA

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) [RE-INSPECTION (FUI) [COMPLAINT/DISCOVERY (CI)			
AIRS ID#: 0112146 DATE: <u>12/18/2007</u>	ARRIVE: <u>1000</u> DEPART: <u>1330</u>			
FACILITY NAME: ATLANTIC BURIAL CASKET	I CO. DBA ABCO			
FACILITY LOCATION: 820 N.W. 57TH STR	REET			
FT. LAUDERDALE	2 33309			
OWNER/AUTHORIZED REPRESENTATIVE: (OWEN DAY PHONE: (954)772-5262			
CONTACT NAME: same	PHONE: (
ENTITLEMENT PERIOD: 11/27/2006 / 11/27 (effective date) (end date				
PART I: INSPECTION COMPLIANCE STATUS (check I only one box) □ IN COMPLIANCE □ MINOR Non-COMPLIANCE □ SIGNIFICANT Non-COMPLIANCE				
PART II. TESTING/RECORD/FEPING REQUI	PEMENTS Pule 62-206-401 F.A.C			
PART II: <u>TESTING/RECORDKEEPING REQUI</u> (check ☑ appropriate box(es))	<u>REMENTS</u> – Rule 62-296.401, F.A.C.			
(check appropriate box(es))1. Were there any objectionable odor(s) detected?	? Yes 🛛 No			
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? 2. Was a visible emissions test conducted during 62-297, F.A.C.)?	? ☐ Yes ⊠ No this site visit according to EPA Method 9 (Ref.: Chapter ☐ Yes ⊠ No			
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PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – 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	
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	Xes 🗌 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 <u>BEFORE</u> 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 <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 residence times a 100 second gas residenc	
@ 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	
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	y c
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?	∐Yes ∐ 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. <u>New or 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

Paul R. Shelton

Inspector's Name (Please Print)

12/18/2007

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: