



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0112149	DATE: <u>05/08/2012</u>	ARRIVE: <u>1300</u>	DEPART: <u>1530</u>
FACILITY NAME: FRED HUNTER MEMORIAL CREMATORY FACILITY			
FACILITY LOCATION: 6301 TAFT ST HOLLYWOOD 33024-5934			
OWNER/AUTHORIZED REPRESENTATIVE: JEFF CASEY		PHONE: (954)965-1663	
Email:		Mobile: (954)260-3500	
CONTACT NAME: RAYMOND KOTERBA		PHONE: (954)965-1666	
Email:		Mobile: (954)260-3070	
ENTITLEMENT PERIOD: 4/11/2010 / 4/11/2015 (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): _____
 Brief Notes: _____

2. Is the Authorized Representative still JEFF CASEY? ----- 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 RAYMOND KOTERBA? ----- 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
2 – Human Crematory-#1,prim/2ndarychmbrs,opac/temp-m/r-250#/hr

PART I: FILE REVIEW PRIOR TO INSPECTION

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: 05/11/2012
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:
 - 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

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

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 ()) ----- 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

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

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

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

Emissions Unit Section
3 – Human Crematory-#2,prim/2ndarychmbrs,opac/temp-m/r-200#/hr

PART I: FILE REVIEW PRIOR TO INSPECTION

(check only one box for each question)

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- 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
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 - d. Date of last VE test: _____
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- 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

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: