

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

| IN | SPECTION TYPE: | ANNUAL (INS1, INS2) | COMPLAINT/D | ISCOVERY | (CI) | |
|--|---|---|---------------------------|----------|---------------------|------------|
| | | RE-INSPECTION (FUI) | ARMS COMPLA | AINT NO: | | |
| ΑI | RS ID#: 0112152 DAT | ΓΕ: <u>2/15/12</u> | ARRIVE: <u>1010</u> | | DEPART: <u>1215</u> | |
| FA | ACILITY NAME: GOLD COAST CREMATORY | | | | | |
| FA | CILITY LOCATION | : 796 NW 57TH ST | | | | |
| | | FT LAUDERDALE | 33309-2825 | | | |
| C | OWNER/AUTHORIZED REPRESENTATIVE: DANIEL D'ANDREA Email: Daniel.D'Andrea@Sci-us.com CONTACT NAME: DANIEL D'ANDREA Email: Daniel.D'Andrea@Sci-us.com ENTITLEMENT PERIOD: 10/24/2011 / 10/24/2016 (effective date) (end date) PHONE: (954)946-2900 Mobile: Mobile: | | | | | |
| Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☐ IN COMPLIANCE ☑ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE | | | | | | |
| | | | | | | |
| | PART II: ONSITE INTRODUCTORY MEETING 1. Name(s) of facility representative(s): Dan D'Andrea Brief Notes: (check ☑ only one box for each question) | | | | | |
| 2. | Is the Authorized Repro | esentative still DANIEL D'A | ANDREA? | | X Yes | □No |
| 3. | If different, did the facilist the facility contact st If no, who is?: | ility provide an administrati iill DANIEL D'ANDREA? | ve update within 30 days? | | Yes X Yes | □No □No |
| 4. | | ting VE test(s) during today nce authority notified at lea | | | | □No □No |

$\label{lem:emissions} Emissions~Unit~Section \\ \underline{1-HumanCrematory.\#1,prim/2ndarychmbr,NG,TempM\&R,OpacM150lbs/hr}$

| PA | RT I: FILE REVIEW PRIOR TO INSPECTION | (check 🗹 box for each o | only one question) |
|----|--|----------------------------|-----------------------|
| 1. | a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989?b. If yes, were design calculations provided then to confirm a sufficient volume in the | ⊠ Yes | □No |
| 3. | secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? | ⊠ Yes □ Yes | □No ⊠No |
| 4. | 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? | Yes | □No |
| | 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? | ⊠ Yes ⊠ Yes | ∐No □No |
| | | | |
| PA | RT II: <u>VISIBLE EMISSIONS TESTING</u> | (check ☑ box for each o | only one question) |
| 1. | Was a visible emissions test conducted by the facility for this unit during this site visit? | ⊠ Yes | □No □No □No |
| | c. The visible emission test resulted in an opacity of 5 % for the highest six minute average. d. 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 | | □No |
| 2. | Was a visible emissions test conducted by the inspector during this site visit? | ☐ Yes | ⊠No □No □No |
| 3 | d. Did the visible emission test demonstrate compliance with the limit? | | □No |
| 5. | If yes, what reason? | Yes | ⊠No |
| | | | |
| PA | RT III: MONITORING/RECORDKEEPING REQUIREMENTS | (check 🗹 box for each o | only one question) |
| 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) | |
| a | Continuous Monitoring Systems – 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 |
| υ | time at $\boxtimes 1,800^1$ $\square 1,600^2$ degrees was determined? | ⊠ Yes | □No |

| P | 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 | \boxtimes | Yes | □No | | |
| | 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations 3) All CEMS or monitoring device calibration checks (last performed on () | | Yes Yes | □No □No | | |
| | 4) Adjustments 5) Preventive maintenance performed on systems/devices 6) Corrective maintenance performed on systems/devices | \boxtimes | Yes Yes Yes | □No □No □No | | |
| | 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 | \boxtimes | Yes | No | | |
| e. | Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3) | ally | Yes Yes | □No | | |
| | (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity?(3) Has the opacity measurement system been cleaned and checked for proper operation in | \boxtimes | Yes | □No | | |
| <u>_</u> | accordance with the manufacturer's recommended maintenance schedule? | | Yes | □No | | |
| PÆ | ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES | , | | only one question) | | |
| 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 | | |
| | process begins in the primary chamber? | | Yes | □No | | |
| 2. | If the application to construct <u>ON</u> or <u>AFTER</u> 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 crematic process begins in the primary chamber? | | Yes | □No | | |
| | | | | | | |
| _ | | | | | | |
| PA | ART V: <u>ALLOWED MATERIALS</u> | | | only one question) | | |
| | ART V: ALLOWED MATERIALS Other than human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? | box | | | | |

| PART VI: EQUIPMENT MAINTENANCE | (check ☑ box for each | only one question) |
|--|------------------------------|----------------------|
| 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? 3. Does the crematory allow for a visible check on the flame characteristics? If no, skip a. – b. a. Was the flame characteristic visually checked at least once during each operating shift? b. Was the flame adjusted when necessary? | ⊠ Yes | No No No No |
| PART VII: EU INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPL | JANCE | |

$\label{lem:emissions} Emissions~Unit~Section \\ \underline{2-HumanCrematory-\#2,prim/2ndarychmbr,NG,TempM\&R,OpacM150lbs/hr}$

| PA | RT I: FILE REVIEW PRIOR TO INSPECTION | | only one |
|----|---|---------------------------------------|-----------------------|
| | | box for each of | question) |
| 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 | |
| 3. | Crematory unit installed after February 1, 2007? Date of last inspection: 3/11 Past Visible Emissions (VE) tests: | Yes | ⊠No |
| | 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: 3/11 | Yes | □No |
| | 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? If no, what was the problem (if known)? | ∑ Yes∑ Yes | □No □No |
| | | | |
| PA | RT II: <u>VISIBLE EMISSIONS TESTING</u> | (check 🗹 box for each o | only one question) |
| | Was a visible emissions test conducted by the facility for this unit during this site visit? | ⊠ Yes | □No □No □No |
| | c. The visible emission test resulted in an opacity of 41 % for the highest six minute average. d. 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 | | ⊠No |
| | Was a visible emissions test conducted by the inspector during this site visit? | ☐ Yes | ⊠No □No □No |
| | d. Did the visible emission test demonstrate compliance with the limit? | rds? | □No |
| | If yes, what reason? | ∐ Yes | ∐No |
| | | | |
| DΛ | RT III: MONITORING/RECORDKEEPING REQUIREMENTS | (.11. [7] | 1 |
| IA | KI III. MONITORING/RECORDREET ING REQUIREMENTS | (check ☑ box for each of | only one question) |
| 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) | |
| | 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 $\boxtimes 1,800^1$ \square 1,600 2 degrees was determined? | ⊠ Yes | □No |

| | 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 | \boxtimes | Yes | □No | | |
| | 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; | \square | Yes | \square No | | |
| | monitoring system all continuous performance evaluations 3) All CEMS or monitoring device calibration checks (last performed on () | _ | Yes Yes | ∐No □No | | |
| | 4) Adjustments | = | Yes | □No | | |
| | 5) Preventive maintenance performed on systems/devices | | Yes | □No | | |
| | 6) Corrective maintenance performed on systems/devices | \boxtimes | 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 automatical 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 | | 169 | ☐INO | | |
| ı | exceeds 15% opacity? | \boxtimes | 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 | | |
| | | | | | | |
| PA | ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES | , | neck 🗹 | only one | | |
| | | box | for each | question) | | |
| | | | | | | |
| 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 | | | ĺ | | |
| l | | | | | | |
| • | throughout the combustion process in the primary chamber? | | Ves | □ No | | |
| | throughout the combustion process in the primary chamber?b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic | | Yes | □No | | |
| | | | Yes Yes | □No | | |
| 2. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | | | | | |
| 2. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? 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 | | | | | |
| 2. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on | | | | |
| 2. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on | Yes Yes | No | | |
| 2. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on | Yes | No | | |
| 2. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on | Yes Yes | No | | |
| | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son | Yes Yes Yes | □No □No □No | | |
| | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son Son Son Son Son Son S | Yes Yes Yes neck ✓ | No | | |
| | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son Son Son Son Son Son S | Yes Yes Yes neck ✓ | No | | |
| PA | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son Son Son Son Son Son S | Yes Yes Yes neck ✓ | No | | |
| PA | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son Son Son Son Son Son S | Yes Yes Yes neck ✓ | No | | |
| 1. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son Son Son Son Son Son S | Yes Yes Yes neck for each | No | | |
| P A 1. | b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the crematic process begins in the primary chamber? | on Son Son Son Son Son Son Son Son Son S | Yes Yes Yes neck for each | No | | |

| PART VI: <u>EQUIPMENT MAINTENANCE</u> | (check ✓ box for each | only one question) |
|--|------------------------------|--------------------|
| 1. Is the crematory unit maintained in accordance with the manufacturer's specifications? | Yes | ⊠No |
| Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? | ⊠ Yes | NoNoNoNo |
| | | |
| PART VII: <u>EU INSPECTION COMPLIANCE STATUS</u> (check ✓ only one box) | | |
| ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMP. | LIANCE | |

${\bf Emissions~Unit~Section} \\ {\bf 3-HumanCrematory-\#3,prim/2ndarychmbr,NG,TempM\&R,OpacM150lbs/hr}$

| PA | RT I: FILE REVIEW PRIOR TO INSPECTION | (check 🗹 box for each o | only one question) |
|----|--|---------------------------------|-----------------------|
| 1. | a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? b. If yes, were design calculations provided then to confirm a sufficient volume in the | ⊠ Yes | □No |
| 3. | secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? | ⊠ Yes □ Yes | □No ⊠No |
| 4. | 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: 3/11 e. Was the VE test report filed with the compliance authority no later than 45 days after the test? | ☐ Yes ☐ Yes | □No |
| | f. Did the facility demonstrate compliance during the last VE test? If no, what was the problem (if known)? | | □No |
| | | | |
| PA | ART II: <u>VISIBLE EMISSIONS TESTING</u> | (check ☑ box for each of | only one question) |
| 1. | Was a visible emissions test conducted by the facility for this unit during this site visit? a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? b. Was the visible emissions test conducted according to EPA Method 9? | ⊠ Yes | □No □No □No |
| | c. The visible emission test resulted in an opacity of 5 % for the highest six minute average. d. 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 | | □No |
| 2. | Was a visible emissions test conducted by the inspector during this site visit? | ☐ Yes | ⊠No □No □No |
| 3 | d. Did the visible emission test demonstrate compliance with the limit? | | □No |
| 5. | If yes, what reason? | Yes | ⊠No |
| | | | |
| PA | RT III: MONITORING/RECORDKEEPING REQUIREMENTS | (check 🗹 box for each o | only one question) |
| 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) | |
| a | Continuous Monitoring Systems – 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 |
| υ | Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at $\boxtimes 1,800^1 \ \Box \ 1,600^2$ degrees was determined? | ⊠ Yes | □No |

| P | 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 | \boxtimes | Yes | □No | | |
| | 2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations 3) All CEMS or monitoring device calibration checks (last performed on () | | Yes Yes | □No □No | | |
| | 4) Adjustments 5) Preventive maintenance performed on systems/devices 6) Corrective maintenance performed on systems/devices | \boxtimes | Yes Yes Yes | □No □No □No | | |
| | 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 | \boxtimes | Yes | No | | |
| e. | Was the crematory unit installed after 2/1/07? If no, skip e.(1) – (3) | ally | Yes Yes | □No | | |
| | (2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity?(3) Has the opacity measurement system been cleaned and checked for proper operation in | \boxtimes | Yes | □No | | |
| <u>_</u> | accordance with the manufacturer's recommended maintenance schedule? | | Yes | □No | | |
| PÆ | ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES | , | | only one question) | | |
| 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 | | |
| | process begins in the primary chamber? | | Yes | □No | | |
| 2. | If the application to construct <u>ON</u> or <u>AFTER</u> 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 crematic process begins in the primary chamber? | | Yes | □No | | |
| | | | | | | |
| _ | | | | | | |
| PA | ART V: <u>ALLOWED MATERIALS</u> | | | only one question) | | |
| | ART V: ALLOWED MATERIALS Other than human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit? | box | | | | |

| PART VI: EQUIPMENT MAINTENANCE | (check ✓ box for each | only one question) |
|--|------------------------------|--------------------|
| 1. Is the crematory unit maintained in accordance with the manufacturer's specifications? | - 🛛 Yes | □No |
| Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? | _ | □No |
| a. Was the flame characteristic visually checked at least once during each operating shift? b. Was the flame adjusted when necessary? | | □No □No |
| | | |
| PART VII: <u>EU INSPECTION COMPLIANCE STATUS</u> (check ☑ only one box) | | |
| ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPI | LIANCE | |

$Emissions\ Unit\ Section \\ {4-HumanCrematory-\#4,prim/2ndarychmbr,NG,TempM\&R,OpacM150lbs/hr}$

| PA | RT I: FILE REVIEW PRIOR TO INSPECTION | (check 🗹 box for each o | only one question) |
|----|--|----------------------------|-----------------------|
| 1. | a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? | ⊠ Yes | □No |
| 3. | secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit? | ⊠ Yes ⊠ Yes | □No □No |
| 4. | 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: 3/11 e. Was the VE test report filed with the compliance authority no later than 45 days after the test? | ☐ Yes ☐ Yes | □No |
| | f. Did the facility demonstrate compliance during the last VE test? | | □No |
| | | | |
| PA | RT II: <u>VISIBLE EMISSIONS TESTING</u> | (check ☑ box for each o | only one question) |
| 1. | Was a visible emissions test conducted by the facility for this unit during this site visit? | ⊠ Yes | □No □No □No |
| | c. The visible emission test resulted in an opacity of 5 % for the highest six minute average. d. 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 | | □No |
| 2. | Was a visible emissions test conducted by the inspector during this site visit? | ☐ Yes | ⊠No □No □No |
| 3 | d. Did the visible emission test demonstrate compliance with the limit? | | □No |
| ο. | If yes, what reason? | Yes | ⊠No |
| | | | |
| PA | RT III: MONITORING/RECORDKEEPING REQUIREMENTS | (check 🗹 box for each o | only one question) |
| 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) | |
| a | Continuous Monitoring Systems — 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 |
| υ | Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at $\boxtimes 1,800^1$ \square $1,600^2$ degrees was determined? | ⊠ Yes | □No |

| D/ | ART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued) | | | |
|-----|---|-------------|------------|--------------------|
| 1 / | THE MONTORING RECORDRESS ING 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 | \boxtimes | Yes | □No |
| | 3) All CEMS or monitoring device calibration checks (last performed on () | | Yes Yes | □No □No |
| | 5) Preventive maintenance performed on systems/devices | | Yes | No |
| | 6) Corrective maintenance performed on systems/devices | \boxtimes | 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 | \square | Yes | П 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 automatical 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?(3) Has the opacity measurement system been cleaned and checked for proper operation in | \boxtimes | Yes | □No |
| | accordance with the manufacturer's recommended maintenance schedule? | \boxtimes | Yes | □No |
| | | | | |
| PA | ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES | , | heck 🗹 | only one question) |
| | | UUA | 101 Cacii | question) |
| 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 cremati process begins in the primary chamber? | on | 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? | \square | Yes | П |
| | b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremati | | 168 | ∐No |
| | process begins in the primary chamber? | | Yes | □No |
| _ | | | | |
| P | ART V: ALLOWED MATERIALS | (cl | heck 🗹 | only one |
| - 1 | | • | | question) |
| 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 |

| PART VI: <u>EQUIPMENT MAINTENANCE</u> | | (check ☑ only one box for each question) | |
|--|--------------------------------|--|---|
| 1. Is the crematory unit maintained in accordance with the manufacture | r's specifications? | ⊠ Yes | □No |
| 2. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?3. Does the crematory allow for a visible check on the flame characteristics? | | ∑ Yes∑ Yes | □No |
| If no, skip a. – b. a. Was the flame characteristic visually checked at least once during b. Was the flame adjusted when necessary? | each operating shift? | | □No □No |
| PART VII: EU INSPECTION COMPLIANCE STATUS (check | only one box) | | |
| ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE | | | |
| Facility Section (continued) | | | |
| SPECIAL CONDITIONS AND PROCEDURES | | (check v box for each | only one 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? Y. 2. If yes, did the facility provide written notification within 30 days of the change? | | | ⊠No □No |
| New or Modified Process Equipment or Change in Ownership: | | | |
| 3. Since the last registration form submittal has there been | | ☐ Yes | NoNoNoNoNoNo □No |
| Art Pennetta | 2/15/12 | | |
| Inspector's Name (Please Print) | Date of Inspection | | |
| | 2/13 | | |
| Inspector's Signature | Approximate Date of Next Inspe | ection | |

COMMENTS: Unit 2 failed the annual VE testing with a 6min average over 40%. A Warning Notice has been issued and the unit will be re-tested on 3/12/12.