

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISC ARMS COMPLAIN	· / -			
AIRS ID#: 0250537 DATE: <u>5/2/2013</u>	ARRIVE: <u>11:31 AM</u>	DEPART: <u>11:45 AM</u>			
FACILITY NAME: VAN ORSDEL FUNERAL O	CHAPEL				
FACILITY LOCATION: 3333 NE 2ND AV	Έ				
MIAMI 33137-3	3804				
OWNER/AUTHORIZED REPRESENTATIVE: Email: CONTACT NAME: Email: ENTITLEMENT PERIOD: 7/29/2010 / 7/29/2010 (effective date) (end of the contact o	M PH M 9/2015	HONE: (305)274-1222 (obile: (305)496-5005 HONE: (obile:			
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ✓ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE					
PART II: ONSITE INTRODUCTORY MEETIN 1. Name(s) of facility representative(s): FRANK L Brief Notes:		(check ☑ only one box for each question)			
2. Is the Authorized Representative still DONALD If no, who is?:	ORSDEL?				
If different, did the facility provide an administra 3. Is the facility contact still? If no, who is?:	ative update within 30 days?	YesNo YesNo			
Will facility be conducting VE test(s) during toda If yes, was the compliance authority notified at least	5 1				

${\bf Emissions~Unit~Section} \\ {\bf 2-HumanCrematory-prim/2ndarychmbrNGfired, temp/opac.mon 150 lb/hr}$

PA	ART I: FILE REVIEW PRIOR TO INSPECTION	(check ☑	only one
		box for each	
		DOX 101 Cacii (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	□No
	Crematory unit installed after February 1, 2007?	☐ Yes	⊠No
	Date of last inspection: 1/26/2012		
4.	Past Visible Emissions (VE) tests:	_	
	a. Was a VE test performed within each of the past 4 calendar years?	⊠ Yes	∐No
l	b. Has a VE test been performed yet within the current calendar year?	☐ Yes	⊠No
l	c. If first year of operation, was a VE test performed within 30 days of commencing		
l	operation?	☐ Yes	∐No
	d. Date of last VE test: 1/26/2012	K 71 **	
l	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)?		
PΛ	ART II: VISIBLE EMISSIONS TESTING		
IA	KI II. VISIBLE EMISSIONS TESTING	(check 🗹	only one
		box for each	question)
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?		□No
	b. Was the visible emissions test conducted according to EPA Method 9?		□No
	8		
	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
	(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?		⊠No
	a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver?		□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?		□No
3.	Is there any reason to ask for a special test to determine compliance with the PM and CO standar		
		☐ Yes	□No
	If yes, what reason?		
PA	ART III: MONITORING/RECORDKEEPING REQUIREMENTS	(check ☑	only one
	MI III III III III III III III III III	box for each	*
		box for each	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 $\square 1,800^1 \square 1,600^2$ degrees was determined?	Yes Yes	□No
	(Application or initial notification: ¹ received on or after 8/30/89; ² received before 8/30/89)		

D/	ART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)			
PF	IRI III: MONITORING/RECORDREEPING 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;		105	
	monitoring system all continuous performance evaluations	\boxtimes	Yes	□No
	3) All CEMS or monitoring device calibration checks (last performed on ()		Yes	□No
	4) Adjustments	M	Yes	No
	5) Preventive maintenance performed on systems/devices		Yes	□No
	6) Corrective maintenance performed on systems/devices		Yes	=
	6) Corrective maintenance performed on systems/devices		res	∐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	\boxtimes	Yes	□No
e.	Was the crematory unit installed after $2/1/07$? If no, skip e.(1) – (3)	\Box	Yes	⊠No
	(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatical	lly		
	control combustion based on continuous in-stack opacity measurement?	ĺΠ	Yes	□No
	(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity	_		
	exceeds 15% opacity?	П	Yes	□No
	(3) Has the opacity measurement system been cleaned and checked for proper operation in		100	
	accordance with the manufacturer's recommended maintenance schedule?		Yes	□No
	accordance with the manufacturer 5 recommended mannerance selecture.		105	
				_
P/	ART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(cl	neck 🗹	only one
	THE SECOND SHALL COMBOSTION ZONE TEM EMITTERED	box	for each	question)
				,
1	If the application to construct was BEFORE August 30, 1989 is the:			
1.	a. actual operating temperature of the secondary chamber combustion zone no less than 1400°F			
	throughout the combustion process in the primary chamber?		Vac	□No
	b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremati		103	
	process begins in the primary chamber?		Vac	ПNо
	process begins in the primary chamber?	Ш	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?	\boxtimes	Yes	□No
	b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremati	_		
	process begins in the primary chamber?	_	Yes	□No
	Learner and Community annual community			
_				
				_
P	ART V: ALLOWED MATERIALS	(cl	neck 🗹	only one
			for each	
				1
1				
1.	Other than human or fetal remains with appropriate containers or clothing are any materials			
	Other than human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, including biomedical wastes, including biomedical wastes, including biomedical wastes, including biomedical wastes.		Vac	⊠ No
	Other than human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit?		Yes	⊠No
2	including biomedical wastes, incinerated in the unit?		Yes	⊠No
2.	including biomedical wastes, incinerated in the unit? Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated			
2.	including biomedical wastes, incinerated in the unit?		Yes Yes Yes	□No

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?	Yes	No No No No		
PART VII: EU INSPECTION COMPLIANCE STATUS (check ✓ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE				

${\bf Emissions~Unit~Section} \\ {\bf 3-HumanCrematory-prim/2ndarychmbrNGfired, temp/opac.mon 200 lb/hr}$

	RT I: FILE REVIEW PRIOR TO INSPECTION	(check 🗹 o	only one box 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 secondary chamber combustion zone to provide for at least a 1.0 second gas residence time 	⊠ Yes	□No
3.	at 1800 degrees Fahrenheit?		□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		⊠No ⊠No
	operation? \boxtimes N/A d. Date of last VE test: $1/26/2012$	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)?		∐No □No
PA	RT II: <u>VISIBLE EMISSIONS TESTING</u>	(check 🗹 of for each q	only one box 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 % for the highest six minute average. d. Did the visible emission test demonstrate compliance with the limit?		No
2.	Was a visible emissions test conducted by the inspector during this site visit?	Yes Yes	□No □No
3.	d. Did the visible emission test demonstrate compliance with the limit?		⊠No
	If yes, what reason?	☐ Yes	□No
			-1
PA	RT III: MONITORING/RECORDKEEPING REQUIREMENTS	(check 🗹 of for each of	only one box question)
1.	Were there any objectionable odors detected?		⊠No
2.	Downwind odor level detected- Wind direction - Upwind odor level detected- Continuous Monitoring Systems -	(1-10)	
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
D	Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at $\boxed{1,800^1}$ $\boxed{1,600^2}$ 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	Yes	□No
2) all continuous monitoring systems, monitoring devices, and performance testing measurements; monitoring system all continuous performance evaluations	⊠ Yes	ПNо
3) All CEMS or monitoring device calibration checks (last performed on ()	Yes	□No
4) Adjustments	Yes	□No
5) Preventive maintenance performed on systems/devices 6) Corrective maintenance performed on systems/devices	Yes Yes	∐No □No
		140
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	ПNо
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?(2) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity	⊠ Yes	∐No
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
	_	a.
PART IV: <u>SECONDARY COMBUSTION ZONE TEMPERATURES</u>	check 🗹	only one box question)
	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	□ 3 7	
throughout the combustion process in the primary chamber?b. secondary chamber combustion zone temperature equal to or greater than 1400°F before the cremati	⊥ Y es	lNo
process begins in the primary chamber?		□No
process begins in the primary chamber?	on	
process begins in the primary chamber?	on Yes	
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 Yes	
process begins in the primary chamber?	Yes Yes 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 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? b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematical secondary chamber.	Yes Yes 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? b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	Yes Yes Yes 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? b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber?	Yes Yes Yes Yes Yes Check	No No No
process begins in the primary chamber?	Yes Yes Yes Yes Yes Check	No
process begins in the primary chamber?	Yes Yes Yes Yes Yes Check	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? b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic process begins in the primary chamber? 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 Yes On Yes On Yes Check for each	No
process begins in the primary chamber?	Yes Yes On Yes On Yes Check for each	No

PART VI: EQUIPMENT MAINTENANCE		(check 🗹 o		
1. Is the crematory unit maintained in accordance with the manufactur	er's specifications?	- Xes	□No	
 Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction?			□No □No □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	•	
Administrative Changes: 1. Were there any changes in the name, address, or phone number of the facility or authorized representat associated with a change in ownership or with a physical relocation of the facility or any emissions unit operations comprising the facility; or any other similar minor administrative change at the facility? 2. If yes, did the facility provide written notification within 30 days of the change? New or Modified Process Equipment or Change in Ownership: 3. Since the last registration form submittal has there been			□No□No□No□No□No□No□No	
FRANK DELGADO	5/2/2013			
Inspector's Name (Please Print)	Date of Inspection 5/2014			
Inspector's Signature	Approximate Date of Next Ins	spection		
COMMENTS: BOTH CREMATORIES WERE NOT OPERATIONAD DIRECTOR TOLD ME THAT CREMATIONS ARE DONE AT NIGICALENDAR YEAR.				

REVIEWED
By Ray Gordon at 10:48 am, May 28, 2013