WHERTAL PROTECTION
Some Cane
FLORIDA
FLORIDA

## HUMAN CREMATORY



### COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:							
AIRS ID#: 0250630 DATE: <u>5/20/2010</u> ARRIVE: <u>9:55 AM</u> DEPART: <u>10:25 AM</u>							
FACILITY NAME: WOODLAWN PARK CEMETERY							
FACILITY LOCATION: 3260 SW 8 STREET							
MIAMI 33114							
OWNER/AUTHORIZED REPRESENTATIVE: MARIANA CABALLERO PHONE: (305)445-9508							
CONTACT NAME: PHONE:							
ENTITLEMENT PERIOD: 7/7/2008 / 7/5/2013							
(effective date) (end date)							
PART I: INSPECTION COMPLIANCE STATUS (check 🗹 only one box)							
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE							
PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.							
(check ☑ appropriate box(es))							
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected? □ Yes ☑ No</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter</li> </ul>							
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected? □ Yes ☑ No</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? □ Yes ☑ No</li> </ul>							
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected? ☐ Yes ☑ No</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)? ☐ Yes ☑ No</li> <li>3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date?</li> </ul>							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es)) <ul> <li>Were there any objectionable odor(s) detected?</li></ul>							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							
(check ☑ appropriate box(es))         1. Were there any objectionable odor(s) detected?							

# PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record te					
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber con accordance with the manufacturer's instructions?					
a) Do temperature probes seem to be properly placed?	∐Yes ∐ No				
b) Are the following records kept on file, available for inspection for at least two years following the reco	ording of such				
measurements, maintenance, reports and records?					
1) All measurements (including CEMS)					
2) Monitoring device	∐Yes ∐ 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 <b><u>BEFORE</u></b> August 30, 1989 is the:					
	Yes No				
b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F					
	Yes No				
c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature					
	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					
	Yes No				
secondary enumber compasion zone according to the manufacturer's instructions.					
4. If constructed <b>ON</b> or <b>AFTER</b> August 30, 1989 is the:					
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time					
@ 1800° F?	Yes No				
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$					
	Yes No				
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation					
	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 they					
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of					
	🗌 Yes 🗌 No				
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at	—				
	🗌 Yes 🗌 No				
	$\square$ Yes $\square$ No				
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the dura					
	Yes No				
I I J I I I I I I I I I I I I I I I I I					

### PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C.

А.	. <u>New or Modified Process Eq</u>	uipment		
	1. Since the last inspection has	s there been		
	1	process equipment?	Yes	No
	b) alterations to existing p	rocess equipment without replacement?	Yes	No
		equipment substantially different than that noted on the most n?	Yes	No
	d) If you answered <u>YES</u> t	o any of the above, did the owner submit a new and complete		
		ppropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or		
	local program office?		Yes	No
	was required, have all operation	····· · · · · · · · · · · · · · · · ·	□Yes	No
	required, has the owner sub	ied equipment, where a Department air construction permit was mitted copies of all operator training certificates? day required window following the training?	□Yes □Yes	□No □No

#### FRANK DELGADO

Inspector's Name (Please Print)

5/20/2010

Date of Inspection

5/2011

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:** THE CREMATORY WAS NOT IN OPERATION. A VISIBLE EMISSIONS TEST IS DUE BY 12/31/2010.