

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2)			
AIRS ID#: 1110050 DATE: 01/21/2010 ARRIVE: 1330 DEPART: 1430 FACILITY NAME: HAISLEY FUNERAL & CREMATION SERVICE			
FACILITY LOCATION: 3015 OKEECHOBEE RD			
FORT PIERCE 34947-4616			
OWNER/AUTHORIZED REPRESENTATIVE: RICHARD HAISLEY PHONE: (772)461-5211			
CONTACT NAME: PHONE:			
ENTITLEMENT PERIOD: 3/8/2009 / 3/8/2014 (effective date) (end date)			
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box)			
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE	I.		
PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))			
1. Were there any objectionable odor(s) detected?	☐ Yes ⊠ No		
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		
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?			
(Rule 62-296.401(5)(i), F.A.C.)	⊠Yes □ No		
4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.)a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by	⊠Yes □No		
volume, dry basis, corrected to 7% O ₂ on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)?	⊠Yes □ No		
 b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)? c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft³) of flue gas, corrected to 7% O₂ and tested according to EPA Method 5 	⊠Yes □ No		
(Ref.: Chapter.62-297, F.A.C.)?	⊠Yes □ No		
5. Was all emissions testing conducted with the source operating at the manufacturers recommended capacity?	⊠Yes □ No		
6. Was CO & PM compliance demonstrated by submission of a test report for an identical crematory unit? 7. Was the Department notified at least 15 days prior to the date of the last formal compliance test?	⊠Yes ☐ No ⊠Yes ☐ No		
8. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?	_		

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – 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	temperatures in the
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	
measurements, maintenance, reports and records?	C
1) All measurements (including CEMS)	⊠Yes ☐ No
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	
6) Adjustments	Yes No
7) Preventive maintenance performed on systems/devices	
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 BEFORE 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 tin @ 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
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: SPECIAL CONDITIONS AND PROCEDU A. New or Modified Process Equipment	<u>JRES</u> – Rule 62-296.401, F.A.C.
Since the last inspection has there been a) installation of any new process equipment? b) alterations to existing process equipment wi	
c) replacement of existing equipment substanting recent notification form?d) If you answered <u>YES</u> to any of the above, description form and appropriate fee (Pule	Yes ⊠No
local program office? 2. If a crematory unit has been modified to the exte was required, have all operators been retrained to	ent that a Department air construction permit
3. In the case of new or modified equipment, where required, has the owner submitted copies of all (a) submitted within the 15 day required window	e a Department air construction permit was operator training certificates? Yes No
Patricia Tampas	01/21/2010
Inspector's Name (Please Print)	Date of Inspection
	01/22/2010
Inspector's Signature	Approximate Date of Next Inspection