S FLORIDA

## HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

	ANNUAL (INS1, INS2)	COMPLAINT/DISCOVE ARMS COMPLAINT NC	· · · <u> </u>		
AIRS ID#: 0150031 DATI FACILITY NAME: ROB		ARRIVE: <u>13:00</u>	DEPART: <u>14:25</u>		
FACILITY LOCATION:	2151 TAMIAMI TRAIL				
	PORT CHARLOTTE 3	3952			
RESPONSIBLE OFFICIA	<b>L:</b> KENNETH ROBERSON	PHONE	E: (941)629-3141		
CONTACT NAME:		PHONE	E:		
REMITTANCE YEAR:	ENTITLI	EMENT PERIOD: 1/6/2003 (effective dat	/ 1/6/2008 (end date)		
PART I: <u>INSPECTION C</u> IN COMPLIANCE	COMPLIANCE STATUS (che	•	NT Non-COMPLIANC	E	
PART II: <u>TESTING/REC</u> (check ☑ appropriate	ORDKEEPING REQUIREM box(es))	<u> 1ENTS</u> – Rule 62-296.401, F.	A.C.		
<ol> <li>Was a visible emissi 62-297, F.A.C.)?</li> <li>In order to demonstr days prior to the AG</li> </ol>	ctionable odor(s) detected? tons test conducted during this rate individual source complian P Notification form submissio	site visit according to EPA Me 	withod 9 (Ref.: Chapter sions test conducted 60 each anniversary date?	☐ Yes ⊠ No ⊠Yes ☐ No	
<ul> <li>(Rule 62-296.401(5)(i), F.A.C.)</li></ul>					
<ul> <li>b) Oxygen test perf</li> <li>c) Particulate matte</li> <li>dry standard cubic f</li> <li>(Ref.: Chapter.62-29)</li> </ul>	ormed according to EPA Meth r emissions test with results eq oot (ft <sup>3</sup> )of flue gas, corrected to 07, F.A.C.)?	od 3 (Ref.: Chapter 62-297, F ual to or below the requiremen $p 7\% O_2$ and tested according t	A.C.)? tts of 0.080 grains per o EPA Method 5	Yes No	
<ul><li>capacity?</li><li>6. Was CO &amp; PM com</li><li>7. Was the Department</li><li>8. Was the required tes</li></ul>	sting conducted with the source pliance demonstrated by submit notified at least 15 days prior at report filed with the Departm ted?	ission of a test report for an ide to the date of the last formal co ent as soon as practical, but no	entical crematory unit? ompliance test? o longer than 45 days aft	□Yes ⊠ No ⊠Yes □ No	

## PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – 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 to	
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 rec	ording of such
measurements, maintenance, reports and records?	
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	∐Yes ∐ No
6) Adjustments	□Yes □ No
7) Preventive maintenance performed on systems/devices	Yes D 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:	
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 tim	e
@ 1800° F?	Yes No
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$	
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 cremation	
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 they	
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 dur	ation
of the operator's employment & for an additional two years after termination of employment?	🗌 Yes 🗌 No

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

A. <u>New or Modified Process Equipment</u>		
1. Since the last inspection has there been		
a) installation of any new process equipment?	Yes	No
b) alterations to existing process equipment without replacement?	Yes	No
c) replacement of existing equipment substantially different than that noted on the most recent notification form?	Yes	No
d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete		
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP of	r	
local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction permi	t	
was required, have all operators been retrained to operate the modified unit?	Yes	No
3. In the case of new or modified equipment, where a Department air construction permit was		
required, has the owner submitted copies of all operator training certificates?	Yes	No
a) submitted within the 15 day required window following the training?	Yes	No

Wayne Lewis

Inspector's Name (Please Print)

02/06/07

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**