



HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
 RE-INSPECTION (FUI) ARMS COMPLAINT NO:

AIRS ID#: 0150031	DATE: <u>04/18/2012</u>	ARRIVE: <u>9:10 A.M.</u>	DEPART: <u>10:45 A.M.</u>
FACILITY NAME: ROBERSON FUNERAL HOME-PORT CHARLOTTE			
FACILITY LOCATION: 2151 TAMIAMI TRL PORT CHARLOTTE 33948-2123			
OWNER/AUTHORIZED REPRESENTATIVE: KENNETH ROBERSON		PHONE: (941)629-3141	
Email:		Mobile:	
CONTACT NAME: KENNETH ROBERSON		PHONE: (941)629-3141	
Email:		Mobile:	
ENTITLEMENT PERIOD: 10/9/2011 / 10/9/2016 (effective date) (end date)			

Facility Section

PART I: INSPECTION COMPLIANCE STATUS (check only one box)

IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE

PART II: ONSITE INTRODUCTORY MEETING (check only one box for each question)

1. Name(s) of facility representative(s): Kenneth Roberson
 Brief Notes: _____

2. Is the Authorized Representative still KENNETH ROBERSON? ----- Yes ..No
 If no, who is?: _____
 If different, did the facility provide an administrative update within 30 days? ----- Yes ..No

3. Is the facility contact still KENNETH ROBERSON? ----- Yes ..No
 If no, who is?: _____

4. Will facility be conducting VE test(s) during today's inspection? ----- Yes ..No
 If yes, was the compliance authority notified at least 15 days in advance? ----- Yes ..No

Emissions Unit Section

2 – HumanCrematory-prim/2ndarychmbrs,NG,tempM&R,opacM,150#/hr

PART I: FILE REVIEW PRIOR TO INSPECTION

(check [X] only one box for each question)

- 1. a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? [X] 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? [X] Yes []..No
2. Crematory unit installed after February 1, 2007? [X] Yes []..No
3. Date of last inspection: 03/25/2011
4. Past Visible Emissions (VE) tests:
a. Was a VE test performed within each of the past 4 calendar years? [X] Yes []..No
b. Has a VE test been performed yet within the current calendar year? [] Yes [X]..No
c. If first year of operation, was a VE test performed within 30 days of commencing operation? [] N/A [X] Yes []..No
d. Date of last VE test: 09/01/2011
e. Was the VE test report filed with the compliance authority no later than 45 days after the test? [X] Yes []..No
f. Did the facility demonstrate compliance during the last VE test? [X] Yes []..No
If no, what was the problem (if known)?

PART II: VISIBLE EMISSIONS TESTING

(check [X] only one box for each question)

- 1. Was a visible emissions test conducted by the facility for this unit during this site visit? [X] Yes []..No
a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? [X] Yes []..No
b. Was the visible emissions test conducted according to EPA Method 9? [X] Yes []..No
c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
d. Did the visible emission test demonstrate compliance with the limit? [X] 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? [X] Yes []..No
a. Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [X] Yes []..No
b. Was the visible emissions test conducted according to EPA Method 9? [X] Yes []..No
c. The visible emission test resulted in an opacity of 0 % for the highest six minute average.
d. Did the visible emission test demonstrate compliance with the limit? [X] Yes []..No
3. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? [] Yes [X]..No
If yes, what reason?

PART III: MONITORING/RECORDKEEPING REQUIREMENTS

(check [X] only one box for each question)

- 1. Were there any objectionable odors detected? [] Yes [X]..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)
2. 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? [X] Yes []..No
b. Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at [X] 1,800^1 [] 1,600^2 degrees was determined? [X] Yes []..No
(Application or initial notification: ^1 received on or after 8/30/89; ^2 received before 8/30/89)

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 ..No
 - 3) All CEMS or monitoring device calibration checks (last performed on ()) ----- Yes ..No
 - 4) Adjustments ----- Yes ..No
 - 5) Preventive maintenance performed on systems/devices ----- Yes ..No
 - 6) Corrective maintenance performed on systems/devices ----- 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 automatically 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 ? ----- 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

PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES

(check 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** 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 cremation process begins in the primary chamber? ----- 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? ----- Yes ..No
 - b. secondary chamber combustion zone temperature equal to or greater than **1600°F** before the cremation process begins in the primary chamber? ----- Yes ..No

PART V: ALLOWED MATERIALS

(check only one box for each 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
- If yes, is the certifying documentation from the manufacturer kept on file for at least 2 years from use? Yes ..No

PART VI: EQUIPMENT MAINTENANCE

(check only one box for each 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? ----- Yes ..No
- 3. Does the crematory allow for a visible check on the flame characteristics? ----- Yes ..No
If no, skip a. – b.
 - a. Was the flame characteristic visually checked at least once during each operating shift? ----- Yes ..No
 - b. Was the flame adjusted when necessary? ----- Yes ..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 only one box for each 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? ---- Yes ..No
- 2. If yes, did the facility provide written notification within 30 days of the change? ----- Yes ..No

New or Modified Process Equipment or Change in Ownership:

- 3. Since the last registration form submittal has there been ----- Yes ..No
 - a. Installation of any new process equipment? ----- Yes ..No
 - b. Alterations to existing process equipment without replacement? ----- Yes ..No
 - c. Replacement of existing equipment with equipment that is substantially different? ----- Yes ..No
 - d. A change in ownership? ----- Yes ..No
- If the any answer to 3a. – d. is Yes , was a new registration form and the appropriate fee submitted 30 days prior to the change? ----- Yes ..No

ROBERT J. STEWART

04/18/2012

Inspector's Name (Please Print)

Date of Inspection

04/2014



Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Facility is in compliance at this time.