A AND
FLORIDA

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

	ANNUAL (INS1, INS2)	COMPLAINT/DISCOVERY ARMS COMPLAINT NO:	(CI)		
AIRS ID#: 0210049 DAT FACILITY NAME: THE	FE: <u>07/18/2007</u> E BEACHWOOD SOCIETY, IN	ARRIVE: <u>8:30 a.m.</u> C.	DEPART: <u>10:30 a</u>	<u>ı.m.</u>	
FACILITY LOCATION	: 3107 DAVIS BOULEVA NAPLES 33940	RD			
	IAL: RICHARD ANDERSON	·	(239)775-4255		
CONTACT NAME: REMITTANCE YEAR:	ENTITLE	PHONE: CMENT PERIOD: 8/17/2003 (effective date)	/ 8/17/2008 (end date)		
PART I: INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE					
PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))					
 2. Was a visible emisis 62-297, F.A.C.)? 3. In order to demonsis days prior to the A (Rule 62-296.4010) 4. In order to demonsis completed within a) Carbon Monoxis volume, dry basis, 10 (Ref.: Chapter 6 b) Oxygen test per c) Particulate matting dry standard cubic (Ref.: Chapter.62-25. Was all emissions to the standard cubic standard cubic standard cubic standard cubic standard cubic (Ref.: Chapter.62-25. Was all emissions to the standard cubic standard cubic standard cubic standard cubic cubic cubic standard cubic cubic standard cubic c	sions test conducted during this s trate individual source compliance GP Notification form submission 5)(i), F.A.C.)	the visit according to EPA Method ce, was an annual visible emission and within 60 days prior to each ce were the remaining applicable station form submission? (Rule 62- elow the requirements of 100 parts average basis and tested accordin od 3 (Ref.: Chapter 62-297, F.A.C nal to or below the requirements of 7% O_2 and tested according to El	d 9 (Ref.: Chapter hs test conducted 60 h anniversary date? standards testing -210.300(4), F.A.C.) s per million by hg to EPA Method 	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	
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber c	
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 re	cording 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 🗍 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 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
secondary chamber combustion zone according to the manufacturer's instructions :	
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	ne
@ 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 cremative	on
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	
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration o	f
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?	\boxtimes Yes \square 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?	\boxtimes Yes \square No
of the operator's employment & for an additional two years after termination of employment?	

PART IV: <u>SPECIAL 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 \underline{YES} 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 or		
local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction permit		
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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

ROBERT J. STEWART

Inspector's Name (Please Print)

07/18/2007

Date of Inspection

07/2008

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Copy of paperwork submitted for relining the crematory unit with new refractory brick to include a complete rebuild of roof, walls, hearth, doors, and new backup imsulation against the steel shell. Also copy of training certificate for employee, Michael Hall, from Matthews Cremation Division completed on Dec. 4, 2003 was submitted.