

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTI	ION TYPE:	ANNUAL (INS1, INS2) RE-INSPECTION (FUI)		/DISCOVERY (CI) PLAINT NO:		
AIRS ID#:	0870059 DA T	ΓΕ: <u>11-13-08</u>	ARRIVE: <u>1520</u>	<u>hrs</u> DI	EPART:	
FACILITY	Y NAME: DEA	AN-LOPEZ CREMATOR	RY - BIG PINE KEY			
FACILITY	Y LOCATION	: 31140 OVERSEA	S HWY			
		BIG PINE KEY	33043			
OWNER/A	AUTHORIZEI	O REPRESENTATIVE:	JEFFREY DEAN	PHONE: (305))294-1066	
CONTACT	T NAME:			PHONE:		
ENTITLE	MENT PERIO	DD: 10/29/2007 / 10/ (effective date) (end of	/29/2012 date)			
	INSPECTION I COMPLIANC		US (check \square only one be COMPLIANCE \square S	ox) IGNIFICANT Non	-COMPLIANCE	:
PART II.	TESTING/RE	CORDKEEPING REOL	IIREMENTS – Rule 62-	296 401 F A C		
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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 t	emperatures 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?	Yes No
b) Are the following records kept on file, available for inspection for at least two years following the rec	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
	⊠Yes ☐ No
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 <u>BEFORE</u> 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	□xz □ xz.
secondary chamber combustion zone according to the manufacturer's instructions?	☐Yes ☐ No
4. If constructed ON or AFTED Assessed 20, 1000 is the	
 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 time. 	
(a) Volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence this	⊠Yes □ No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F	⊠1es □ No
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 CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C.						
A. New or Modified Process Equipment						
 Since the last inspection has there been a) installation of any new process equipment? b) alterations to existing process equipment wither c) replacement of existing equipment substantially recent notification form? d) If you answered <u>YES</u> to any of the above, did notification form and appropriate fee (Rule 62 local program office? If a crematory unit has been modified to the extent was required, have all operators been retrained to compare the comparent of the comparent	out replacement?					
Barbara Nevins	11-13-08					
Inspector's Name (Please Print)	Date of Inspection					
.0	11-13-2009					
Barbara Nevins						
Inspector's Signature	Approximate Date of Next Inspection					
COMMENTS:						