

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI) ARMS COMPLAINT NO:			
AIRS ID#: 0950276 DATE: 03/03/2006 ARRIVE: 0930 DEPART: 1000 FACILITY NAME: WOODLAWN MEMORIAL PARK & FUNERAL HOME			
FACILITY LOCATION: 400 WOODLAWN CEMETERY RD GOTHA 34734			
RESPONSIBLE OFFICIAL: Les Dyer, Funeral Director in Charge PHONE: (407)293-1361 CONTACT NAME: Les Dyer, Funeral Director in Charge PHONE: (407)293-1361			
REMITTANCE YEAR: 2005 ENTITLEMENT PERIOD: 3/24/2005 / 3/24/2010 (effective date) / (end date)			
PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE			
 Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?	Yes No Yes No Yes No Yes No Yes No		
10 (Ref.: Chapter 62-297, F.A.C.)?	Yes No Yes No		

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	ombustion zone in
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?	cording of such
1) All measurements (including CEMS)	⊠vas □ Na
2) Monitoring device	⊠Yes ☐ No
3) Performance Testing Measurements	
4) CEMS Performance Evaluation	
5) All CEMS or monitoring device calibration checks	
	∐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 ON or AFTER August 30, 1989 is the:	
a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time.	ne
@ 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?	MYes ☐ No
	M 1 es ☐ No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	⊠v □ N.
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: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Ru A. <u>New or Modified Process Equipment</u>	ule 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 without replace or replacement of existing equipment substantially differ 	lacement?		
d) If you answered <u>YES</u> to any of the above, did the own notification form and appropriate fee (Rule 62-4.050,	ner submit a new and complete F.A.C.) to the appropriate DEP or		
local program office?			
required, has the owner submitted copies of all operator training certificates?			
Jodi D. Dittell & Norma Ali	03/03/06		
Inspector's Name (Please Print)	Date of Inspection		
	03/01/06		
Inspector's Signature	Approximate Date of Next Inspection		
COMMENTS: The facility submitted the general permit notification identical unit stack test. The facility was previously operated under a			
The facility failed to notify EPD at least 15 days prior to the visible emissions test conducted on 1/25/06. An NCL letter was sent to the facility on February 20, 2006 regarding the issue.			
Mr. Tom Knight was present during the inspection. Records were reoperating in early 2005.	eviewed for 2005 thru February 2006. The facility began		
The cremators' afterburners are preheated to 1,750°F and operate are were operating at or above 1,750°F. No visible emissions were obse Wooden or cardboard containers are used for cremation.			