

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI) RE-INSPECTION (FUI) ARMS COMPLAINT NO:							
AIRS ID#: 0950276 DATE: <u>12/19/2012</u> ARRIVE: <u>1:20 PM</u> DEPART:	3:10 PM						
FACILITY NAME: WOODLAWN CREMATORY							
FACILITY LOCATION: 400 Woodlawn Cemetery Rd							
GOTHA 34734-5013							
OWNER/AUTHORIZED REPRESENTATIVE: THOMAS KNIGHT Email: thomas.knight@sci-us.com CONTACT NAME: THOMAS KNIGHT Email: thomas.knight@sci-us.com ENTITLEMENT PERIOD: 3/1/2010 / 3/1/2015 (effective date) (end date) PHONE: (407)293-92 Mobile: PHONE: (407)293-92 Mobile:							
Facility Section PART I: INSPECTION COMPLIANCE STATUS (check ☑ only one box) ☑ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE							
PART II: ONSITE INTRODUCTORY MEETING 1. Name(s) of facility representative(s): Brian Lang Print Name (Specific Life and Company Company)	(check only one box for each question)						
Brief Notes: <u>Certified Crematory Operator</u> 2. Is the Authorized Representative still THOMAS KNIGHT?	⊠ Yes □No						
If different, did the facility provide an administrative update within 30 days? 3. Is the facility contact still THOMAS KNIGHT? If no, who is?:	☐ Yes ☐No ☑ Yes ☐No						
4. Will facility be conducting VE test(s) during today's inspection?	- ⊠ Yes □No ⊠ Yes □No						

Emissions Unit Section 1 – Human Crematory-two units w/opac&temp monitors, 200lbs/hr

PA	ART I: FILE REVIEW PRIOR TO INSPECTION	(check 🗹 box for each o	only one question)
1.	 a. Complete AC application or, if no AC permit, initial GP registration received on or after August 30, 1989? b. If yes, were design calculations provided then to confirm a sufficient volume in the 	⊠ Yes	□No
3.	secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees Fahrenheit?	∑ Yes □ Yes	□No ⊠No
4.	Past Visible Emissions (VE) tests: a. Was a VE test performed within each of the past 4 calendar years? b. Has a VE test been performed yet within the current calendar year? c. If first year of operation, was a VE test performed within 30 days of commencing	⊠ Yes □ Yes	□No ⊠No
	operation? N/A d. Date of last VE test: 11/30/2011 e. Was the VE test report filed with the compliance authority no later than 45 days after the test?	☐ Yes ☐ Yes	□No
	f. Did the facility demonstrate compliance during the last VE test? If no, what was the problem (if known)?		□No
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PA	ART II: <u>VISIBLE EMISSIONS TESTING</u>	(check ☑ box for each of	only one question)
1.	Was a visible emissions test conducted by the facility for this unit during this site visit? a. Was the test conducted with the unit operating at a capacity of one adult-sized cadaver? b. Was the visible emissions test conducted according to EPA Method 9?	Xes	□No □No □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? (5% opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes 		□No
2.	Was a visible emissions test conducted by the inspector during this site visit?	∑ Yes∑ Yes	□No □No □No
3.	d. Did the visible emission test demonstrate compliance with the limit?		□No
	If yes, what reason?	☐ Yes	⊠No
PA	RT III: MONITORING/RECORDKEEPING REQUIREMENTS	(check 🗹 box for each o	only one question)
1.	Were there any objectionable odors detected? An upwind/downwind survey of the facility was conducted. The observed parameters were:	Yes	⊠No
	Downwind odor level detected- Wind direction - Upwind odor level detected- Continuous Monitoring Systems – Is a continuous temperature monitoring system installed on each unit to record temperatures in the	(1-10)	
	secondary chamber in accordance with the manufacturer's instructions?	⊠ Yes	□No
	time at $\boxtimes 1,800^1$ $\square 1,600^2$ degrees was determined?	∐ Yes	∐No

PART III: MONITORING/RECORDKEEPING REQUIREMENTS (continued)					
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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	X YesX Yes	∐No □No			
4) Adjustments	X Yes	□No			
5) Preventive maintenance performed on systems/devices	Yes	<u>□</u> 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 □ Yes	∐No ⊠No			
e. Was the crematory unit installed after $2/1/07$? If no, skip e.(1) – (3)(1) Is the crematory unit equipped and operated with a pollutant monitoring system to automatical		<u></u> N0			
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?(3) Has the opacity measurement system been cleaned and checked for proper operation in	∐ Yes	∐No			
accordance with the manufacturer's recommended maintenance schedule?	☐ Yes	□No			
PART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	(check ☑	only one			
FART IV: SECONDARY COMBUSTION ZONE TEMPERATURES	box for each	•			
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 cremati					
process begins in the primary chamber?	Yes 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	<u> </u>				
throughout the combustion process in the primary chamber?b. secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremati	∑ Yes	∐No			
process begins in the primary chamber?	Yes	□No			
PART V: ALLOWED MATERIALS	(check 🗹	only one			
	box for each	question)			
1. Other there have no fatal nameing with appropriate and times and although a second of the					
1. Other than human or fetal remains with appropriate containers or clothing, are any materials, including biomedical wastes, incinerated in the unit?	☐ Yes	⊠No			
meraning oromeorem wastes, memerated in the diffe.		∠J10			
2. Do cremation containers contain no more than 0.5 % (percent) by weight chlorinated	_				
I plastice as cortified by the manufacturer?					
plastics as certified by the manufacturer?	✓ Yes✓ Yes	□No □No			

PART VI: EQUIPMENT MAINTENANCE		(check 🗹 box for each	only one n question)			
1. Is the crematory unit maintained in accordance with the man	ufacturer's specifications?	X Yes	□No			
2. Is there a written plan onsite which addresses the operating p shutdown and malfunction?			□No			
3. Does the crematory allow for a visible check on the flame changes If no, skip a. – b.	aracteristics?	X Yes	□No			
a. Was the flame characteristic visually checked at least one b. Was the flame adjusted when necessary?			□No □No			
PART VII: EU INSPECTION COMPLIANCE STATUS (check 🗹 only one box)					
☐ IN COMPLIANCE ☐ MINOR Non-COMPLIAN	NCE SIGNIFICANT Non-COMP	LIANCE				
Facility Section (continued)						
SPECIAL CONDITIONS AND PROCEDURES		(check v box for eac	•			
Administrative Changes: 1. Were there any changes in the name, address, or phone numl associated with a change in ownership or with a physical releoperations comprising the facility; or any other similar mino 2. If yes, did the facility provide written notification within 30	ocation of the facility or any emissions ur r administrative change at the facility?	nits or 🔲 Yes	⊠No □No			
New or Modified Process Equipment or Change in Ownership: 3. Since the last registration form submittal has there been a. Installation of any new process equipment? b. Alterations to existing process equipment without rec. Replacement of existing equipment with equipment d. A change in ownership?	eplacement?that is substantially different?		∷No∴No∴No∴No∴No∴No∴No			
Ilka Bundy	12/19/2012					
Inspector's Name (Please Print)	Date of Inspection					
	12/19/2013					
Inspector's Signature	Approximate Date of Next In	spection				

COMMENTS: Ilka Bundy met with Kaye Arlington, consultant from Arlington Environmental Services, Inc., and Brian Lang, certified crematory operator, on December 19, 2012, to audit the visible emission tests on two human cremation units. Both units are Matthews IE43 Super Power Pak. The units are rated at 200 lbs/hr. The process rate, per the application, is 150 lbs/hr of human remains. No plastic containers are used in the cremation process. The operators check the opacity monitors every two weeks for accuracy. The flame is checked for visible characteristics during each cycle. Records are maintained on site for at least 5 years. The east-most unit was charged with a 104 lb female body and the west-most unit was charged with a 73 lb female body. Both units had an observed opacity of zero percent. The temperature during the cremation was verified to be greater that 1600 ° F . It should be noted that Thomas Knight, the R.O. and certified crematory operator, was not present during the compliance test.