



HUMAN CREMATORY COMPLIANCE INSPECTION CHECKLIST



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

FACILITY: Anderson-McQueen Funeral Home		DISTRICT:
DBA/Site Name:		Southwest
ADDRESS: 7820 38th Avenue North St. Petersburg, FL		CONTACT PHONE: 727-822-2059
ARMS NO: 1030282 003	PERMIT NO: 1030282-006-AG	Expiration Date: 10/15/11 Renewal Date: 9/15/11 Test Date: 7/25/00

EMISSION UNIT DESCRIPTION: Animal crematory: B&L Cremation Systems, Inc. Model BLP500. Nominal process rate of 150 pounds per hour, a maximum charge weight of 500 pounds. Controlled by an afterburner (secondary chamber) with a minimum secondary chamber temperature of 1,600°F.

INSPECTION DATE: 1/9/2009	INSPECTION COMPLIANCE STATUS (check <input type="checkbox"/> only one box) <input checked="" type="checkbox"/> In Compliance; <input type="checkbox"/> Minor Non-Compliance; <input type="checkbox"/> Significant Non-Compliance
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PART I: General Review:

1.	Permit File Review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Introduction and Entry	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments: This emission unit was inspected to determine the annual compliance status. I met with the crematory manager, Mr. Patrick O' Neal for the inspection of the facility and emission unit.		
3.	Is the Authorized Representative still <u>William B. McQueen</u>? Comments: Mr. McQueen stills the Authorized Representative for the facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the facility contact still <u>William B. McQueen</u>? Comments: Mr. McQueen stills the facility contact.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days? [62-210.310(2)(d), F.A.C.]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.

(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

Compliance Demonstration [62-296.401(5)(h), F.A.C.]

- ☐ **New Facility** / ☐ **New Process Equipment**–
Did this facility demonstrate initial compliance no later than 30 days after beginning operation?----- ☐ Yes ☒ No
 - ☒ **Existing Facilities**
Was the annual visible emissions compliance, test conducted on each crematory unit within 365 days (annually thereafter) of the previous visible emissions compliance test?----- ☒ Yes ☐ No
- Test Reports**
- Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, six-minute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? [62-296.401(5)(b)1., F.A.C.]----- ☒ Yes ☐ No
The last visible emission test resulted in an opacity of 0% for the highest six minute average.
 - Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [62-296.401(5)(g)] ☒ Yes ☐ No
 - Was the department notified at least 15 days prior to the test? [62-297.310(4)(a)9. F.A.C.]----- ☒ Yes ☐ No
 - Was the required test report filed with the department as soon as practical, but no later than 45 days after the test was completed? [62-297.310(8)(b) ----- ☒ Yes ☐ No

PART II: TESTING REQUIREMENTS – Rule 62-296. 401(5), F.A.C.
(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

5. Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C.]----- ☒ Yes ☐ No
6. Was a visible emissions test(s) conducted by the inspector during this site visit according to EPA Method 9?----- ☒ Yes ☐ No
a) The visible emission test resulted in an opacity of 0% for the highest six minute average.
b) Did the test indicate the facility is operating in compliance with the opacity standard? ----- ☒ Yes ☐ No
7. Is there any reason to ask for a special test to determine compliance with the PM and CO standards? ----- ☐ Yes ☒ No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS
(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)

1. Were there any objectionable odor(s) detected? ----- ☐ Yes ☒ No
An upwind/downwind survey of the facility was conducted. The observed parameters were:
Downwind odor level detected- 0___; Wind direction - South_ Upwind odor level detected-0___ (1-10)
2. **Continuous Monitoring System** – [62-296.401(5)(i), F.A.C.]
- 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? ----- ☒ Yes ☐ No
- b) Is the temperature probe properly placed, at least at the distance where the 1.0 second gas residence time at ☐ 1,800¹ ☒ 1,600² degrees was determined? ----- ☒ Yes ☐ No
- c) Are the following records kept on file, available for inspection for at least two years following the recording of such measurements, maintenance, reports and records?
- 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 9/26/08) ----- ☒ Yes ☐ No
- 4) Adjustments ----- ☒ Yes ☐ No
- 5) Preventive maintenance performed on systems/devices ----- ☒ Yes ☐ No
- 6) Corrective maintenance performed on systems/devices ----- ☒ Yes ☐ No
- 7) 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
- 8) Are all the above records available for at least 2 years?----- ☒ Yes ☐ No
- 9) Was the crematory unit installed after 2/1/07? If yes go to 10)a) – c)----- ☐ Yes ☒ No
- a) 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
- b) Is the system calibrated to restrict combustion in the primary chamber whenever any opacity exceeds 15% opacity? ----- ☐ Yes ☐ No
- c) Has the opacity measurement system been cleaned and checked for proper operation in accordance with the manufacturer's recommended maintenance schedule? ----- ☐ Yes ☐ No
- 1 – Application received on or after 8/30/89; 2 – Application received prior to 8/30/89
3. Was this crematory unit application to construct: [62-296.401(5)(c), F.A.C.] (check only one ☐ box)
- a) ☐ **BEFORE** August 30, 1989? (If this box checked, continue on to #4 and skip #5)
- b) ☒ **ON** or **AFTER** August 30, 1989? (If this box checked, skip #4 and continue on to #5)
4. If the application to construct was **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
5. If the application to construct **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 @ **1800°F**? ----- ☒ Yes ☐ No
- b) 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 cremation

PART III: OPERATING/RECORDKEEPING REQUIREMENTS(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)process begins in the primary chamber? ----- ☒ Yes ☐ No6. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies, as demonstrated by MSD sheet? ----- ☒ Yes ☐ No

[62-296.401(5)(d), F.A.C.]

a) If the answer to question 6 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 ☐ Nob) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location? ----- ☐ Yes ☒ No**PART IV: Equipment Maintenance**(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)**Equipment Maintenance:** – [62-296.401(5)(e), F.A.C.]1. Is the crematory unit maintained in accordance with the manufacturer's specifications? ----- ☒ Yes ☐ No2. Are there maintenance/repair/adjustment records kept onsite for at least 2 years? ----- ☒ Yes ☐ No3. Is there a written plan onsite which addresses the operating procedures during startup, shutdown and malfunction? ----- ☒ Yes ☐ No4. Does the crematory allow for a visible check on the flame characteristics?----- ☒ Yes ☐ No

If yes go to a) – b)

a) Was the flame characteristic visually checked at least once during each operating shift?----- ☒ Yes ☐ Nob) Was the flame adjusted when necessary?----- ☒ Yes ☐ No**PART V: Special Conditions And Procedures**(check ☐ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)**Administrative Changes:**1. Were there any change 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 ☒ No2. If yes, did the facility provide written notification within 30 days of the change? [62-210.310(2)(d), F.A.C.] ----- ☐ Yes ☐ No**Permit Effective Period** – [62-210.310(3)(a), F.A.C.]1. Is the general permit for this facility still within the 5 year effective period? ----- ☒ Yes ☐ No2. Did the facility submit the new re-registration form at least 30 prior to permit expiration? ----- ☐ Yes ☐ No**New or Modified Process Equipment or Change in Ownership**

C.. Since the last registration form submittal has there been [62-210.310 (2)(b)2, F.A.C

a) Installation of any new process equipment? - ----- ☐ Yes ☒ Nob) Alterations to existing process equipment without replacement? ----- ☐ Yes ☒ Noc) Replacement of existing equipment with equipment that is substantially different? ----- ☐ Yes ☒ Nod) A change in ownership? ----- ☐ Yes ☒ NoIf the any of the answers to 1a) – 1d) is **Yes** to any, a new registration form and appropriate fee should have been submitted 30 days prior to the change.----- ☐ Yes ☐ No**Noncompliance Notice:** - [62-210.310(3)(i), F.A.C.]1. Did the facility have any instances where they were unable comply with or will be unable to comply with any condition or limitation of the air general permit? ----- ☒ Yes ☐ NoIf the answer is **Yes**, proceed to a) and b).a) Did the owner or operator provide immediate notification to the Department? ----- ☒ Yes ☐ Nob) Did the notification include:
1. A description of and cause of noncompliance?----- ☒ Yes ☐ No

2. The period of noncompliance, including dates and times; or if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? ----- ☒ Yes ☐ No

PART VI: Comments

An AQD VE test was performed during this site visit. An opacity of 0% was observed.

Reviewed temperature charts for the months of 2/2/2008 through 12/30/2008.

The facility recorded instances where they had upset conditions due to power failures. The facility provide immediate notification to AQ Division office. See permit file.

Exit Interview: During the closing conference, I informed Mr. Patrick O' Neal, facility appears to be in compliance at this time.

Mike Ojo Thomas

Inspector's Name

1/9/2009

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

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