

## <u>HUMAN CREMATORY</u> 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: St. Petersburg-B&L animal Crematory			Southwest			
Al	<b>DDRESS:</b> 7820 38th Avenue No	CONTACT PHONE	:			
	St. Petersburg, FL	813-752-5014				
AF	RMS NO:	PERMIT NO:	<b>Expiration Date:</b>	8/9/2013		
	1030282 001	1030282-007-AG	Renewal Date: Test Date:	7/10/2013 8/12/2000		
EMISSION UNIT DESCRIPTION: Human Crematory: B&L Cremation Systems, Inc. Phoenix II; 350 lb/batch (1,600 degrees F)						
IN	SPECTION DATE:	INSPECTION COMPLIANCE STATUS (ch	neck 🗆 only one box)			
1	1/31/12	☑ In Compliance; ☐ Minor Non-Compl	iance;  Significant N	Ion-Compliance		
		PART I: General Review:				
1.	Permit File Review			∑Yes ☐ No		
2.	Introduction and Entry			⊠Yes □ No		
Comments: This emission unit was inspected to determine the annual compliance status. I met with the crematory manager, Mr. John Ander for the inspection of the facility and emission unit.						
3.	B. Is the Authorized Representative still John T. McQueen?  Comments: John T. McQueen still the Authorized Representative					
4.	Is the facility contact still Lynn rob	•		⊠Yes □ No		
	Comments: Lynn Robinson still the facility contact.					
5.						
	PART II: TE	STING REQUIREMENTS – Rule 62-296. 40	01(5), F.A.C.			
		x(es), if a shaded box is checked, this would in		e)		
Compliance Demonstration [62-296.401(5)(h), F.A.C.]  1. New Facility / New Process Equipment— Did this facility demonstrate initial compliance no later than 30 days after beginning operation? Yes No						
2.						
	Test Reports  Does the submitted visible emission test(s) demonstrate compliance with the 5 percent opacity, sixminute average, except that visible emissions not exceeding 15% opacity shall be allowed for up to six minutes in any one-hour period? $[62-296.401(5)(b)1., F.A.C.]$ —  The last visible emission test resulted in an opacity of $0\%$ for the highest six minute average.					
2.	Was the test conducted with the unit operating at a capacity of one (1) adult-sized cadaver? [62-296.401(5)(g)] $\boxtimes$ Yes $\square$ No					
3.	Was the department notified at least 15	days prior to the test? [62-297.310(4)(a)9. F.A.	C.]	⊠ Yes □ No		
4.	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) $\boxtimes$ Yes $\square$ No					
5.	. Was the facility visible emissions test(s) conducted according to EPA Method 9? [62-297.401(9)(c), F.A.C]  \[ \sum \ Yes \] No					
6.	Was a visible emissions test(s) conducte	d by the inspector during this site visit accordin	g to EPA Method 9?	🗌 Yes 🔀 No		

PART II: <u>TESTING REQUIREMENTS</u> – Rule 62-296. $401(5)$ , F.A.C. (check $\square$ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)					
	a) The visible emission test resulted in an opacity ofn/a% for the highest six minute average.				
	b) Did the test indicate the facility is operating in compliance with the opacity standard?				
7.	Is there any reason to ask for a special test to determine compliance with the PM and CO standards?	\[ \text{Yes} \times No			
	PART III: OPERATING/RECORDKEEPING REQUIREMENTS				
	(check $\square$ appropriate box(es), if a shaded box is checked, this would indicate noncomplian	ce)			
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 - E Upwind odor level detected-0 (1-10)				
2.					
	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 $\Box 1,800^1$ $\boxtimes 1,600^2$ degrees was determined?	\(\sim \text{Yes}  \sqrt{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	X Yes No			
	3) All CEMS or monitoring device calibration checks (last performed on <u>(8/5/11</u> )				
	4) Adjustments	🛛 Yes 🔲 No			
	5) Preventive maintenance performed on systems/devices 6) Corrective maintenance performed on systems/devices				
	7) Are the temperature charts properly documented with operator name, operator indication of	<b>10</b> 10			
	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?a) Date range for records reviewed: From: _3/1/11 To:1/31/12	\(\times \text{Yes}  \text{No}			
	9) Was the crematory unit installed after 2/1/07? If yes, go to 9) a) – c)	□ Yes ⊠ No			
	a) Is the crematory unit equipped and operated with a pollutant monitoring system to automatically	N V N			
	control combustion based on continuous in-stack opacity measurement?	X Yes  No			
	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?	X Yes No			
		🖂 Ies 🔲 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) \omega ON or AFTER August 30, 1989? (If this box checked, skip #4 and continue on to #5)				
4.	If the application to construct was <b>BEFORE</b> 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?				
	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 <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  © 1800° F?	Vas □ No			
	b) 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 $1600^{\circ}F$ before the cremation process begins in the primary chamber?	⊠ Yes □ No			
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PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u>						
(check □ appropriate box(es), if a shaded box is checked, this would indicate noncompliance)						
<ul> <li>6. 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?</li></ul>	- ⊠ Yes □ No					
PART IV: <u>Equipment Maintenance</u> (check   appropriate box(es), if a shaded box is checked, this would indicate noncompliance)						
<b>Equipment Maintenance:</b> – [62-296.401(5)(e), F.A.C.]						
<u>Equipment Waintenance.</u> – [02-290.401(3)(e), F.A.C.]						
1. Is the crematory unit maintained in accordance with the manufacturer's specifications?	- ⊠ Yes □ No					
2. Are there maintenance/repair/adjustment records kept onsite for at least 2 years?	- ⊠ Yes □ No					
3. Is there a written plan onsite which addresses the operating procedures during startup,						
shutdown and malfunction?	- ⊠ Yes ☐ No - ⊠ Yes ☐ No					
If yes go to a) – b) a) Was the flame characteristic visually checked at least once during each operating shift?b) Was the flame adjusted when necessary?						
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  2. If yes, did the facility provide written notification within 30 days of the change? [62-210.310(2)(d), F.A.C.]						
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 □ No					
2. Did the facility submit the new re-registration form at least 30 days prior to permit expiration?	- Yes No					
New or Modified Process Equipment or Change in Ownership - [62-210.310 (2)(b)2, F.A.C]						
C Since the last registration form submittal has there been  a) Installation of any new process equipment?	- ⊠ Yes □ No - ⊠ Yes □ No - ⊠ 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 co limitation of the air general permit?	-					

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PART VI:	Comments
An AQD VE test was not performed because the emission unit wa	s not in operation.
Reviewed temperature charts for the months of 3/1/11 through 1/3	31/12.
Certifying documentation from the manufacturer that they are co	mposed of 0.5% or less by weight chlorinated plastic was kept
onsite. The emission unit was calibrated on 8-5-11 incorrectly an	d a follow up re-calibration of the emission unit correctly was
performed on 2/3/12. See attached calibration data sheets.	
Exit Interview: During the closing conference, I informed Mr	r. John Anders, facility appears to be in compliance at
this time.	
Mike Ojo Thomas	1/31/2012
Inspector's Name	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection
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