



**HUMAN CREMATORY  
COMPLIANCE INSPECTION CHECKLIST**



**INSPECTION TYPE:** ANNUAL (INS1, INS2)  COMPLAINT/DISCOVERY (CI)   
 RE-INSPECTION (FUI)  ARMS COMPLAINT NO: \_\_\_\_\_

<b>FACILITY:</b> Anderson-McQueen Funeral Home		<b>DISTRICT:</b>
<b>DBA/Site Name:</b> <b>St. Petersburg-B&amp;L animal Crematory</b>		Southwest
<b>ADDRESS:</b> 7820 38th Avenue North St. Petersburg, FL		<b>CONTACT PHONE:</b> 813-752-5014
<b>ARMS NO:</b> 1030282 001	<b>PERMIT NO:</b> 1030282-007-AG	<b>Expiration Date:</b> 8/9/2013 <b>Renewal Date:</b> 7/10/2013 <b>Test Date:</b> 8/17/2000

**EMISSION UNIT DESCRIPTION:** Human Crematory: B&L Cremation Systems, Inc. Phoenix II; 350 lb/batch (1,600 degrees F)

**INSPECTION DATE:** 3/25/2013  
**INSPECTION COMPLIANCE STATUS (check  only one box)**  
 In Compliance;  Minor Non-Compliance;  Significant Non-Compliance

**PART I: General Review:**

- |    |   |   |
|----|---|---|
| 1. | Permit File Review  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Introduction and Entry<br><br><b>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.</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Is the Authorized Representative still: <u>John T. McQueen</u> ?<br><b>Comments:</b><br>The e-mail address is:  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Is the facility contact still: Lynn robinson, P.E.?<br><b>Comments:</b><br>The e-mail address is: lrobinson@sesfla.com  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | <b>If the answer to 3 or 4 is "No", did the facility provide an administrative update within 30 days?</b><br>[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 an annual visible emissions compliance test conducted on each crematory unit for each calendar year: -----  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 - E Upwind odor level detected-        (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  1,800<sup>1</sup>  1,600<sup>2</sup> 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 8-6-12) -----  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  
 a) Date range for records reviewed: From: 2/1/12 To: 3/22/13
- 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 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  No

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? -----  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  No

b) 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  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

4. 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  No

b) 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  No

2. 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  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

b) Alterations to existing process equipment without replacement? -----  Yes  No

c) Replacement of existing equipment with equipment that is substantially different? -----  Yes  No

d) A change in ownership? -----  Yes  No

If 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  No

If the answer is **Yes**, proceed to a) and b).

a) Did the owner or operator provide immediate notification to the Department? -----  Yes  No

b) Did the notification include:

1. A description of and cause of noncompliance?-----  Yes  No
2. Dates and times of noncompliance; or if not corrected, the anticipated time noncompliance is expected to continue and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance? -----  Yes  No

**PART VI: Comments**

Facility operated a newly installed Resomation Machine onsite. According to Mr. Robbins the Environmental Coordinator stated the Resomation Machine has been exempted from permitting by DEP. An AQD VE test was performed during this site visit. An opacity of 0% was observed. Reviewed temperature charts for the months of 2/1/12 through 3/22/13. Certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastic was kept onsite. The emission unit was calibrated on 8-6-12. **See attached calibration data sheets.**

Exit Interview: During the closing conference, I informed Mr. John Anders, facility appears to be in compliance at this time.

Mike Ojo Thomas  
 \_\_\_\_\_  
**Inspector's Name**

3/25/13  
 \_\_\_\_\_  
**Date of Inspection**

\_\_\_\_\_  
**Inspector's Signature**

\_\_\_\_\_  
**Approximate Date of Next Inspection**

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