

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE:	ANNUAL (INS1, INS2)	COMPLAINT/DISC	OVERY (CI)		
	RE-INSPECTION (FUI)	ARMS COMPLAIN	ΓNO:		
AIRS ID#: 0950121 DA	TE: <u>6/12/08</u>	ARRIVE: <u>08:35</u>	DEPART: <u>09:30</u>		
FACILITY NAME: PIN	NE CASTLE PET CREMATO	RY			
FACILITY LOCATION	N: 460 WEST LANDSTF	REET			
	ORLANDO 32809				
OWNER/AUTHORIZE	D REPRESENTATIVE: JA	MES CRAWFORD PH	ONE: (407)851-0993		
CONTACT NAME: T	erry McGlashan	PH	ONE: (407)851-6292		
ENTITLEMENT PERIO	OD: 5/20/2007 / 5/20/201 (effective date) (end date)	12			
	COMPLIANCE STATUS (
IN COMPLIAN	CE MINOR Non-COM	MPLIANCE SIGNIF	ICANT Non-COMPLIANC	E	
PART II. TESTING/RE	CORDKEEPING REQUIRI	FMFNTS _ Rule 62-296 40	1 F A C		
(check ☑ appropriate		Rule 02 270.10	1,1		
	ojectionable odor(s) detected? ssions test conducted during th			Yes Yes	⊠ No
62-297, F.A.C.)?-				⊠Yes	☐ No
days prior to the A	strate individual source compli AGP Notification form submiss	sion, and within 60 days pric	or to each anniversary date? (
	F.A.C.)strate individual source compli			⊠Yes	☐ No
	n 60 days prior to the AGP Notice (CO) emissions equal to or			Yes	□No
volume, dry basis	, corrected to 7% O ₂ on an hou 62-297, F.A.C.)?	rly average basis and tested	according to EPA Method	Yes	□ No
b) Oxygen test pe	erformed according to EPA Metter emissions test with results	ethod 3 (Ref.: Chapter 62-29	7, F.A.C.)?		☐ No
dry standard cubic	c foot (ft ³)of flue gas, corrected	to 7% O ₂ and tested accord	ing to EPA Method 5		□ N.
5. Was all emissions	297, F.A.C.)? s testing conducted with the sou	irce operating at the manufac	cturers recommended		∐ No
6. Was CO & PM co	ompliance demonstrated by sub	mission of a test report for a	in identical crematory unit?	Yes	☐ No ☐ No ☐ No
8. Was the required to	ent notified at least 15 days prictest report filed with the Depart eleted?	tment as soon as practical, b	ut no longer than 45 days aft	er	□ No

PART III: OPERATING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))		
(check \boxtimes appropriate box(es))		
1. Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record		
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co	mbustion	n zone in
accordance with the manufacturer's instructions?	⊠Yes	☐ No
a) Do temperature probes seem to be properly placed?		□ No
b) Are the following records kept on file, available for inspection for at least two years following the re-		f such
measurements, maintenance, reports and records?		
1) All measurements (including CEMS)	∇V_{es}	□ No
2) Monitoring device	⊠ Tes ⊠Ves	☐ No
3) Performance Testing Measurements		☐ No
4) CEMS Performance Evaluation		□ No
5) All CEMS or monitoring device calibration checks		=
	∐Yes	∐ No
6) Adjustments	∑Yes	∐ No
7) Preventive maintenance performed on systems/devices		∐ No
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 ?	\boxtimes 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?	\boxtimes 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	_	<u>—</u>
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 <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.	1e	
@ 1800° F?	Yes	□ No
b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F	1 cs	
throughout the combustion process in the primary chamber?	$\Box \mathbf{v}_{ac}$	□ No
		L NO
c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the crematic		□ N.
process begins in the primary chamber?	⊥ Y es	∐ No
5. Are appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorinated	□ **	
plastics used during the cremation of dead animals?	⊠Yes	∐ No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the	У	
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?	\boxtimes Yes	No
b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 mils		
thick?	⊠Yes	☐ No
c) Are dead animals, which have been used for medical or commercial experimentation, or other		
materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?	□Yes	No No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	Yes	☐ No
7. Have all crematory operators been trained and certified by a Department-approved training program?	⊠Yes	☐ No
a) Are copies of the training certificates all crematory operators kept on file at the facility for the duration		_
of the operator's employment & for an additional two years after termination of employment?	⊠Yes	☐ No
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PART IV: SPECIAL CONDITIONS AND PROCEDURE A. New or Modified Process Equipment	<u>ES</u> – Rule 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 c) replacement of existing equipment substantiall recent notification form? 	□Yes □Yes	⊠No ⊠No ⊠No	
 d) If you answered <u>YES</u> to any of the above, did notification form and appropriate fee (Rule 62-local program office?	□Yes □Yes □Yes □Yes	□No □No □No □No	
Assefa Hailemariam	6/12/2008		
Inspector's Name (Please Print)	Date of Inspection		
	~6/12/2009		
Inspector's Signature	Approximate Date of Next Inspe	ction	
COMMENTS:			