WHENTIAL PROTECTION
Some Cane
FLORIDA

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)	COMPLAINT/DISCOVERY (CI)	
AIRS ID#: 0950126 DATE: <u>4/30/09</u> FACILITY NAME: BALDWIN-FAIRCHILD FUNERA	ARRIVE: <u>08:15</u> DEPART: <u>10:30</u>	
FACILITY LOCATION: 301 N IVANHOE ORLANDO 32804	AL HOME/IVANHOL	
OWNER/AUTHORIZED REPRESENTATIVE:	PHONE: (407)898-8111	
CONTACT NAME:	PHONE:	
ENTITLEMENT PERIOD: 11/6/2004 / 11/6/2009 (effective date) (end date)		
PART I: INSPECTION COMPLIANCE STATUS (cf	neck 🗹 only one box)	
IN COMPLIANCE MINOR Non-COMP		
PART II: TESTING/RECORDKEEPING REQUIREM (check ☑ appropriate box(es))	<u>MENTS</u> – Rule 62-296.401, F.A.C.	
 (check d appropriate box(es)) 1. Were there any objectionable odor(s) detected? 2. Was a visible emissions test conducted during this 	DYes N	
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PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ 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	
accordance with the manufacturer's instructions?	
a) Do temperature probes seem to be properly placed?	
b) Are the following records kept on file, available for inspection for at least two years following the re	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	
2) Monitoring device	Xes 🗌 No
3) Performance Testing Measurements	Yes 🗌 No
4) CEMS Performance Evaluation	Yes 🗌 No
5) All CEMS or monitoring device calibration checks	Yes 🗌 No
6) Adjustments	Yes 🗌 No
7) Preventive maintenance performed on systems/devices	Yes 🗌 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 <u>BEFORE</u> 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
d) required monitoring equipment installed and operational, and providing continuous monitoring to	
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 times a 100 second gas residence time	
@ 1800° F?	Yes 🗌 No
b) the 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 crematic	
process begins in the primary chamber?	Yes 🗌 No
5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated	
plastics used during the cremation of dead human bodies?	Yes No
a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that the	y c
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?	\Box Yes \boxtimes No
6. Have all crematory operators been trained and certified by a Department-approved training program?	Yes No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the du	
of the operator's employment & for an additional two years after termination of employment?	🗌 Yes 🗌 No

PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C.

A. <u>New or Modified Process Equipment</u>		
1. Since the last inspection has there been		
a) installation of any new process equipment?	Yes	No
b) alterations to existing process equipment without replacement?	Tyes	No
c) replacement of existing equipment substantially different than that noted on the most recent notification form?		No
d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complete		_
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEI	Por	
local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction per was required, have all operators been retrained to operate the modified unit?	Yes	No
 In the case of new or modified equipment, where a Department air construction permit w required, has the owner submitted copies of all operator training certificates?	Yes	□No □No

Assefa Hailemariam

Inspector's Name (Please Print)

4/30/09

Date of Inspection

~4/30/2010

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Facility does not used plastic bags or plastic containers for the cremation process.EU#2 failed the copliance test. Visible emissions above 15% opacity for about two minuts.