



# CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

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

**AIRS ID#:** 0250703 **DATE:** 10/29/2007 **ARRIVE:** 11:50 AM **DEPART:** 12:25 PM

**FACILITY NAME:** ACTION PLATING CORP

**FACILITY LOCATION:** 1220 Ali-Baba Ave  
OPA LOCKA 33054-3613

**RESPONSIBLE OFFICIAL:** LARRY BAIN

**PHONE:** (305)685-6313

**CONTACT NAME:**

**PHONE:**

**REMITTANCE YEAR:** 2006

**ENTITLEMENT PERIOD:** 8/10/2006 / 8/10/2011  
(effective date) (end date)

**PART I: INSPECTION COMPLIANCE STATUS** (check ☒ only one box)

☒ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

### PART II: CLASSIFICATION – Rule 62-213.300 FAC

Facility type(s)/applicable standard as indicated on notification form:

#### 1. Hard Chromium Plating

- a. Existing Large (0.015 mg/dscm) ☐ b. Existing Small (0.03 mg/dscm) ----- ☒  
c. New (0.015 mg/dscm) ----- ☐ d. Alternative Standard for existing facilities ☐  
(0.03 mg/dscm) using a rolling average of  
rectifier capacity (less than 60 million A-hr/year)

#### 2. Decorative Chromium Plating/Anodizing

- a. Chromic Acid Bath  
1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) ----- ☐  
2) Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft) ----- ☒  
(May only be selected if a wetting agent is used.)
- b. Trivalent Chromium Bath  
1) With wetting agent ----- ☐  
2) Without wetting agent  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) ----- ☐
- c. Chromium Anodizing  
1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) ----- ☐  
2) Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  lb-f/ft) ----- ☐  
(May only be selected if a wetting agent is used.)

**PART III: CONTROL TECHNOLOGY – Rule 62-213.300 FAC**

(Select control  
device)

**DEVICE IN USE?**

- |                                                                          |                                                                     |
|--------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. <input type="checkbox"/> Composite Mesh Pad -----                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator -----              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 3. <input type="checkbox"/> Packed Bed Scrubber -----                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant -----          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| 6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent -----      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Has the facility conducted an initial performance test to establish monitoring parameters? ☒ Yes ☐ No ☐ N/A  
(Not required for sources using a wetting agent or 1-inch foam blanket thickness)

**PART IV: RECORDKEEPING/REPORTING REQUIREMENTS – Rule 62-213.300(3)**

Has the responsible official maintained the following records?

- |                                                                                                                                                                                                                                 |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 1. Quarterly inspection records for add-on air pollution control devices and monitoring equipment. ( <i>applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad</i> ) ----- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Operations and Maintenance Plan (OMP). ( <i>applicable only to a facility using a packed bed scrubber, fiber-bed mist eliminator, or composite mesh pad</i> ) -----                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). -----                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 4. Records of date of occurrence, duration, cause, and corrective action of each malfunction of process, add-on pollution control device, and monitoring equipment. -----                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 5. Results of all performance tests. -----                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Records of monitoring data. ( <i>not applicable to trivalent chromium baths using a wetting agent</i> ) -----                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**Composite Mesh Pad**

Measure the pressure drop across the CMP daily. ----- ☒ Yes ☐ No

**Packed Bed Scrubber**

Measure the pressure drop across the PBS and the inlet velocity daily. ----- ☐ Yes ☐ No

**Fiber-Bed Mist Eliminator**

Measure the pressure drop across the FBME and the upstream device daily. --- ☐ Yes ☐ No

**Packed Bed Scrubber/Composite Mesh Pad**

Measure the pressure drop across the CMP daily. ----- ☐ Yes ☐ No

**Foam Blanket Fume Suppressant**

Measure the foam blanket thickness at the appropriate interval.. ----- ☐ Yes ☐ No

**Fume Suppressant w/ Wetting Agent**

Measure the surface tension at the appropriate interval. ----- ☒ Yes ☐ No

- |                                                                                    |                                                                                                  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 7. Purchase records of wetting agent components. -----                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 8. Records of the date and time that fume suppressants are added to the bath. ---- | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 9. Records of rectifier capacity, if used to determine facility size. -----        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| 10. Records of the total process operating time. -----                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 11. Records identifying specific periods of excess emissions. -----                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 12. Startup, Shutdown & Malfunction Plan. -----                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |

FRANK DELGADO

10/29/2007

Inspector's Name (Please Print)

Date of Inspection

10/2008

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:** ON OCTOBER 29, 2007 AT 11:50 A.M., RAY GORDON, MARQUES LOPEZ AND I VISITED THIS FACILITY TO CONDUCT THE ANNUAL COMPLIANCE INSPECTION. ON SITE WE MET LARRY BAIN, THE FACILITY'S RESPONSIBLE OFFICIAL. THIS FACILITY HAS FOUR (4) HARD CHROMIUM TANKS, ONLY TWO (2) ARE OPERATIONAL AND ONE DECORATIVE CHROMIUM TANK. THERE IS ONE COMPOSITE MESH PAD SCRUBBER THAT CONTROL THE EMISSIONS FROM THE HARD CHROMIUM TANKS. THE DECORATIVE CHROMIUM TANK EMISSIONS ARE CONTROL BY A WETTING AGENT. THE SCRUBBER AND WETTING AGENT RECORDS WERE AVAILABLE AND UP-TO-DATE. PLATING IS DONE APPROXIMATELY TWICE PER WEEK.