



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0250703 **DATE:** 9/22/2009 **ARRIVE:** 11:55 AM **DEPART:** 12:35 PM

FACILITY NAME: ACTION PLATING CORP

FACILITY LOCATION: 1220 Ali-Baba Ave

OPA LOCKA 33054-3613

OWNER/AUTHORIZED REPRESENTATIVE: LARRY BAIN

PHONE: (305)685-6313

CONTACT NAME:

PHONE:

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 ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- ☐
2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-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 ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- ☐
- c. **Chromium Anodizing**
1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- ☐
2) Surface tension of 45 dynes/cm (3.1×10^{-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

9/22/2009

Inspector's Name (Please Print)

Date of Inspection

9/2010

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: THIS IS THE ANNUAL COMPLIANCE INSPECTION. MR. WILLIAM BAIN ATTENDED ME. THE FACILITY HAS FOUR (4) HARD CHROMIUM TANKS, ONLY TWO (2) ARE OPERATIONAL. ALSO THERE IS ONE DECORATIVE CHROMIUM TANKS. EMISSIONS FROM THE HARD CHROMIUM TANKS ARE CONTROLLED BY A COMPOSITE MESH PAD SCRUBBER. EMISSIONS FROM THE DECORATIVE CHROMIUM TANK IS CONTROLLED BY A WETTING AGENT.
ALL THE RECORDS WERE AVAILABLE AND FOUND UP-TO-DATE.
PLATING IS DONE ONCE PER WEEK.
THE HOUSEKEEPING IS GOOD.
I DID NOT DETECT ANY OBJECTIONABLE ODORS INSIDE OR OUTSIDE THE FACILITY.