

## CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INST	
AIRS ID#: 0990381 DATE: 9/28/2007  FACILITY NAME: HARD CHROME EN	ARRIVE: 10:45 AM DEPART: 11:30 AM NTERPRISES INC
FACILITY LOCATION: 220 10th S LAKE PA	Street RK 33403
RESPONSIBLE OFFICIAL: WILLIAM CONTACT NAME: Same	ONUSKA <b>PHONE:</b> (561)844-2529 <b>PHONE:</b> (
REMITTANCE YEAR: 2006	ENTITLEMENT PERIOD: 9/3/2006 / 9/3/2011 (end date)
PART I: INSPECTION COMPLIANCE  ☐ IN COMPLIANCE ☐ MINO	STATUS (check only one box)  R Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE
PART II: CLASSIFICATION – Rule 62- Facility type(s)/applicable standard as inc  1. Hard Chromium Plating  a. Existing Large (0.015 mg/dscm) c. New (0.015 mg/dscm)	dicated on notification form:
2. <u>Decorative Chromium Plating/Ano</u> a. <u>Chromic Acid Bath</u>	1) Emissions of ≤ 0.01/mg/dscm (4.4x10 <sup>-6</sup> gr/dscf)
b. Trivalent Chromium Bath c. Chromium Anodizing	1) With wetting agent

PART III: CONTROL TECHNOLOGY - Rule 62-213.300 FAC	
(Select control	
	DEVICE IN USE?
<del>de rice</del> )	<u>BEVICE</u> III COL.
1. 🛮 Composite Mesh Pad	⊠Yes □No
2. Fiber Bed Mist Eliminator	Yes No
3. Packed Bed Scrubber	Yes No
4. Packed Bed Scrubber/Composite Mesh Pad	☐Yes ☐No
5. Foam Blanket Fume Suppressant	□Yes □No
6. Fume Suppressant w/ Wetting Agent	☐Yes ☐No
Has the facility conducted an initial performance test to establish monitoring parameters? (Not required for sources using a wetting agent or 1-inch foam blanket thickness)	⊠Yes □No □N/A
PART IV: <u>RECORDKEEPING/REPORTING REQUIREMENTS</u> – 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. (applicable only to a facility using a packed bed scrubbed	r, fiber-bed
mist eliminator, or composite mesh pad)	- ⊠Yes □No □N/A
2. Operations and Maintenance Plan (OMP). (applicable only to a facility using a	packed bed
scrubber, fiber-bed mist eliminator, or composite mesh pad)	- ⊠Yes □No □N/A
3. Maintenance records for the source, add-on pollution control devices, and	
monitoring equipment (equipment identified, date performed, description)	- ⊠Yes □No
4. Records of date of occurrence, duration, cause, and corrective action of each	
malfunction of process, add-on pollution control device, and monitoring equipmen	
5. Results of all performance tests	
6. Records of monitoring data. (not applicable to trivalent chromium baths using	
agent)	⊠Yes □No □N/A
Composite Mesh Pad	<b>N</b>
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	DY. DY.
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	
8. Records of the date and time that fume suppressants are added to the bath	
9. Records of rectifier capacity, if used to determine facility size	
10. Records of the total process operating time	
11. Records identifying specific periods of excess emissions	
12. Startup, Shutdown & Malfunction Plan	

Date of Inspection
9/2008
Approximate Date of Next Inspection