



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0250708	DATE: <u>11/10/2010</u>	ARRIVE: <u>11:45 AM</u>	DEPART: <u>12:10 PM</u>
FACILITY NAME: T & A GUN REFINISHING			
FACILITY LOCATION: 4149 E 10th Ct HIALEAH 33013-2503			
OWNER/AUTHORIZED REPRESENTATIVE: TOM RIGSBY		PHONE: (305)681-1684	
Email:		Mobile:	
CONTACT NAME:		PHONE:	
Email:		Mobile:	
ENTITLEMENT PERIOD: 5/8/2006 / 5/8/2011 (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) <input type="checkbox"/>	b. Existing Small (0.03 mg/dscm) ----- <input type="checkbox"/>
c. New (0.015 mg/dscm) ----- <input type="checkbox"/>	d. Alternative Standard for existing facilities <input type="checkbox"/> (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) ----- <input type="checkbox"/>
	2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- <input checked="" type="checkbox"/> (May only be selected if a wetting agent is used.)
b. Trivalent Chromium Bath	1) With wetting agent ----- <input type="checkbox"/>
	2) Without wetting agent ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) <input type="checkbox"/>
c. Chromium Anodizing	1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ----- <input type="checkbox"/>
	2) Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- <input type="checkbox"/> (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. 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? 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. *(applicable only to a facility using a packed bed scrubber, 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 equipment. Yes No
- 5. Results of all performance tests.----- Yes No N/A
- 6. Records of monitoring data. *(not applicable to trivalent chromium baths using a wetting agent)* ----- Yes No 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. ----- Yes No N/A
- 8. Records of the date and time that fume suppressants are added to the bath. ---- Yes No N/A
- 9. Records of rectifier capacity, if used to determine facility size. ----- Yes No N/A
- 10. Records of the total process operating time. ----- Yes No
- 11. Records identifying specific periods of excess emissions. ----- Yes No
- 12. Startup, Shutdown & Malfunction Plan. ----- Yes No

FRANK DELGADO

11/10/2010

Inspector's Name (Please Print)

Date of Inspection

11/2011

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: THE SMALL CHROMIUM TANK IS USED TWICE PER WEEK. PLASTIC BUBBLES ARE USED TO CONTROL EMISSIONS.
THE HOUSEKEEPING IS GOOD.