



# CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

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

|   |                               |                                |                                |
|---|-------------------------------|--------------------------------|--------------------------------|
| <b>AIRS ID#:</b> 0250723  | <b>DATE:</b> <u>4/13/2012</u> | <b>ARRIVE:</b> <u>11:14 AM</u> | <b>DEPART:</b> <u>11:33 AM</u> |
| <b>FACILITY NAME:</b> AIRCO PLATING COMPANY                                     |                               |                                |                                |
| <b>FACILITY LOCATION:</b> 3650 NW 46th ST<br>MIAMI 33142-3944                   |                               |                                |                                |
| <b>OWNER/AUTHORIZED REPRESENTATIVE:</b> MICHAEL KING                            |                               | <b>PHONE:</b> (305)633-2476    |                                |
| <b>Email:</b>   |                               | <b>Mobile:</b>                 |                                |
| <b>CONTACT NAME:</b>  |                               | <b>PHONE:</b>                  |                                |
| <b>Email:</b>   |                               | <b>Mobile:</b>                 |                                |
| <b>ENTITLEMENT PERIOD:</b> 7/15/2010 / 7/15/2015<br>(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. <b>Existing Large</b> (0.015 mg/dscm) <input type="checkbox"/>       | b. <b>Existing Small</b> (0.03 mg/dscm) ----- <input type="checkbox"/>  |
| c. <b>New</b> (0.015 mg/dscm) ----- <input checked="" type="checkbox"/> | d. <b>Alternative Standard</b> for existing facilities <input type="checkbox"/><br>(0.03 mg/dscm) using a rolling average of<br>rectifier capacity (less than 60 million A-hr/year) |

2. **Decorative Chromium Plating/Anodizing**

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

4/13/2012

\_\_\_\_\_  
Inspector's Name (Please Print)

\_\_\_\_\_  
Date of Inspection

4/2013

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Approximate Date of Next Inspection

**COMMENTS:** MR. MICHAEL KING, OWNER OF THE FACILITY WAS ON SITE. THEY ARE USING ONLY THE TWO (2) HARD CHROMIUM TANKS AT THIS TIME. ALL RECORDS WERE AVAILABLE AND FOUND UP-TO-DATE.

**REVIEWED**  
By Ray Gordon at 9:30 am, Apr 24, 2012