

## CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNU. RE-INS	AL (INS1, INS2) COMPLAINT/DISCOVERY (CI) ARMS COMPLAINT NO:		
AIRS ID#: 0250724 DATE: <u>4/7/08</u> ARRIVE: <u>10:30AM</u> DEPART: <u>10:52AM</u>			
FACILITY NAME: AMERICAN BUMPER CORPORATION			
FACILITY LOCATION: 7851 NW 64 Street			
MIAMI 33166-2718			
OWNER/AUTHORIZED REPRESENTATIVE: ELADIO MORFA PHONE: (305)592-6360			
CONTACT NAME:	PHONE:		
ENTITLEMENT PERIOD: 7/22/2006 / 7/22/2011 (effective date) (end date)			
PART I: <u>INSPECTION COMPLIANCE STATUS</u> (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)			
2. <u>Decorative Chromium Plating/Anodizing</u>			
a. <u>Chromic Acid Bath</u>	<ol> <li>Emissions of ≤ 0.01/mg/dscm (4.4x10<sup>-6</sup> gr/dscf)</li> <li>Surface tension of ≤ 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft) (May only be selected if a wetting agent is used.)</li> </ol>		
b. <u>Trivalent</u> <u>Chromium</u> <u>B</u>	1) With wetting agent		
c. <u>Chromium</u> <u>Anodizing</u>	<ol> <li>Emissions of ≤ 0.01 mg/dscm (4.4x10<sup>-6</sup> gr/dscf)</li> <li>Surface tension of 45 dynes/cm (3.1x10<sup>-3</sup> lb-f/ft)</li> <li>(May only be selected if a wetting agent is used.)</li> </ol>		

PART III: <u>CONTROL TECHNOLOGY</u> – Rule 62-213.300 FAC				
(Select control				
	DEVICE IN USE?			
<u>device</u> )	<u>HY CSE</u> .			
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			
	⊠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: <u>RECORDKEEPING/REPORTING</u> <u>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 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				
6. Records of monitoring data. (not applicable to trivalent chromium baths using a				
agent)	LYes LNo LN/A			
Composite Mesh Pad				
Measure the pressure drop across the CMP daily	☐ Yes ☐ INO			
Packed Bed Scrubber  Measure the pressure drop across the PBS and the inlet velocity daily	DVac DNa			
1 1	☐Yes ☐No			
<u>Fiber-Bed Mist Eliminator</u> 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	100 110			
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 \overline{\text{No}}				
11. Records identifying specific periods of excess emissions				
12. Startup, Shutdown & Malfunction Plan	⊠Yes □No			

MARQUES LOPEZ	4/7/08	
Inspector's Name (Please Print)	Date of Inspection	
	4/09	
Inspector's Signature	Approximate Date of Next Inspection	

**COMMENTS:** ON APRIL 7, 2008 I VISITED THIS FACILITY TO CONDUCT THE ANNUAL COMPLIANCE INSPECTION. ON SITE I MET ELADIO MORFA, THE OWNER OF THE FACILITY. THE FACILITY PRACTICED GOOD HOUSE KEEPING AND HAD ALL THE NECESSARY RECORDS AVAILABLE. THE CHROMIUM ELECTROPLATING TANK WAS OPERATING AT THE TIME OF INSPECTION AND THERE WERE NO EMMISSIONS.