



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0950329 **DATE:** 9/20/2010 **ARRIVE:** 10:50 **DEPART:** 11:15

FACILITY NAME: ELECTRO CHROMIUM CO INC

FACILITY LOCATION: 549 N Orange Blossom Trail
ORLANDO 32805

OWNER/AUTHORIZED REPRESENTATIVE: GLENN MARTINEAU **PHONE:** (407)578-5452

Email:

Mobile:

CONTACT NAME:

PHONE:

Email:

Mobile:

ENTITLEMENT PERIOD: 9/7/2006 / 9/7/2011
(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 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?

- 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
- 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
- Maintenance records for the source, add-on pollution control devices, and monitoring equipment (equipment identified, date performed, description). ----- ☒ Yes ☐ No
- 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
- Results of all performance tests. ----- ☐ Yes ☐ No ☒ N/A
- 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

- Purchase records of wetting agent components. ----- ☒ Yes ☐ No ☐ N/A
- Records of the date and time that fume suppressants are added to the bath. ---- ☒ Yes ☐ No ☐ N/A
- Records of rectifier capacity, if used to determine facility size. ----- ☐ Yes ☐ No ☒ N/A
- Records of the total process operating time. ----- ☒ Yes ☐ No
- Records identifying specific periods of excess emissions. ----- ☒ Yes ☐ No
- Startup, Shutdown & Malfunction Plan. ----- ☒ Yes ☐ No

Assefa Hailemariam

9/20/2010.

Inspector's Name (Please Print)

Date of Inspection

9/2011

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: Facility owner provided all the records and facility was in compliance during the annual inspection that was performed on this date.
