



# CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

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

<b>AIRS ID#:</b> 0950329	<b>DATE:</b> <u>9/7/2012</u>	<b>ARRIVE:</b> <u>9:15</u>	<b>DEPART:</b> <u>9:46</u>
<b>FACILITY NAME:</b> ELECTRO CHROMIUM CO INC			
<b>FACILITY LOCATION:</b> 549 N ORANGE BLOSSOM TRL ORLANDO 32805-1437			
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> GLENN MARTINEAU		<b>PHONE:</b> (407)435-7240	
<b>Email:</b>		<b>Mobile:</b>	
<b>CONTACT NAME:</b> Glenn Martineau		<b>PHONE:</b>	
<b>Email:</b>		<b>Mobile:</b>	
<b>ENTITLEMENT PERIOD:</b> 7/7/2011 / 7/7/2016 (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 checked="" 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"/> (0.03 mg/dscm) using a rolling average of 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"/> (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"/> (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 checked="" 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?

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

Assefa Hailemariam

9/7/2012

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

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

~9/7/2013

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

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

**COMMENTS:** The facility was found to be in compliance with their air permit and all records were kept according to the air permit. Three out of the five chromic acid baths were operating at the time of inspection. No odor was detected during the inspection.