



CHROMIUM ELECTROPLATING/ANODIZING



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030506 DATE: _____ ARRIVE: 8:12 AM DEPART: 10:00 AM
FACILITY NAME: ELECTRO LAB II INC
FACILITY LOCATION: 369 Douglas Road
OLDSMAR 34677
RESPONSIBLE OFFICIAL: WILLIAM HARDER PHONE: (813)818-7605
CONTACT NAME: WILLIAM HARDER PHONE: (
REMITTANCE YEAR: 2005 ENTITLEMENT PERIOD: 11/25/2002 / 11/25/2007
(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 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

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: 4/25/06 - Combination of the FDEP Multi-Media Inspector Training: Electroplating Class and inspection. Electro-Lab, Inc. was used as a demonstration facility about its use of different electroplating processes. Facility still does not chromium anodize or chromium electroplate. Chromium is adhered to the surface of the part chemically. Composite mesh pad control device is still on-site.[jm]