



# CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

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

<b>AIRS ID#:</b> 1030353	<b>DATE:</b> <u>12/22/11</u>	<b>ARRIVE:</b> <u>9:25</u>	<b>DEPART:</b> <u>9:55</u>
<b>FACILITY NAME:</b> ADTEC II TAMPA			
<b>FACILITY LOCATION:</b> 5440 70TH AV N PINELLAS PARK 33781-4228			
<b>OWNER/AUTHORIZED REPRESENTATIVE:</b> DAVID SIDERI		<b>PHONE:</b> (727)522-4653	
<b>Email:</b>		<b>Mobile:</b>	
<b>CONTACT NAME:</b>		<b>PHONE:</b>	
<b>Email:</b>		<b>Mobile:</b>	
<b>ENTITLEMENT PERIOD:</b> 5/2/2011 / 5/2/2016 (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 type="checkbox"/>
c. <b>New</b> (0.015 mg/dscm) ----- <input 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 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

Jeff Morris

12/22/11

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

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

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

12/22/12

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

**COMMENTS:**