



PERCHLOROETHYLENE DRY CLEANERS



COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0112310 **DATE:** 03/15/2010

ARRIVE: _____

DEPART: _____

FACILITY NAME: MARNI CLEANERS

FACILITY LOCATION: 8314 W Oakland Park Blvd

SUNRISE 33351-7308

OWNER/AUTHORIZED REPRESENTATIVE: GUILBERT ADME

PHONE: (954)709-9237

CONTACT NAME: OOB

PHONE:

ENTITLEMENT PERIOD: 11/19/2006 / 11/19/2011
(effective date) (end date)

PART I: INSPECTION COMPLIANCE STATUS (check ☒ only one box)

☐ IN COMPLIANCE ☐ MINOR Non-COMPLIANCE ☐ SIGNIFICANT Non-COMPLIANCE

PART II: FACILITY CLASSIFICATION - Rule 62-213.300 FAC

(check ☒ only one box in A)

A. 1. Existing small area source ☐

dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source ☐

dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source ☐

dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source ☐

dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. Ineligible for General Permit ☐

drop store/out of business/petroleum
facility exceeds above limits

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC(check ☒ only one box
for each question)**Does the responsible official of the dry cleaning facility:**

1. Store perc, and wastes containing perc, in tightly sealed & impervious containers? ☐ Yes ☐ No ☐ N/A
2. Examine the containers for leakage? ----- ☐ Yes ☐ No ☐ N/A
3. Close and secure machine doors except during loading/unloading? ----- ☐ Yes ☐ No
4. Drain cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ----- ☐ Yes ☐ No ☐ N/A
5. Maintain solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ----- ☐ Yes ☐ No ☐ N/A

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC(Refer to Part II-A.1.-4. Classification: page 1 of 4, this form)

1. If the facility classification is a **Existing small area source**, no controls are required. **Proceed to Part V.**
2. If the facility classification is a **New small area source**, the machine should be equipped with a refrigerated condenser. **Complete section A. below.**
3. If the facility classification is a **Existing large area source**, the machine should be equipped with either a refrigerated condenser or a carbon adsorber. **Complete both sections A and B below.** *Carbon adsorber must have been installed prior to September 22, 1993*
4. If the facility classification is a **New large area source**, the machine should be equipped with a refrigerated condenser. **Complete both sections A and B below.**

A. Has the responsible official of all existing large area & new sources:(check ☒ only one box for
each question)

1. Equipped all machines with the appropriate vent controls? ----- ☐ Yes ☐ No
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ----- ☐ Yes ☐ No ☐ N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ----- ☐ Yes ☐ No ☐ N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ----- ☐ Yes ☐ No
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ----- ☐ Yes ☐ No ☐ N/A
6. Conducted all temperature monitoring after an appropriate cool-down period and after verifying that the coolant had been completely charged? ----- ☐ Yes ☐ No

PART IV: PROCESS VENT CONTROLS – Rule 62-213.300 FAC (continued)

B. Does the responsible official of an existing large or new large area source also:

(check ☒ only one box for each question)

1. Measure and record the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? ----- ☐ Yes ☐ No
2. Measure and record the washer exhaust temperature at the condenser inlet and outlet weekly? ----- ☐ Yes ☐ No ☐ N/A
 - a) Is the temperature differential equal to, or greater than 20° F? ----- ☐ Yes ☐ No ☐ N/A
3. Measure and record the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped exclusively with a carbon adsorber? ----- ☐ Yes ☐ No ☐ N/A
 - a) Is the perc concentration equal to, or less than 100 ppm? ----- ☐ Yes ☐ No ☐ N/A
4. Assure that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? ----- ☐ Yes ☐ No ☐ N/A
5. Equip transfer machines (dryers, reclaimers, and washers) with individual condenser coils? ----- ☐ Yes ☐ No ☐ N/A
6. Route airflow to the carbon adsorber (if used) at all times? ----- ☐ Yes ☐ No ☐ N/A

PART V: RECORDKEEPING REQUIREMENTS – Rule 62-213.300(3) FAC

Does the responsible official:

(check ☒ only one box for each question)

1. Maintain receipts for perc purchased? ----- ☐ Yes ☐ No
2. Maintain rolling monthly total of yearly perc consumption? ----- ☐ Yes ☐ No
3. Maintain leak detection inspection and repair reports for the following:
 - a) documentation of leaks repaired w/in 24 hrs? or; ----- ☐ Yes ☐ No ☐ N/A
 - b) documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? ----- ☐ Yes ☐ No ☐ N/A
4. Maintain calibration data? (*for applicable direct reading instruments*) ----- ☐ Yes ☐ No ☐ N/A
5. Maintain exhaust duct monitoring data on perc concentrations? ----- ☐ Yes ☐ No ☐ N/A
6. Maintain a startup/shutdown/malfunction plan? ----- ☐ Yes ☐ No
7. Maintain deviation reports? ----- ☐ Yes ☐ No ☐ N/A
 - a) Problem corrected? ----- ☐ Yes ☐ No ☐ N/A
8. Maintain a compliance plan, if applicable? ----- ☐ Yes ☐ No ☐ N/A

PART VI: LEAK DETECTION AND REPAIRS – Rule 62-213.300 FAC

(check ☒ only one box for each question)

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak

detection and repair inspection? -----

☐ Yes ☐ No

2. Does the facility maintain a leak log? -----

☐ Yes ☐ No

3. Does the responsible official check the following areas for leaks?

a) Hose connections, fittings,

couplings, and valves -----

☐ Yes ☐ No ☐ N/A

g) Muck cookers -----

☐ Yes ☐ No ☐ N/A

b) Door gaskets and seating -----

☐ Yes ☐ No ☐ N/A

h) Stills -----

☐ Yes ☐ No ☐ N/A

c) Filter gaskets and seating -----

☐ Yes ☐ No ☐ N/A

i) Exhaust dampers -----

☐ Yes ☐ No ☐ N/A

d) Pumps -----

☐ Yes ☐ No ☐ N/A

j) Diverter valves -----

☐ Yes ☐ No ☐ N/A

e) Solvent tanks and containers --

☐ Yes ☐ No ☐ N/A

k) Cartridge filter housings

☐ Yes ☐ No ☐ N/A

f) Water separators -----

☐ Yes ☐ No ☐ N/A

4. Which method(s) of detection (is/are) used by the responsible official?

a) Visual examination (condensed solvent on exterior surfaces) -----

a) ☐

b) Physical detection (airflow felt through gaskets) -----

b) ☐

c) Odor (noticeable perc odor) -----

c) ☐

d) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) -----

d) ☐ ** (see below)

e) Halogen leak detector -----

e) ☐

****If using direct-reading instrumentation, is the equipment:** -----

****** ☐ N/A

1) Capable of detecting perc vapor concentrations in a range of 0-500 ppm? -----

1) ☐ Yes ☐ No

2) Calibrated against a standard gas prior to and after each use (PID/FID only)? -----

2) ☐ Yes ☐ No

3) Inspected for leaks and obvious signs of wear on a weekly basis? -----

3) ☐ Yes ☐ No

4) Kept in a clean and secure area when not in use? -----

4) ☐ Yes ☐ No

5) Verified for accuracy by use of duplicate samples (calorimetric only)? -----

5) ☐ Yes ☐ No

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

COMMENTS: FACILITY IS OOB.