



# HUMAN CREMATORY



## COMPLIANCE INSPECTION CHECKLIST

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

**AIRS ID#:** 1010360 **DATE:** 04/21/2009 **ARRIVE:** 1345 **DEPART:** 1431

**FACILITY NAME:** MORGAN FUNERAL HOME & CREMATION SERVICES

**FACILITY LOCATION:** 6025 E TROUBLE CREEK RD  
 NEW PORT RICHEY 34653-5299

**OWNER/AUTHORIZED REPRESENTATIVE:** MERL FAUPEL **PHONE:** (727)847-3999

**CONTACT NAME:** Sam Morgan **PHONE:** (727)247-3999

**ENTITLEMENT PERIOD:** 4/16/2009 / 4/16/2014  
(effective date) (end date)

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

IN COMPLIANCE     MINOR Non-COMPLIANCE     SIGNIFICANT Non-COMPLIANCE

**PART II: TESTING/RECORDKEEPING REQUIREMENTS – Rule 62-296.401, F.A.C.**  
 (check  appropriate box(es))

1. Were there any objectionable odor(s) detected?-----  Yes  No
2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60 days prior to the AGP Notification form submission, and within 60 days prior to each anniversary date? (Rule 62-296.401(5)(i), F.A.C.)-----  Yes  No
4. In order to demonstrate individual source compliance were the remaining applicable standards testing completed within 60 days prior to the AGP Notification form submission? (Rule 62-210.300(4), F.A.C.)
  - a) Carbon Monoxide (CO) emissions equal to or below the requirements of 100 parts per million by volume, dry basis, corrected to 7% O<sub>2</sub> on an hourly average basis and tested according to EPA Method 10 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
  - b) Oxygen test performed according to EPA Method 3 (Ref.: Chapter 62-297, F.A.C.)?-----  Yes  No
  - c) Particulate matter emissions test with results equal to or below the requirements of 0.080 grains per dry standard cubic foot (ft<sup>3</sup>) of flue gas, corrected to 7% O<sub>2</sub> and tested according to EPA Method 5 (Ref.: Chapter.62-297, F.A.C.)?-----  Yes  No
5. Was all emissions testing conducted with the source operating at the manufacturers recommended capacity?-----  Yes  No
6. Was CO & PM compliance demonstrated by submission of a test report for an identical crematory unit?  Yes  No
7. Was the Department notified at least 15 days prior to the date of the last formal compliance test?-----  Yes  No
8. Was the required test report filed with the Department as soon as practical, but no longer than 45 days after the test was completed?-----  Yes  No

**PART IV: SPECIAL CONDITIONS AND PROCEDURES – Rule 62-296.401, F.A.C.**

**A. New or Modified Process Equipment**

1. Since the last inspection has there been
  - a) installation of any new process equipment?-----  Yes  No
  - b) alterations to existing process equipment without replacement?-----  Yes  No
  - c) replacement of existing equipment substantially different than that noted on the most recent notification form?-----  Yes  No
  - d) If you answered **YES** to any of the above, did the owner submit a new and complete notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DEP or local program office?-----  Yes  No
2. If a crematory unit has been modified to the extent that a Department air construction permit was required, have all operators been retrained to operate the modified unit?-----  Yes  No
3. In the case of new or modified equipment, where a Department air construction permit was required, has the owner submitted copies of all operator training certificates?-----  Yes  No
  - a) submitted within the 15 day required window following the training?-----  Yes  No

Joseph V Panetta

04/21/2009

Inspector's Name (Please Print)

Date of Inspection

*Joseph V. Panetta*

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**

Previous inspection on 04/01/2009 a field warning notice was left for the following violations. A Preventative Maintenance schedule was not available for inspection and MSDS for plastics bags burned not available for inspection.

On this follow up visit MSDS was available. Although the preventative maintenance log was not available I left facility and later called Mr. Faupels office. I was able to speak with Mr. George Morgan and explained the preventative maintenance log was not available from steve Morgan. George Morgan he would send them in ASAP. I asked for logs from 01/01/2009 through 04/01/2009. Those logs were sent to office.

Compliance Assistance CWOE.- Case Closed

RECEIVED

MAR 18 2009

**HUMAN CREMATORY  
AIR GENERAL PERMIT REGISTRATION FORM**

Bureau of Air Management  
& Mobile Sources

**Part II. Notification to Permitting Office**

(Detach and submit to appropriate permitting office; keep copy onsite)

**Instructions:** To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050(4)(o), F.A.C. (\$100 as of the effective date of this form)

1010360-005

**Registration Type**

Check one:

**INITIAL REGISTRATION** - Notification of intent to:

- Construct and operate a proposed new facility.
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

**RE-REGISTRATION** (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

**Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only**

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): \_\_\_\_\_
- No air operation permits currently exist for this facility.

**General Facility Information**

**Facility Owner/Company Name** (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

**THE FAUPEL GROUP LLC**

**Site Name** (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

**MORGAN FUNERAL HOME AND CREMATION SERVICES**

**Facility Location** (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: **8025 E. TROUBLE CREEK ROAD**

City: **NEW PORT RICHEY**

County: **PASCO**

Zip Code: **34653-5299**

**Facility Start-Up Date** (Estimated start-up date of proposed new facility.) (N/A for existing facility)

**N/A**

**Owner/Authorized Representative**

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: **MERL FAUPEL, PRESIDENT**

**Owner/Authorized Representative Mailing Address**

Organization/Firm: **THE FAUPEL GROUP LLC dba MORGAN FUNERAL HOME and dba WEST FLORIDA CREMATORY** AND CREMATION SERVICES

Street Address: **6025 E. TROUBLE CREEK ROAD**

City: **NEW PORT RICHEY**

County: **PASCO**

Zip Code: **34653-5299**

**Owner/Authorized Representative Telephone Numbers**

Telephone: **727-847-3999**

Fax: **727-848-0361**

Cell phone (optional):

**Facility Contact (If different from Owner/Authorized Representative)**

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title: **SAME AS ABOVE**

**Facility Contact Mailing Address**

Organization/Firm:

Street Address:

City:

County:

Zip Code:

**Facility Contact Telephone Numbers**

Telephone:

Fax:

Cell phone (optional):

**Owner/Authorized Representative Statement**

This statement must be signed and dated by the person named above as owner or authorized representative

*I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.*

*I will promptly notify the Department of any changes to the information contained in this registration form.*

Signature

Date

**Design Calculations**

If this is an initial registration for a proposed new human crematory unit, provide design calculations to confirm a sufficient volume in the secondary chamber combustion zone to provide for at least a 1.0 second gas residence time at 1800 degrees F.

- Manufacturer's design calculations attached.
- Registration is not for proposed new human crematory unit(s).

**Description of Facility**

Below, or as an attachment to this form, provide a description of all crematory operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

**This is a re-registration due to a change of ownership. Facility ownership is changing from MKG Care, Inc. to The Faupel Group LLC dba Morgan Funeral Home and dba West Florida Crematory. The site name will be Morgan Funeral Home and Cremation Services.**

**This re-registration is for continued operation of a B&L Cremations Systems, Inc. N20 series 150 lb/hr human crematory incinerator under the new ownership. The crematory is designed to burn human remains at the average incineration rate of 150 pounds per hour. The incinerator consists of primary and secondary (afterburner) chambers, each fired exclusively on natural gas with a maximum total design heat input rate of 1.3 mmBtu/hr (0.3 mmBtu/hr in the Primary chamber, 1.0 mmBtu/hr in the Secondary chamber).**

**Emissions are controlled by the afterburner, which will maintain a minimum secondary chamber combustion zone temperature of 1600° F prior to and during combustion of material in the primary chamber. The secondary chamber is designed to ensure one second residence time at a gas temperature of 1800° F, and is equipped with a continuous temperature monitor and recorder.**

**The unit is equipped with an opacity monitor that will adjust the cremation process if excess opacity is measured. Opacity monitor information is attached.**

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MBh Corp, Inc DATE: 1-5-09  
MACHINE: NDOAR OPERATOR: Samuel T. Morgan

### WEEKLY INSPECTION:

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation
2. Visual Inspection of Linkages
3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
4. Check Chart Recorder for Proper Operation

1-5-09  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

1-5-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

1-6-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

1-7-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

1-8-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

1-9-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MKB Inc, Inc. DATE: 1-12-09

MACHINE: N20 AA OPERATOR: STM

### WEEKLY INSPECTION:

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation
  2. Visual Inspection of Linkages
  3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
  4. Check Chart Recorder for Proper Operation
- 1-12-09  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- 1-12-09  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- 1-13-09  
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\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- 1-14-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- 1-15-09  
\_\_\_\_\_  
\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- 1-16-09  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- \_\_\_\_\_  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
  2. Cremated Remains Removed and Processed with I.D.
  3. Remains Pan Properly Installed if Necessary
- \_\_\_\_\_  
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For Service Call (800) 622-5411 - 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: \_\_\_\_\_ DATE: 1-19-09

MACHINE: N 20 AA OPERATOR: STM

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### WEEKLY INSPECTION:

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation 1-19-09
  2. Visual Inspection of Linkages ↓
  3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
  4. Check Chart Recorder for Proper Operation
- 

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory 1-19-09
  2. Cremated Remains Removed and Processed with I.D. ↓
  3. Remains Pan Properly Installed if Necessary
- 

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory 1-20-09
  2. Cremated Remains Removed and Processed with I.D. ↓
  3. Remains Pan Properly Installed if Necessary
- 

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory 1-21-09
  2. Cremated Remains Removed and Processed with I.D. ↓
  3. Remains Pan Properly Installed if Necessary
- 

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory 1-22-09
  2. Cremated Remains Removed and Processed with I.D. ↓
  3. Remains Pan Properly Installed if Necessary
- 

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory 1-23-09
  2. Cremated Remains Removed and Processed with I.D. ↓
  3. Remains Pan Properly Installed if Necessary
- 

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
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For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361



# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: \_\_\_\_\_ DATE: 1-26-09  
MACHINE: N 20 AA OPERATOR: STM

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**WEEKLY INSPECTION:**

- 1. Opacity System:  
Clean Transmitter, Receiver, Reflector \_\_\_\_\_ 1-26-09  
Check Sensitivity and Alignment \_\_\_\_\_  
Check For Proper Operation \_\_\_\_\_
  - 2. Visual Inspection of Linkages \_\_\_\_\_
  - 3. Check Loading Table For Correct Operation \_\_\_\_\_  
Check / Charge Battery as Necessary \_\_\_\_\_
  - 4. Check Chart Recorder for Proper Operation \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_ 1-26-09
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_ 1-27-09
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_ 2-28-09
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_ 1-29-09
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_ 1-30-09
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  - 2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  - 3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: \_\_\_\_\_ DATE: 1-30-09

MACHINE: N20 AA OPERATOR: STM

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## MONTHLY INSPECTION, PERFORMED WITH WEEKLY AND DAILY INSPECTION

- |   |          |
|---|----------|
| 1. Remove, Inspect, and Clean as Necessary All Igniters and Scanners  | _____ ✓  |
| 2. Check Door System For Correct Operation Including Emergency Valve  | _____ ✓  |
| 3. Check Processor Seal and Blade for Wear  | _____ ✓  |
| 4. Check Filters in Processor Station, Replace as Necessary   | _____ NA |
| 5. Check Exterior of machine and Stack for Heat Damage  | _____ ✓  |
| 6. Note Any Conditions Which May Require Special Attention or Any Unusual Occurrences That Have Happened Such as Excessive High Temperature Conditions, Excessive Smoking, Longer Than Normal Preheat Times, Etc. | _____    |

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**For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361**

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MHCare, Inc. DATE: 2-2-09

MACHINE: N20 AA OPERATOR: STW

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**WEEKLY INSPECTION:**

- |   |  |
|---|--|
| 1. Opacity System:<br>Clean Transmitter, Receiver, Reflector<br>Check Sensitivity and Alignment<br>Check For Proper Operation | <u>2-2-09</u><br>_____<br>_____<br>_____ |
| 2. Visual Inspection of Linkages  | ↓<br>_____                               |
| 3. Check Loading Table For Correct Operation<br>Check / Charge Battery as Necessary   | _____<br>_____                           |
| 4. Check Chart Recorder for Proper Operation  | _____                                    |
- 

**DAILY INSPECTION:**

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-2-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | ↓<br>_____             |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |
- 

**DAILY INSPECTION:**

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-3-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | ↓<br>_____             |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |
- 

**DAILY INSPECTION:**

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-4-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | ↓<br>_____             |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |
- 

**DAILY INSPECTION:**

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-5-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | ↓<br>_____             |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |
- 

**DAILY INSPECTION:**

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-6-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | ↓<br>_____             |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |
- 

**DAILY INSPECTION:**

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |
- 

**DAILY INSPECTION:**

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |
- 

For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MK6 Care, Inc. DATE: 2-9-09

MACHINE: N30 AA OPERATOR: STM

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### WEEKLY INSPECTION:

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|---|--|
| 1. Opacity System:<br>Clean Transmitter, Receiver, Reflector<br>Check Sensitivity and Alignment<br>Check For Proper Operation | <u>2-9-09</u><br>_____<br>_____<br>_____ |
| 2. Visual Inspection of Linkages  | ↓<br>_____<br>_____                      |
| 3. Check Loading Table For Correct Operation<br>Check / Charge Battery as Necessary   | _____<br>_____                           |
| 4. Check Chart Recorder for Proper Operation  | _____<br>_____                           |
- 

### DAILY INSPECTION:

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-9-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                  |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |
- 

### DAILY INSPECTION:

- |   |                         |
|---|-------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-10-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                   |
| 3. Remains Pan Properly Installed if Necessary      | _____                   |
- 

### DAILY INSPECTION:

- |   |                         |
|---|-------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-11-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                   |
| 3. Remains Pan Properly Installed if Necessary      | _____                   |
- 

### DAILY INSPECTION:

- |   |                         |
|---|-------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-12-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                   |
| 3. Remains Pan Properly Installed if Necessary      | _____                   |
- 

### DAILY INSPECTION:

- |   |                         |
|---|-------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-13-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                   |
| 3. Remains Pan Properly Installed if Necessary      | _____                   |
- 

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |
- 

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |
- 

For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: Mercy Inc DATE: 2-16-09

MACHINE: N20 AA OPERATOR: STM

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### WEEKLY INSPECTION:

- |   |  |
|---|--|
| 1. Opacity System:<br>Clean Transmitter, Receiver, Reflector<br>Check Sensitivity and Alignment<br>Check For Proper Operation | <u>2-16-09</u><br>_____<br>_____↓<br>_____ |
| 2. Visual Inspection of Linkages  | _____                                      |
| 3. Check Loading Table For Correct Operation<br>Check / Charge Battery as Necessary   | _____                                      |
| 4. Check Chart Recorder for Proper Operation  | _____                                      |
- 

### DAILY INSPECTION:

- |   |                 |
|---|-----------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-16-09</u>  |
| 2. Cremated Remains Removed and Processed with I.D. | _____           |
| 3. Remains Pan Properly Installed if Necessary      | _____↓<br>_____ |
- 

### DAILY INSPECTION:

- |   |                |
|---|----------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-17-09</u> |
| 2. Cremated Remains Removed and Processed with I.D. | _____          |
| 3. Remains Pan Properly Installed if Necessary      | _____          |
- 

### DAILY INSPECTION:

- |   |                |
|---|----------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-18-09</u> |
| 2. Cremated Remains Removed and Processed with I.D. | _____          |
| 3. Remains Pan Properly Installed if Necessary      | _____          |
- 

### DAILY INSPECTION:

- |   |                |
|---|----------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-19-09</u> |
| 2. Cremated Remains Removed and Processed with I.D. | _____          |
| 3. Remains Pan Properly Installed if Necessary      | _____          |
- 

### DAILY INSPECTION:

- |   |                |
|---|----------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>2-20-09</u> |
| 2. Cremated Remains Removed and Processed with I.D. | _____          |
| 3. Remains Pan Properly Installed if Necessary      | _____          |
- 

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |
- 

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |
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For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MKB Care, Inc. DATE: 2-23-09

MACHINE: N20 AA OPERATOR: STM

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**WEEKLY INSPECTION:**

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation
2. Visual Inspection of Linkages
3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
4. Check Chart Recorder for Proper Operation

2-23-09  
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\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

2-23-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

2-24-09  
\_\_\_\_\_  
\_\_\_\_\_  
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

2-25-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

2-26-09  
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\_\_\_\_\_  
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

2-27-09  
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MBG Care, Inc      DATE: 2-27-09

MACHINE: N200A      OPERATOR: STM

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## MONTHLY INSPECTION. PERFORMED WITH WEEKLY AND DAILY INSPECTION

1. Remove, Inspect, and Clean as Necessary All Igniters and Scanners 2-27-09
2. Check Door System For Correct Operation Including Emergency Valve \_\_\_\_\_
3. Check Processor Seal and Blade for Wear \_\_\_\_\_
4. Check Filters in Processor Station, Replace as Necessary \_\_\_\_\_
5. Check Exterior of machine and Stack for Heat Damage \_\_\_\_\_
6. Note Any Conditions Which May Require Special Attention or Any Unusual Occurrences That Have Happened Such as Excessive High Temperature Conditions, Excessive Smoking, Longer Than Normal Preheat Times, Etc. \_\_\_\_\_

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**For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361**

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MBG Care Inc DATE: 3-2-09

MACHINE: N20 AD OPERATOR: STM

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**WEEKLY INSPECTION:**

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensivity and Alignment  
Check For Proper Operation
2. Visual Inspection of Linkages
3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
4. Check Chart Recorder for Proper Operation

3-2-09  
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\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

3-2-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

3-3-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

3-4-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

3-5-09  
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\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

3-6-09  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MIR Care Inc. DATE: 3-9-09

MACHINE: N20AA OPERATOR: STR

### WEEKLY INSPECTION:

- |   |   |
|---|---|
| 1. Opacity System:<br>Clean Transmitter, Receiver, Reflector<br>Check Sensitivity and Alignment<br>Check For Proper Operation | <u>3-9-09</u><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| 2. Visual Inspection of Linkages  |   |
| 3. Check Loading Table For Correct Operation<br>Check / Charge Battery as Necessary   | ✓<br>_____<br>_____   |
| 4. Check Chart Recorder for Proper Operation  | _____   |

### DAILY INSPECTION:

- |   |                        |
|---|------------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>3-9-09</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | ✓<br>_____             |
| 3. Remains Pan Properly Installed if Necessary      | _____                  |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>3-10</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>3-11</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>3-12</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>3-13</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |

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# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: M/K In Care      DATE: 3-16-09

MACHINE: N20 AP      OPERATOR: STM

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**WEEKLY INSPECTION:**

- 1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation
  - 2. Visual Inspection of Linkages
  - 3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
  - 4. Check Chart Recorder for Proper Operation
- 3-16-09  
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\_\_\_\_\_

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 3-16  
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\_\_\_\_\_

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 3-17  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 3-18  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 3-19  
\_\_\_\_\_  
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**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 3-20  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- \_\_\_\_\_  
\_\_\_\_\_  
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For Service Call (800) 622-5411 - 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: M/B Glass, Inc DATE: 3-23-09

MACHINE: N20AA OPERATOR: STM

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**WEEKLY INSPECTION:**

- 1. Opacity System: 3-23-09
    - Clean Transmitter, Receiver, Reflector
    - Check Sensitivity and Alignment
    - Check For Proper Operation
  - 2. Visual Inspection of Linkages
  - 3. Check Loading Table For Correct Operation
  - Check / Charge Battery as Necessary
  - 4. Check Chart Recorder for Proper Operation
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-23
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-24
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-25
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-24
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-27
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-30
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

**DAILY INSPECTION:**

- 1. Visual Inspection of Primary Chamber Refractory 3-31
  - 2. Cremated Remains Removed and Processed with I.D.
  - 3. Remains Pan Properly Installed if Necessary
- 

For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MRGarcia, Inc. DATE: 3-31-09

MACHINE: N20AA OPERATOR: STM

## MONTHLY INSPECTION, PERFORMED WITH WEEKLY AND DAILY INSPECTION

1. Remove, Inspect, and Clean as Necessary All Igniters and Scanners 3-31-09
  2. Check Door System For Correct Operation Including Emergency Valve \_\_\_\_\_
  3. Check Processor Seal and Blade for Wear \_\_\_\_\_
  4. Check Filters in Processor Station, Replace as Necessary \_\_\_\_\_
  5. Check Exterior of machine and Stack for Heat Damage \_\_\_\_\_
  6. Note Any Conditions Which May Require Special Attention or Any Unusual Occurrences That Have Happened Such as Excessive High Temperature Conditions, Excessive Smoking, Longer Than Normal Preheat Times, Etc. \_\_\_\_\_
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**For Service Call (800) 622-5411 - 24 Hr. Emergency # (727) 415-2361**

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MKUnlacc INC. DATE: 4-6-09

MACHINE: N20 AA OPERATOR: STM

### WEEKLY INSPECTION:

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation
2. Visual Inspection of Linkages
3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
4. Check Chart Recorder for Proper Operation

4-6-09  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-6-09  
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\_\_\_\_\_

### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-7  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-8  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

~~4-8~~ 4-9  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-10  
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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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### DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: MRC of Care, Inc DATE: 4-13-09

MACHINE: NLO AA OPERATOR: STM

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WEEKLY INSPECTION:

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation
2. Visual Inspection of Linkages
3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary
4. Check Chart Recorder for Proper Operation

4-13-09  
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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-13-09  
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\_\_\_\_\_

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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-14  
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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-15  
\_\_\_\_\_  
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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-16  
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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

4-17  
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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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DAILY INSPECTION:

1. Visual Inspection of Primary Chamber Refractory
2. Cremated Remains Removed and Processed with I.D.
3. Remains Pan Properly Installed if Necessary

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For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: \_\_\_\_\_ DATE: 4-20-09

MACHINE: N20 AA OPERATOR: STM

### WEEKLY INSPECTION:

- |   |                                  |
|---|----------------------------------|
| 1. Opacity System:<br>Clean Transmitter, Receiver, Reflector<br>Check Sensitivity and Alignment<br>Check For Proper Operation | <u>4-20-09</u><br>_____<br>_____ |
| 2. Visual Inspection of Linkages  | ↓<br>_____<br>_____              |
| 3. Check Loading Table For Correct Operation<br>Check / Charge Battery as Necessary   | _____<br>_____                   |
| 4. Check Chart Recorder for Proper Operation  | _____<br>_____                   |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>4-20</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>4-21</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>4-22</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>4-23</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |                      |
|---|----------------------|
| 1. Visual Inspection of Primary Chamber Refractory  | <u>4-24</u><br>_____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____                |
| 3. Remains Pan Properly Installed if Necessary      | _____                |

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |

### DAILY INSPECTION:

- |   |       |
|---|-------|
| 1. Visual Inspection of Primary Chamber Refractory  | _____ |
| 2. Cremated Remains Removed and Processed with I.D. | _____ |
| 3. Remains Pan Properly Installed if Necessary      | _____ |

For Service Call (800) 622-5411 – 24 Hr. Emergency # (727) 415-2361

# CREMATION EQUIPMENT MAINTENANCE LOG

FACILITY NAME: \_\_\_\_\_ DATE: 4-27-09

MACHINE: N20AA OPERATOR: STM

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**WEEKLY INSPECTION:**

1. Opacity System:  
Clean Transmitter, Receiver, Reflector  
Check Sensitivity and Alignment  
Check For Proper Operation 4-27
  2. Visual Inspection of Linkages \_\_\_\_\_
  3. Check Loading Table For Correct Operation  
Check / Charge Battery as Necessary \_\_\_\_\_
  4. Check Chart Recorder for Proper Operation \_\_\_\_\_
- 

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory 4-27
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory 4-28
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory 4-29
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory 4-30
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
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**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

**DAILY INSPECTION:**

1. Visual Inspection of Primary Chamber Refractory \_\_\_\_\_
  2. Cremated Remains Removed and Processed with I.D. \_\_\_\_\_
  3. Remains Pan Properly Installed if Necessary \_\_\_\_\_
- 

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