WHERE PROTECTION	
Some Carte	
FLORIDA	

HUMAN CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) COMPLAINT/DISCOV RE-INSPECTION (FUI) ARMS COMPLAINT N	
AIRS ID#: 1010360 DATE: <u>12232009</u> ARRIVE: <u>1455</u>	DEPART: <u>1610</u>
FACILITY NAME: MORGAN FUNERAL HOME & CREMATION SERVICES	
FACILITY LOCATION: 6025 E TROUBLE CREEK RD	
NEW PORT RICHEY 34653-5299	
OWNER/AUTHORIZED REPRESENTATIVE: MERL FAUPEL PHON	NE: (727)847-3999
CONTACT NAME: Sam Morgan PHON	NE: (727)847-3999
ENTITLEMENT PERIOD: 4/16/2009 / 4/16/2014 (effective date) (end date)	
PART I: INSPECTION COMPLIANCE STATUS (check I only one box) IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICA	ANT Non-COMPLIANCE
PART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, I (check ☑ appropriate box(es))	F.A.C.
	Yes No Iethod 9 (Ref.: Chapter
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected? 2. Was a visible emissions test conducted during this site visit according to EPA M 62-297, F.A.C.)?	Yes □ No Yes □ No Yes □ No Yes □ No issions test conducted 60 o each anniversary date?
 (check ☑ appropriate box(es)) 1. Were there any objectionable odor(s) detected?	☐ Yes ☐ No Method 9 (Ref.: Chapter
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PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

 Is there Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record temperatures in the primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber combustion zone in accordance with the manufacturer's instructions?	
measurements, maintenance, reports and records?	
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
 3. If constructed <u>BEFORE</u> August 30, 1989 is the: a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F? b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F b) actual operating temperature of the secondary chamber?	
 secondary chamber combustion zone according to the manufacturer's instructions? Yes No 4. If constructed <u>ON</u> or <u>AFTER</u> August 30, 1989 is the: a) volume in the secondary combustion zone sufficient to provide at least a 1.0 second gas residence time @ 1800° F? Yes No 	
 b) the actual operating temperature of the secondary chamber combustion zone no less than 1600°F throughout the combustion process in the primary chamber? Yes No c) secondary chamber combustion zone temperature equal to or greater than 1600°F before the cremation process begins in the primary chamber? Yes No 	
 5. Are appropriate cremation containers containing no more than 0.5 % (percent) by weight chlorinated plastics used during the cremation of dead human bodies? Yes No a) If the answer to question 4 above is YES, is certifying documentation from the manufacturer that they are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of 	
their use and for at least two years after their use? b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at this location?	
 6. Have all crematory operators been trained and certified by a Department-approved training program? a) Are copies of the training certificates for all crematory operators kept on file at the facility for the duration of the operator's employment & for an additional two years after termination of employment? b) Yes D No 	

PART IV: <u>SPECIAL CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C. A. New or Modified Process Equipment

A. <u>New of Mounteu Frocess Equipment</u>		
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 <u>YES</u> 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 of	r	
local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction permi	t	
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

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

12232009

Date of Inspection

COMMENTS: This inspection is a crematory initiative inspection and measurements were taken of the crematory unit to determine the location of the thermocouple. I am required to input a status (MNC or In Compliance). I have put this facility incompliance until the calculations prove or disprove that the thermocouple(s) are properly placed. The location of the thermocouples will be addressed after the measurements are reviewed by Department Staff. At that time it will be determined if the status should be changed to MNC.