



**ASBESTOS**  
**MANUFACTURING AND FABRICATION**



**COMPLIANCE INSPECTION CHECKLIST**

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

**AIRS ID#:** 0112394 **DATE:** 07/21/2006 **ARRIVE:** \_\_\_\_\_ **DEPART:** \_\_\_\_\_  
**FACILITY NAME:** TROPICAL ASPHALT PRODUCTS  
**FACILITY LOCATION:** 1904 South 31st Ave  
PEMBROKE PARK 33009  
**RESPONSIBLE OFFICIAL:** RICHARD ZEGELBONE **PHONE:** (954)983-3434  
**CONTACT NAME:** **PHONE:**  
**REMITTANCE YEAR:** 2005 **ENTITLEMENT PERIOD:** 4/11/2004 / 4/11/2009  
(effective date) (end date)

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

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

**PART II: GENERAL CONTROL REQUIREMENTS – Rule 62-213.300 FAC**

What method does the facility use to control emissions?

1. Facility discharges no visible emissions to the outside air. ----- ☐  
2. Facility uses methods specified in 40 CFR 61.152 (filtering device) to clean emissions. ----- ☒

**PART III: RECORDKEEPING/REPORTING REQUIREMENTS – Rule 62-213.300(3)**

1. Does the facility maintain equipment manuals, design specifications, and other instructional materials on-site? ----- Yes ☒ No ☐  
2. Does the facility properly monitor and record each potential source of emissions at least once per day for visible emissions? (*must record date/time and presence/absence of visible emissions*) ----- Yes ☒ No ☐  
3. If records indicate visible emissions occurred, did the facility submit a quarterly monitoring report to the Department? ----- Yes ☐ No ☐ N/A ☒  
4. Has the facility recorded descriptions of corrective actions taken, including date and time? ----- Yes ☐ No ☐ N/A ☒

***For facilities using a filter device:***

1. Does the facility properly inspect the filtering device weekly? ----- Yes ☒ No ☐  
2. Does the facility keep records of the condition of fabric filters? ----- Yes ☐ No ☐ N/A ☒  
3. Does the facility record the daily hours of operation for each air cleaning device? ---- Yes ☐ No ☒

Courtney Pitters

07/21/2006

Inspector's Name (Please Print)

Date of Inspection

07/21/2007

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:** Facility does not require permit for asbestos.