CHROMIUM ELECTROPLATING/ANODIZING

COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030471 **DATE:** 1/24/11 **ARRIVE:** 10:20 **DEPART:** 11:15

FACILITY NAME: NORRIS PRECISION MFG

FACILITY LOCATION: 4680 110TH AVE N
CLEARWATER 33762-4951

OWNER/AUTHORIZED REPRESENTATIVE: MIKE WORLAND **PHONE:** (727)572-6330
Email: **Mobile:**
CONTACT NAME: **PHONE:**
Email: **Mobile:**
ENTITLEMENT PERIOD: 3/28/2010 (effective date) / 3/28/2015 (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. **Existing Large** (0.015 mg/dscm) ☐
   b. **Existing Small** (0.03 mg/dscm) ---------- ☒
   c. **New** (0.015 mg/dscm) ---------- ☐
   d. **Alternative Standard** for existing facilities (0.03 mg/dscm) using a rolling average of rectifier capacity (less than 60 million A-hr/year) ☐

2. **Decorative Chromium Plating/Anodizing**

   a. **Chromic Acid Bath**
      1) Emissions of ≤ 0.01/mg/dscm (4.4×10^{-6} gr/dscf) --------- ☐
      2) Surface tension of ≤ 45 dynes/cm (3.1×10^{-3} lb-f/ft) ----- ☒
      (*May only be selected if a wetting agent is used.)*

   b. **Trivalent Chromium Bath**
      1) With wetting agent ---------- ☐
      2) Without wetting agent ≤ 0.01mg/dscm (4.4×10^{-6} gr/dscf) ☐

   c. **Chromium Anodizing**
      1) Emissions of ≤ 0.01 mg/dscm (4.4×10^{-6} gr/dscf) ---------- ☐
      2) Surface tension of 45 dynes/cm (3.1×10^{-3} lb-f/ft) --------- ☐
      (*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. ☐ Composite Mesh Pad	☐Yes ☐No
2. ☐ Fiber Bed Mist Eliminator	☐Yes ☐No
3. ☐ Packed Bed Scrubber	☐Yes ☐No
4. ☐ Packed Bed Scrubber/Composite Mesh Pad	☐Yes ☐No
5. ☐ Foam Blanket Fume Suppressant	☐Yes ☐No
6. ☒ Fume Suppressant w/ Wetting Agent	☒Yes ☐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	1/24/11
Inspector's Name (Please Print)	Date of Inspection
	1/24/12
Inspector's Signature	Approximate Date of Next Inspection

COMMENTS: The facility records were reviewed. A copy of the records is attached to the compliance file. Specifically, the Solution Analysis Results Form from 1/22/11. The record shows the bi-weekly required testing for the anodize room and the monthly required testing.. Additional records include the Foam Blanket Thickness Measurements and the Surface Tension Measurements. The last test performed on 1/11/11 showed a surface tension of 38.74 dynes/cm.