



# CHROMIUM ELECTROPLATING/ANODIZING



## COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 0251091 DATE: 6/16/08 ARRIVE: 1:05pm DEPART: 1:21pm  
FACILITY NAME: HIALEAH PLATING SHOP  
FACILITY LOCATION: 1640 W 33RD PLACE  
HIALEAH 33012-4514  
OWNER/AUTHORIZED REPRESENTATIVE: JOSE HERNANDEZ PHONE: (305)557-4814  
CONTACT NAME: PHONE:  
ENTITLEMENT PERIOD: 7/9/2007 / 7/9/2012  
(effective date) (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  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) ----- ☐  
2) Surface tension of  $\leq 45$  dynes/cm ( $3.1 \times 10^{-3}$  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  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) ----- ☐  
c. **Chromium Anodizing**  
1) Emissions of  $\leq 0.01$  mg/dscm ( $4.4 \times 10^{-6}$  gr/dscf) ----- ☐  
2) Surface tension of 45 dynes/cm ( $3.1 \times 10^{-3}$  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. <input type="checkbox"/> Composite Mesh Pad -----                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. <input type="checkbox"/> Fiber Bed Mist Eliminator -----              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <input type="checkbox"/> Packed Bed Scrubber -----                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. <input type="checkbox"/> Packed Bed Scrubber/Composite Mesh Pad ----- | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. <input type="checkbox"/> Foam Blanket Fume Suppressant -----          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. <input type="checkbox"/> Fume Suppressant w/ Wetting Agent -----      | <input type="checkbox"/> Yes <input type="checkbox"/> 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

MARQUES LOPEZ

6/16/08

\_\_\_\_\_  
Inspector's Name (Please Print)

\_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Approximate Date of Next Inspection

**COMMENTS:** ON JUNE 16, 2008 I VISITED THIS FACILITY TO CONDUCT THE ANNUAL COMPLIANCE INSPECTION. THE FACILITY HAS GONE OUT OF BUSINESS. THE LOT WHERE THIS FACILITY WAS IS NOW USED TO STORE COOKIES AND BISCUITS.