OWERTAL PROTECTION	
San Martin	
FLORIDA	

## HUMAN CREMATORY



### **COMPLIANCE INSPECTION CHECKLIST**

NSPECTION TYPE:       ANNUAL (INS1, INS2)       COMPLAINT/DISCOVERY (CI)         RE-INSPECTION (FUI)       ARMS COMPLAINT NO:
IRS ID#: 1070041 DATE: <u>9/21/2009</u> ARRIVE: <u>3:00 PM</u> DEPART: <u>3:20 PM</u>
ACILITY NAME: PALATKA FACILITY
ACILITY LOCATION: 3015 CRILL AVE
PALATKA 32177-
WNER/AUTHORIZED REPRESENTATIVE: QUINCY MASTERS PHONE: (386)325-4564
ONTACT NAME: PHONE:
NTITLEMENT PERIOD: 6/1/2007 / 6/1/2012 (effective date) (end date)
(effective date) (end date)
ART I: INSPECTION COMPLIANCE STATUS (check 🗹 only one box)
IN COMPLIANCE MINOR Non-COMPLIANCE SIGNIFICANT Non-COMPLIANCE
ART II: <u>TESTING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected? □ Yes □ No</li> </ul>
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected? □ Yes □ No</li> <li>2. Was a visible emissions test conducted during this site visit according to EPA Method 9 (Ref.: Chapter</li> </ul>
(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 Method 9 (Ref.: Chapter 62-297, F.A.C.)?         3. In order to demonstrate individual source compliance, was an annual visible emissions test conducted 60
<ul> <li>(check ☑ appropriate box(es))</li> <li>1. Were there any objectionable odor(s) detected? □ Yes □ No</li> <li>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</li> <li>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?</li> </ul>
(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 Method 9 (Ref.: Chapter 62-297, F.A.C.)?
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# PART III: <u>OPERATING/RECORDKEEPING REQUIREMENTS</u> – Rule 62-296.401, F.A.C. (check ☑ appropriate box(es))

1. Is there <b>Continuous Emissions Monitoring System</b> (CEMS) equipment installed on each unit to record	
primary and secondary chambers where there is a 1.0 second gas residence time in the secondary chamber co	
accordance with the manufacturer's instructions?	
a) Do temperature probes seem to be properly placed?	
b) Are the following records kept on file, available for inspection for at least two years following the re	cording of such
measurements, maintenance, reports and records?	
1) All measurements (including CEMS)	⊠Yes ∐ No
2) Monitoring device	Xes 🗌 No
3) Performance Testing Measurements	Yes 🗌 No
4) CEMS Performance Evaluation	Yes 🗌 No
5) All CEMS or monitoring device calibration checks	Yes 🗌 No
6) Adjustments	Yes 🗌 No
7) Preventive maintenance performed on systems/devices	Yes 🗌 No
8) Corrective maintenance performed on systems/devices	🛛 Yes 🗌 No
2. Was this crematory unit constructed: (check only one 🗹 box)	
a) BEFORE August 30, 1989? (If this box checked, continue on to #3 and skip #4)	
b) ON or AFTER August 30, 1989? (If this box checked, skip #3 and continue on to #4)	
3. If constructed <b><u>BEFORE</u></b> August 30, 1989 is the:	
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?	∐Yes ∐ No
b) actual operating temperature of the secondary chamber combustion zone no less than 1400°F	
throughout the combustion process in the primary chamber?	Yes No
c) cremation in the primary chamber begun after the secondary chamber combustion zone temperature	
is equal to or greater than 1400°F?	Yes No
d) required monitoring equipment installed and operational, and providing continuous monitoring to	
record the temperature at the point or beyond where 1.0 second gas residence time is obtained in the	
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 times	ne
@ 1800° F?	Yes 🗌 No
b) the actual operating temperature of the secondary chamber combustion zone no less than <b>1600°F</b>	
throughout the combustion process in the primary chamber?	🛛 Yes 🗌 No
c) secondary chamber combustion zone temperature equal to or greater than <b>1600°F</b> before the crematic	
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 the	
are composed of 0.5% or less by weight chlorinated plastics kept on file at the site for the duration of	f
their use and for at least two years after their use?	Yes No
b) Are there any other materials, including biomedical wastes (Rule 62-210.200, FAC) incinerated at	
this location?	□Yes □ No
6. Have all crematory operators been trained and certified by a Department-approved training program?	$\boxtimes$ Yes $\square$ No
a) Are copies of the training certificates for all crematory operators kept on file at the facility for the du	
of the operator's employment & for an additional two years after termination of employment?	$\Box$ Yes $\Box$ No
or the operator is employment or for an additional two years after termination of employment?	

## PART IV: <u>SPECIAL</u> <u>CONDITIONS AND PROCEDURES</u> – Rule 62-296.401, F.A.C.

A. <u>New or Modified Process 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 mo recent notification form?		No	
d) If you answered <u>YES</u> to any of the above, did the owner submit a new and complet	te		
notification form and appropriate fee (Rule 62-4.050, F.A.C.) to the appropriate DF	EP or		
local program office?	Yes	No	
2. If a crematory unit has been modified to the extent that a Department air construction pe	ermit		
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 v	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	

Stuart Bartlett

Inspector's Name (Please Print)

#### 9/21/2009

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

**COMMENTS:**