FLORIDA

ANIMAL CREMATORY



COMPLIANCE INSPECTION CHECKLIST

INSPECTION TYPE: ANNUAL (INS1, INS2) RE-INSPECTION (FUI)		
AIRS ID#: 0910091 DATE: <u>11/2/07</u>	ARRIVE: <u>1:50 PM</u> DEPART: <u>2</u>	2:10 PM
FACILITY NAME: KINDRED HEARTS FACILITY LOCATION: Hughes Street		
CINCO BAYOU		
RESPONSIBLE OFFICIAL: CARA FERNAND	EZ PHONE: (850)244-8300	
CONTACT NAME: Cara Fernandez	PHONE: (850)244-8300	
REMITTANCE YEAR: 2008 EN	TITLEMENT PERIOD: 1/15/2004 (effective date)/ 1/15/200 (end date)	009
PART I: INSPECTION COMPLIANCE STATE	JS (check 🗹 only one box)	
IN COMPLIANCE MINOR Non-	COMPLIANCE SIGNIFICANT Non-COMPLIA	ANCE
PART II: <u>TESTING/RECORDKEEPING REQU</u> (check ☑ appropriate box(es))	<u>JIREMENTS</u> – Rule 62-296.401, F.A.C.	
 (check appropriate box(es)) 1. Were there any objectionable odor(s) detected 2. Was a visible emissions test conducted during 	J IREMENTS – Rule 62-296.401, F.A.C. ed?	oter
 (check appropriate box(es)) 1. Were there any objectionable odor(s) detected 2. Was a visible emissions test conducted durin 62-297, F.A.C.)?	ed? ng this site visit according to EPA Method 9 (Ref.: Chap	oter Yes No ed 60 ate? (Rule
 (check appropriate box(es)) 1. Were there any objectionable odor(s) detected 2. Was a visible emissions test conducted durin 62-297, F.A.C.)?	ed?	oter Yes No ed 60 ate? (Rule Yes No ng A.C.) Yes No y
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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 Continuous Emissions Monitoring System (CEMS) equipment installed on each unit to record to		
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?		No No
a) Do temperature probes seem to be properly placed?		No No
b) Are the following records kept on file, available for inspection for at least two years following the rec	cording of	f such
measurements, maintenance, reports and records?		_
1) All measurements (including CEMS)	⊠Yes	No No
2) Monitoring device	⊠Yes	No No
3) Performance Testing Measurements	⊠Yes	No 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	
2. Was this crematory unit constructed: (check only one ☑ box)		
a) <u>BEFORE</u> August 30, 1989? (If this box checked, continue on to #3 and skip #4)		
b) \square <u>ON</u> or <u>AFTER</u> August 30, 1989? (If this box checked, skip #3 and continue on to #4)		
3. If constructed BEFORE August 30, 1989 is the:		
a) secondary chamber combustion zone providing at least a 1.0 second gas residence time @ 1600°F?	TYes	□ No
b) actual operating temperature of the secondary chamber combustion zone no less than $1400^{\circ}F$	103	
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 a second secon		—
@ 1800° F?	⊠Yes	∐ No
b) the actual operating temperature of the secondary chamber combustion zone no less than $1600^{\circ}F$	<u> </u>	—
throughout the combustion process in the primary chamber?	⊠Yes	No 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 No
5. Are appropriate leak-proof containers containing no more than 0.5 % (percent) by weight chlorinated	_	_
plastics used during the cremation of dead animals?	⊠Yes	No 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		_
their use and for at least two years after their use?		No No
b) If plastic bags are used for the cremation of animals are they non-chlorinated and no less than 3 mils		
thick?	⊠Yes	No No
c) Are dead animals, which have been used for medical or commercial experimentation, or other		
materials, including biomedical wastes (Rule 62-210.200, F.A.C.), incinerated at this location?	Yes	🛛 No
6. During this review period, was the largest batch load cremated 500 pounds per hour or less?	Yes	No No
7. Have all crematory operators been trained and certified by a Department-approved training program?	Yes	No
a) Are copies of the training certificates 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?	⊠Yes	No No

PART IV: <u>SPECIAL 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 most recent notification form? 	Yes	No
d) If you answered \underline{YES} 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 or local program office?	Yes	No
2. If a crematory unit has been modified to the extent that a Department air construction permit 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 Yes	□No □No

Carol Melton

Inspector's Name (Please Print)

/s/

Inspector's Signature

11/2/07 Date of Inspection

Approximate Date of Next Inspection

COMMENTS: Very clean and organized facility.